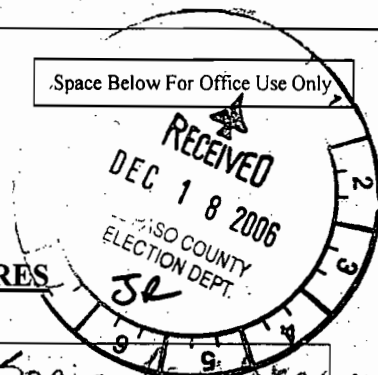


Colorado Secretary of State  
Elections Division  
1700 Broadway, Ste. 270  
Denver, CO 80290  
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Fax: (303) 869-4861  
www.sos.state.co.us



Space Below For Office Use Only



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

Full Name of Committee/Person:	Monument Academy Millkeny, Sonia Cantlebar <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	First Academy Credit Union PO Box 62910 COS 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)	\$ 471.82
2 Total Monetary Contributions (line 11)	\$ 33.51
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$
4 Total Monetary Expenditures (line 19)	\$ 505.33
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0

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 Cantlebar  
Registered Agent's Signature: Sonia Cantlebar Date: 12/12/06  
Print Candidate Name: \_\_\_\_\_  
Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DETAILED SUMMARY**

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

Current Reporting Period: 10/30/06 Through 12/2/06

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$ 471.82
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ —
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 33.51
8	<b>Loans Received</b> (Please list on Schedule "C")	\$ —
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$ —
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$ —
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 33.51
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ 545.00
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 578.51
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 505.33
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ —
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ —
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ —
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ <del>545.00</del>
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ —
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 505.33

**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> <u>10/31/06</u>	4. Name: <u>USPS</u>
2. <u>Amount</u> <u>\$ 48.00</u>	5. Address: <u>Mo.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Monument CO 80132-9998</u>
	7. Purpose of Expenditure: <u>Stamps</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/31/06</u>	4. Name: <u>Michelle Bell</u>
2. <u>Amount</u> <u>\$ 30.00</u>	5. Address: <u>PO Box 212</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Palmer Lake, CO 80133</u>
	7. Purpose of Expenditure: <u>Donuts for Bridge Walk</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/31/06</u>	4. Name: <u>Laura Hannon</u>
2. <u>Amount</u> <u>\$ 10.00</u>	5. Address: <u>PO Box 402</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Palmer Lake, CO 80132</u>
	7. Purpose of Expenditure: <u>Buttons (parts)</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>11/7/06</u>	4. Name: <u>Michelle Bell</u>
2. <u>Amount</u> <u>\$ 51.00</u>	5. Address: <u>PO Box 212</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Palmer Lake, CO 80133</u>
	7. Purpose of Expenditure: <u>OCN Ad</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>11/7/06</u>	4. Name: <u>Sonia Cantlebury</u>
2. <u>Amount</u> <u>\$ 322.33</u>	5. Address: <u>19185 Langtree Ct</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Monument CO 80132</u>
	7. Purpose of Expenditure: <u>Tribune Ads</u> <input type="checkbox"/> Check box if Electioneering Communication

**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> <u>10/31/06</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> <u>11/7/06</u>	4. Name: <u>Laura Hannon</u>
2. <u>Amount</u> \$ <u>44</u>	5. Address: <u>PO Box 402</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Palmer Lake, CO 80132</u>
	7. Purpose of Expenditure: <u>Buttons</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

**Statement of Non-Monetary Contributions**  
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]

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

PLEASE PRINT/TYPE

1. <u>Date Provided</u> <u>11/11/06</u>	4. Name (Last, First): <u>Sonia Cantlebury</u>
2. <u>Fair Market Value</u> \$ <u>131.00</u>	5. Address: <u>19185 Langtree Ct</u>
3. <u>Aggregate Amt.</u> \$ <u>131.00</u>	6. City/State/Zip: <u>Monument, CO 80132</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Postage Stamps, copies, balloons</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> <u>10/30/06</u>	4. Name (Last, First): <u>Michelle Bell</u>
2. <u>Fair Market Value</u> \$ <u>54</u>	5. Address: <u>PO Box 212</u>
3. <u>Aggregate Amt.</u> \$ <u>54</u>	6. City/State/Zip: <u>Palmer Lake, CO</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Yard Sign</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> <u>10/30/06</u>	4. Name (Last, First): <u>Sonia Cantlebury</u>
2. <u>Fair Market Value</u> \$ <u>140</u>	5. Address: <u>19185 Langtree Ct</u>
3. <u>Aggregate Amt.</u> \$ <u>140</u>	6. City/State/Zip: <u>Monument CO 80132</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Tribune Ad, copies</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

\* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

**Statement of Non-Monetary Contributions**  
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]

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

PLEASE PRINT/TYPE

1. <u>Date Provided</u> <u>11/7/06</u>	4. Name (Last, First): <u>Laura Hannon</u>
2. <u>Fair Market Value</u> \$ <u>220.00</u>	5. Address: <u>PO Box 402</u>
3. <u>Aggregate Amt.</u> \$ <u>220.00</u>	6. City/State/Zip: <u>Palmer Lakes CO 80133</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Postcards, printing, buttons</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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> ): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

\* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "... Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."