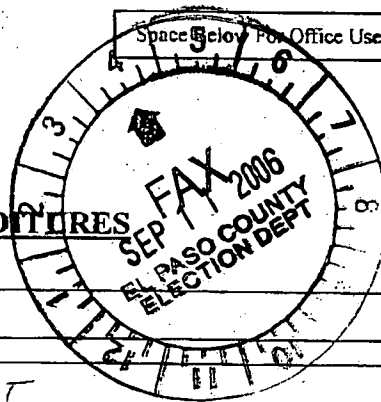


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
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www.sos.state.co.us



Space Below For Office Use Only



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

Full Name of Committee/Person: YES FOR LP KIDS
As Shown On Registration

Address of Committee/Person: 617 FOREST VIEW COURT

City, State & Zip Code: PALMER LAKE, CO 80133

Committee Type: ISSUE

Name and Address of Financial Institution: INTEGRITY BANK & TRUST, 1430 CIPRIANA LOOP MONUMENT, CO 80132

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: JULY 31, 2006 Through SEPT. 2, 2006

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)] \$ NONE

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ NONE
2 Total Monetary Contributions (line 11)	\$ 3,500.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 3,500.00
4 Total Monetary Expenditures (line 19)	\$ NONE
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 3,500.00

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: HUGH EATON

Registered Agent's Signature: *Hugh Eaton* Date: 9/11/2006

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: YES FOR LP KIDS

Current Reporting Period: JULY 31, 2006 Through SEPT 2, 2006

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	NONE
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	3,500.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	NONE
8	Loans Received (Please list on Schedule "C")	\$	NONE
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	NONE
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	NONE
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	NONE 3,500.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	NONE
13	Total Contributions (Line 11 + line 12)	\$	3,500.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	NONE
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	NONE
16	Loan Repayments Made (Please list on Schedule "C")	\$	NONE
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	NONE
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	NONE
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	NONE
20	Total Spending (Line 18 + line 19)	\$	NONE

Schedule A – Itemized Contributions Statement (\$20 or more)
 [C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: YES FOR LP KIDS

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

PLEASE PRINT/TYPE

1. Date Accepted <u>8/22/06</u>	4. Name (Last, First): <u>RAINTREE, JES</u>
2. Contribution Amt. \$ <u>1,200.00</u>	5. Address: <u>1120 EDENHURST CT.</u>
3. Aggregate Amt. * \$ <u>1,200.00</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, mandatory): <u>SELF-EMPLOYED</u>
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>8/22/06</u>	4. Name (Last, First): <u>EATON, DEE DES AND HUGH</u>
2. Contribution Amt. \$ <u>1,200.00</u>	5. Address: <u>P.O. Box 447</u>
3. Aggregate Amt. * \$ <u>1,200.00</u>	6. City/State/Zip: <u>PALMER LAKE, CO 80133-0447</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>NONE</u>
	9. Occupation (if applicable, mandatory): <u>HOUSEWIFE / RETIRED</u>

1. Date Accepted <u>8/22/06</u>	4. Name (Last, First): <u>POMARCA, MICHAEL</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>P.O. Box 1647</u>
3. Aggregate Amt. * \$ <u>100.00</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, mandatory): <u>LEWIS-PALMER SCHOOL DISTRICT 38</u>
	9. Occupation (if applicable, mandatory): <u>SUPERINTENDENT</u>

1. Date Accepted <u>8/22/06</u>	4. Name (Last, First): <u>PLANK, STEPHEN</u>
2. Contribution Amt. \$ <u>250.00</u>	5. Address: <u>20415 ELK CREEK DR. EAST</u>
3. Aggregate Amt. * \$ <u>250.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80908</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>NONE</u>
	9. Occupation (if applicable, mandatory): <u>RETIRED</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: YES FOR LP KIDS

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 8/28/06	4. Name (Last, First): <u>CASEY, TERRY</u>
2. <u>Contribution Amt.</u> \$ <u>500.00</u>	5. Address: <u>792 S. GILPIN ST.</u>
3. <u>Aggregate Amt. *</u> \$ <u>500.00</u>	6. City/State/Zip: <u>DENVER, CO 80209</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>RBC CAPITAL MARKETS</u>
	9. Occupation (if applicable, mandatory): <u>INVESTMENT BANKER</u>

1. <u>Date Accepted</u> 8/28/06	4. Name (Last, First): <u>DEKLENA, LORIAN</u>
2. <u>Contribution Amt.</u> \$ <u>250.00</u>	5. Address: <u>3380 HARMON DRIVE</u>
3. <u>Aggregate Amt. *</u> \$ <u>250.00</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, mandatory): <u>COLORADO SPRINGS SCHOOL DISTRICT 11</u>
	9. Occupation (if applicable, mandatory): <u>VOLUNTEER 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, mandatory):
	9. Occupation (if applicable, mandatory):

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, 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 B - Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: YES FOR LP KIDS

PLEASE PRINT/TYPED

1. <u>Date Expended</u>	4. Name: <u>NONE</u>
2. <u>Amount</u> \$	5. Address: <u>NONE</u>
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

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

Schedule C - Loans

Full Name of Committee/Person: YES FOR LP KIDS

LOANS - Loans Owed by the Committee

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

LOAN SOURCE

Name (Last, First or Institution): NONE
Address: _____
City/State/Zip: _____
Original Amount of Loan: \$ _____ Interest Rate: _____

Loan Amount Received This Reporting Period: \$ _____ Total of All Loans This Reporting Period: \$ _____
(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$ _____

Interest Amount Paid This Reporting Period: \$ _____

Amount Repaid This Reporting Period: \$ _____ Total Repayments Made: \$ _____
(Amount Repaid is sum of Principal & Interest entered on Detail Summary) (Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$ _____

TERMS OF LOAN: _____
Date Loan Received _____ Due Date for Final Payment _____

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address, City, State, Zip	Amount Guaranteed

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: YES FOR LP KIDS

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): <u>[Signature]</u>
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

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: YES FOR LP KIDS

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): <u>NONE</u>
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. *	

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."