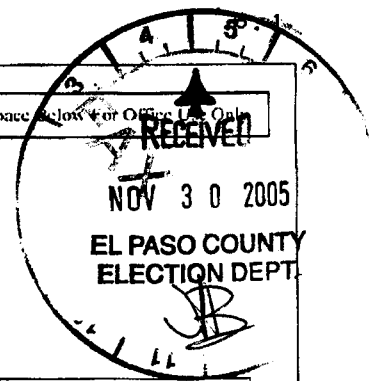


Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 270
 Denver, CO 80290
 Ph: (303) 894-2200 x 3
 Fax: (303) 869-4861
 www.sos.state.co.us



Space for Job # or Office Use Only



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

Full Name of Committee/Person:	D49 PARENTS & TEACHERS FOR RESPONSIBLE SCHOOL FUNDING <i>As Shown On Registration</i>
Address of Committee/Person:	14120 CITATION LANE
City, State & Zip Code:	PEYTON, CO 80831-8035
Committee Type:	ISSUE COMMITTEE
Name and Address of Financial Institution	FARMERS STATE BANK, 7025 MERIDIAN RD, FALCON, CO 80831

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)	\$ 1760
2 Total Monetary Contributions (line 11)	\$
3 Total of Monetary Contributions & Beginning Amount (line 1 - line 2)	\$
4 Total Monetary Expenditures (line 19)	\$
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$

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)

Print Registered Agent's (Treasurer's) Name: DAVID ELLIOTT
 Registered Agent's (Treasurer's) Signature: *David Elliott* Date: 11-30-05
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: D49 PARENTS' & TEACHERS FOR RESPONSIBLE SCHOOL FUNDING

Current Reporting Period: 10-24-05 **Through** 11-26-05

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	1760 ⁰⁰
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	450 ⁰⁰
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	-
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)	\$	2235 ⁰⁰
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	796 ⁸⁸
13	Total Contributions (Line 11 + line 12)	\$	3031.88
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	2235 ⁰⁰
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)	\$	796 ⁸⁸
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	2235 ⁰⁰
20	Total Spending (Line 18 + line 19)	\$	3031.88

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

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

Full Name of Committee/Person: D49 PARENTS & TEACHERS FOR RESPONSIBLE SCHOOL FUNDING

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

PLEASE PRINT/TYPER

1. <u>Date Accepted</u> 10/24/05	4. Name (Last, First): <u>FALCON DEVELOPMENTS CORP</u>
2. <u>Contribution Amt.</u> \$ 250 ⁰⁰	5. Address: <u>7959 CESSNA DR</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>DEYTON CO 80831</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 10-25-05	4. Name (Last, First): <u>AMERICAN AVIATION</u>
2. <u>Contribution Amt.</u> \$ 100 ⁰⁰	5. Address: <u>13539 JUDGE OAR RD</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>DEYTON CO 80831</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 10-28-05	4. Name (Last, First): <u>RON MAGNUS</u>
2. <u>Contribution Amt.</u> \$ 100	5. Address: <u>10970 HARDY ROAD</u>
3. <u>Aggregate Amt. *</u> \$ 120	6. City/State/Zip: <u>COLORADO SPRINGS CO 80908</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u>	4. Name (Last, First): <u>GENE KEAR AIRCRAFT REFINISHING</u>
2. <u>Contribution Amt.</u> \$ 25	5. Address: <u>3110 PENNSYLVANIA AVE</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>COLORADO SPRINGS CO 80907</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>cash</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

* 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: D49 PARENTS & TEACHERS FOR RESPONSIBLE SCHOOL FUNDING

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10-26-05	4. Name (Last, First): <u>Shook Mark</u>
2. <u>Contribution Amt.</u> \$ <u>796⁸⁸</u>	5. Address: <u>7950 Aerostar Dr</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Pepton CO 80831</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>flyers (printing expense)</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</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>): _____

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>): _____

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: D49 PARENTS & TEACHERS FOR RESPONSIBLE SCHOOL FUNDING

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/25/05	4. Name: <u>MAILING SERVICES, INC.</u>
2. <u>Amount</u> \$ <u>2,098⁷⁶</u>	5. Address: <u>531 E. Cimmaron</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLO SPRING CO 80903</u>
7. Purpose of Expenditure: <u>process mailing flyers</u>	
<input type="checkbox"/> Check box if Electioneering Communication	

1. <u>Date Expended</u> 11/25/05	4. Name: <u>MARK STUCK</u>
2. <u>Amount</u> \$ <u>136²⁴</u>	5. Address: <u>7950 Aerostar Dr</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Dayton CO 80831</u>
7. Purpose of Expenditure: <u>reimburse printing & postage</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	