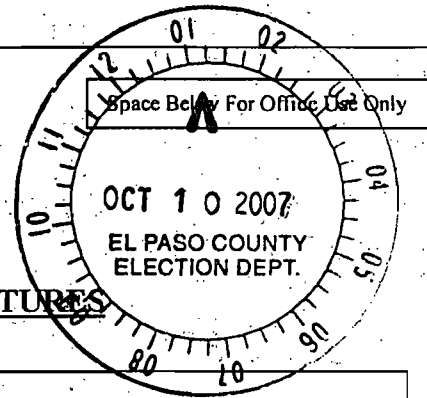


FINAL REPORT

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:** YES FOR L P KIDS  
As Shown On Registration

**Address of Committee/Person:** 617 FOREST VIEW COURT

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

**Committee Type:** ISSUE

**Name and Address of Financial Institution:** INTEGRITY BANK AND TRUST  
1430 CIPRIANO 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: DEC. 3, 2006 Through AUGUST 20, 2007 \*

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)	\$ 1,220.74
2 Total Monetary Contributions (line 11)	\$ -0-
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1,220.74
4 Total Monetary Expenditures (line 19)	\$ 659.74
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 560.98 *

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

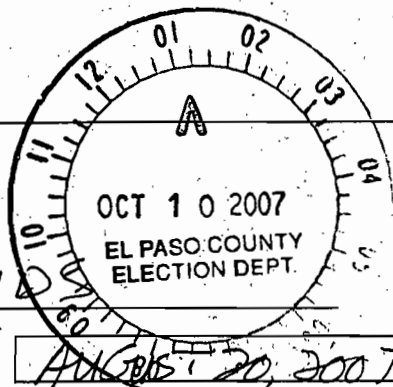
Registered Agent's Signature: *Hugh Eaton* Date: \_\_\_\_\_

Print Candidate Name: \_\_\_\_\_

Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2 TRANSMITTED TO SUPERIOR COMMITTEE ON 8/22/07 SEE ATTACHED

**DETAILED SUMMARY**



Full Name of Committee/Person: YES FOR LP KIDS

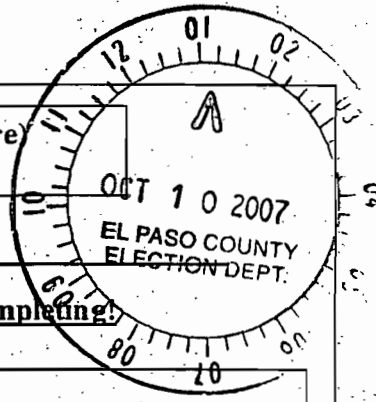
Current Reporting Period: DEC. 3, 2006

Through

AUGUST 20, 2007

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$	1,220,74
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$	- 0 -
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	- 0 -
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	- 0 -
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	- 0 -
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	- 0 -
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	- 0 -
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	- 0 -
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	- 0 -
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$	659,74
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	- 0 -
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	- 0 -
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	- 0 -
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	- 0 -
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	659,74
20	<b>Total Spending</b> (Line 18 + line 19)	\$	659,74

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



Full Name of Committee/Person: YES FOR L-P KIDS

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): <u>NOVA</u>
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> ): _____

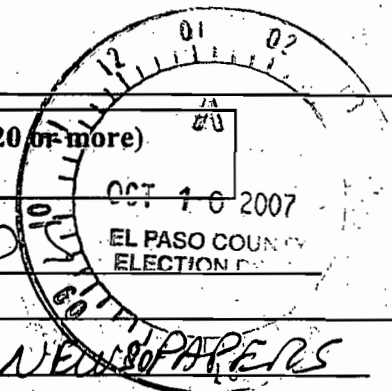
1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____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

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: YES FOR L-P KIDS

PLEASE PRINT/TYPE

1. Date Expended 2/12/07	4. Name: COLORADO COMMUNITY NEWSPAPERS
2. Amount \$ 645.76	5. Address: 47 THIRD ST,
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: MONUMENT, CO 80132
	7. Purpose of Expenditure: ADVERTISING
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended 2/12/07	4. Name: U.S. POST OFFICE
2. Amount \$ 14.00	5. Address:
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: PAMPER LAKE, CO 80133
	7. Purpose of Expenditure: P.O. Box RENT
	<input type="checkbox"/> Check box if Electioneering Communication

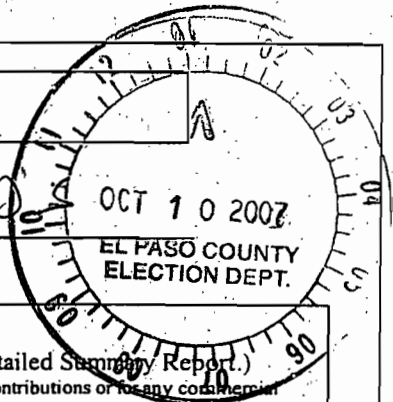
1. Date Expended	4. Name:
2. Amount \$	5. Address:
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip:
	7. Purpose of Expenditure:
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended	4. Name:
2. Amount \$	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. Date Expended	4. Name:
2. Amount \$	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 L-P KID



**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): NOTE

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:

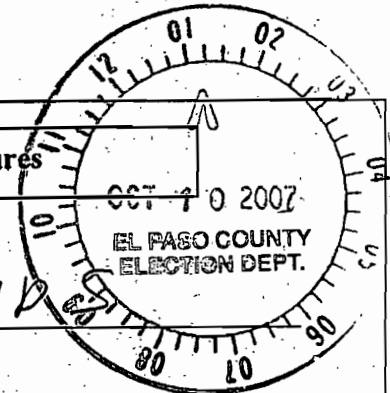
\_\_\_\_\_ Date Loan Received

\_\_\_\_\_ 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 L-P KIDS

**Returned Contributions**

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

NONE

PLEASE PRINT/TYPE

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: _____

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): _____