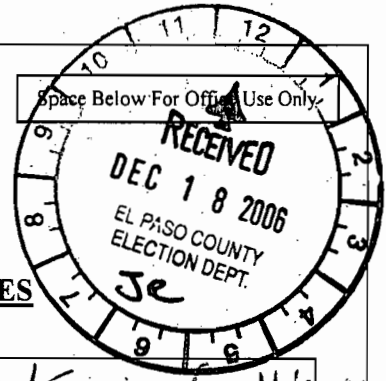


Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 270
 Denver, CO 80290
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



REPORT OF CONTRIBUTIONS AND EXPENDITURES
 (C.R.S. 1-45-108)

Full Name of Committee/Person:	Monument Academy Mill Levy / Sonia Cantlebury <small>As Shown On Registration</small>
Address of Committee/Person:	19185 Langtree Ct.
City, State & Zip Code:	Monument, CO 80132
Committee Type:	Ballot Issue
Name and Address of Financial Institution	Air Academy Credit Union PO Box 62910 COS, CO 80962

SOS ID NUMBER (state committees ONLY):

Type of Report

- Regularly Scheduled Filing.
- Amended Filing. This amends previous report filed on (date)
Submit changes or new information ONLY
- Termination Report. (Termination Reports MUST Have a Monetary Balance of Zero in Line 5)
- Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: Through
Date Date

Declared Total Spending (if applicable) \$
[Art. XXVIII, Sec. 4(1)]

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 0
2 Total Monetary Contributions (line 11)	\$ 1296.76
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1296.76
4 Total Monetary Expenditures (line 19)	\$ 1074.94
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 221.82

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
[Art. XXVIII Sec. 10(2)(a)]

Authorization (Must be completed by either the Registered Agent OR the Candidate): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's Name: Sonia Cantlebury
 Registered Agent's Signature: Sonia Cantlebury Date: 12/13/06
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: Monument Academy Mill Levy

Current Reporting Period: 9/22/06 Through 10/12/06

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ ϕ
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ 650.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 646.76
8	Loans Received (Please list on Schedule "C")	\$
9	Total of Other Receipts (Interest, Dividends, etc.)	\$
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 1296.76
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ —
13	Total Contributions (Line 11 + line 12)	\$ —
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 1070.94
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ —
16	Loan Repayments Made (Please list on Schedule "C")	\$ —
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ —
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ —
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 1070.94
20	Total Spending (Line 18 + line 19)	\$ 1070.94

Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: _____

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/12/06	4. Name (Last, First): <u>Dianna Helffenstein</u>
2. <u>Contribution Amt.</u> \$ <u>200</u>	5. Address: <u>18425 Sunburst Dr.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Monument CO 80132</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Colorado Neuropsychological Assoc.</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Psychotherapist</u>

1. <u>Date Accepted</u> 9/12/06	4. Name (Last, First): <u>Laura Hannon</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>PO Box 402</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Palmer Lake, CO Monument 80132</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>King Soopers</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Courtesy clerk</u>

1. <u>Date Accepted</u> 9/12/06	4. Name (Last, First): <u>Maribeth Friend</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>715 Rangeby Dr.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>CO5 CO 80921</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Memorial Hospital</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Blood Bank Coordinator</u>

1. <u>Date Accepted</u> 9/12/06	4. Name (Last, First): <u>Bob Hughes</u>
2. <u>Contribution Amt.</u> \$ <u>\$50</u>	5. Address: <u>9970 Franklin St</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Denver CO Thornton CO 80229</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: _____

WARNING: Please read the instruction page for Schedule "A" before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 9/12/06	4. Name (Last, First): <u>Carla Thompson</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: <u>815 Newgate Ct.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Monument CO 80132</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>N/A</u>
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 9/20/06	4. Name (Last, First): <u>Ruth Watts</u>
2. <u>Contribution Amt.</u> \$ <u>50</u>	5. Address: <u>18710 White Fawn Dr</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Monument CO 80132</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>N/A</u>
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 9/20/06	4. Name (Last, First): <u>Maribeth Friend</u>
2. <u>Contribution Amt.</u> \$ <u>50</u>	5. Address: <u>715 Rangeley Dr.</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Col. Sprgs CO 80921</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Memorial Hospital</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Blood Bank Coordinator</u>

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Schedule B – Itemized Expenditures Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: Monument Academy Mill Levy Committee

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9/29/06	4. Name: <u>Bob Hughes</u>
2. <u>Amount</u> \$ 1070.94	5. Address: <u>9970 Franklin St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Thornton, CO 80229</u>
	7. Purpose of Expenditure: <u>Yard Signs Reimbursement</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u>	4. Name: _____
2. <u>Amount</u> \$	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: _____
	<input type="checkbox"/> Check box if Electioneering Communication