

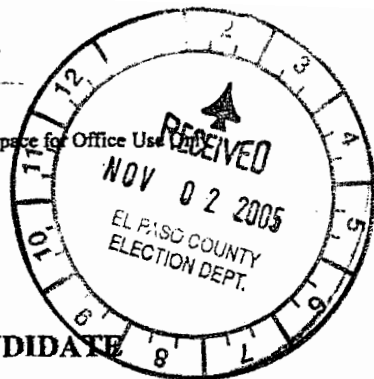
Colorado Secretary of State
 Elections Division
 1560 Broadway, Ste. 200
 Denver, CO 80202
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



POSTMARK
 DATE: 11-1

Below Space for Office Use

MAIL



STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE
 [C.R.S. 1-45-108(1) & C.R.S. 1-45-109]

(For use by a candidate who has not received any contributions, but has made expenditures of personal funds.)

Name of Candidate: DIANA B. (DEE DEE) EATON

Address of Candidate: P.O. Box 447, 617 FOREST VIEW COURT

City, State, and Zip Code: PALMER LAKE, CO 80133-0447

Office: SCHOOL BOARD DIRECTOR District No.: 38 Elec. Yr.: 2005

Reporting Period: Beginning Date OCTOBER 7 Ending Date OCTOBER 28

1. Date Expended <u>10/7/05</u>	3. Name: <u>TRI-LAKES TRIBUNE</u>
2. Amount <u>\$318.80</u>	4. Address: _____
	5. City, State, Zip: <u>MONUMENT, CO 80132</u>
	6. Purpose of Expense: <u>ADVERTISING</u>

1. Date Expended <u>10/12/05</u>	3. Name: <u>TRI-LAKES PRINTING</u>
2. Amount <u>\$957.78</u>	4. Address: _____
	5. City, State, Zip: <u>MONUMENT, CO 80132</u>
	6. Purpose of Expense: <u>POSTAGE</u>

1. Date Expended <u>10/19/05</u>	3. Name: <u>TRI-LAKES PRINTING</u>
2. Amount <u>\$1,032.60</u>	4. Address: _____
	5. City, State, Zip: <u>MONUMENT, CO 80132</u>
	6. Purpose of Expense: <u>PRINTING</u>

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: Diana B. Eaton Date: 10-27-05

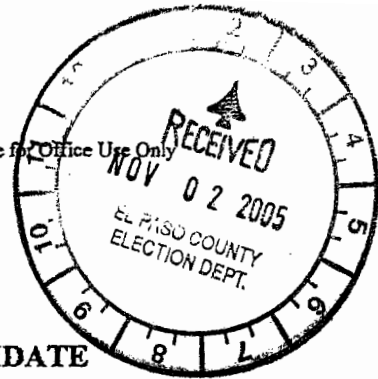
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 [C.R.S. 1-45-108(1) & C.R.S. 1-45-109]

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Name of Candidate: DIANA B. (DEE DEE) EATON

Address of Candidate: P.O. Box 447, 617 FOREST VIEW COURT

City, State, and Zip Code: PALMER LAKE, CO 80133-0447

Office: SCHOOL BOARD DIRECTOR District No.: 38 Elec./Yr.: 2005

Reporting Period: Beginning Date OCTOBER 7 Ending Date OCTOBER 28

1. <u>Date Expended</u> 10/24/05	3. Name: <u>OUR COMMUNITY NEWS, INC.</u>
2. <u>Amount</u> \$102.00	4. Address: _____
	5. City, State, Zip: <u>MONUMENT, CO 80132</u>
	6. Purpose of Expense: <u>ADVERTISING</u>

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____
	5. City, State, Zip: _____
	6. Purpose of Expense: _____

1. <u>Date Expended</u>	3. Name: _____
2. <u>Amount</u> \$	4. Address: _____
	5. City, State, Zip: _____
	6. Purpose of Expense: _____

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: Diana B. Eaton Date: 10-27-05