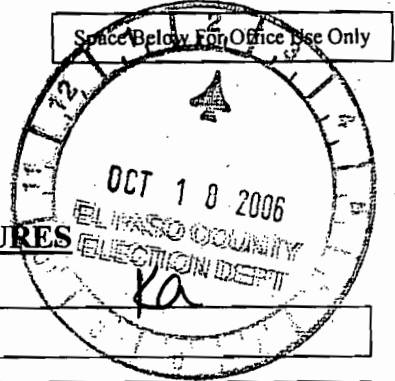


ary of State  
 on  
 Ste. 270  
 80290  
 Ph: (303) 894-2200 x 3  
 Fax: (303) 869-4861  
 www.sos.state.co.us



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

**Full Name of Committee/Person:** YES FOR 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:** INSECURITY BANK & TRUST  
 1430 SPRING 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:** SEPT. 3, 2006 Through OCT. 12, 2006  
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)	\$ 3,500.00
2	Total Monetary Contributions (line 11)	\$ 8,825.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 12,325.00
4	Total Monetary Expenditures (line 19)	\$ 6,385.39
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 5,939.61

**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: 10/17, 2006

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

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

**DETAILED SUMMARY**

Full Name of Committee/Person: YES FOR LP KIDS

Current Reporting Period: SEP 3, 2006 Through OCT. 12, 2006

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$	3,500.00
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	8,825.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	NONE
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	NONE
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	NONE
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	NONE
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	12,325.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	NONE
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	12,325.00
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	6,385.39
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	NONE
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	NONE
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	NONE
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	NONE
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	6,385.39
20	<b>Total Spending</b> (Line 18 + line 19)	\$	5,939.61

**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>9/6/06</u>	4. Name (Last, First): <u>H+L ARCHITECTURE</u>
2. Contribution Amt. \$ <u>3,000.00</u>	5. Address: <u>1621 18<sup>TH</sup> ST., SUITE 110</u>
3. Aggregate Amt. * \$ <u>3,000.00</u>	6. City/State/Zip: <u>DENVER, CO 80202</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>9/6/06</u>	4. Name (Last, First): <u>WOOD, DONNA</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>19965 HIGH MEADOW DRIVE</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>COMMUNICATIONS DIRECTOR</u>

1. Date Accepted <u>\$ 200.00</u>	4. Name (Last, First): <u>WILSON, GAIL</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>18590 WHITE FAWN DRIVE</u>
3. Aggregate Amt. * \$ <u>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): <u>NON-PROFIT MANAGEMENT CONSULTANT</u>

1. Date Accepted <u>9/14/06</u>	4. Name (Last, First): <u>JENSEN, JOANNE</u>
2. Contribution Amt. \$ <u>25.00</u>	5. Address: <u>P.O. BOX 262</u>
3. Aggregate Amt. * \$ <u>25.00</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>ADMINISTRATIVE ASSISTANT</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. Date Accepted <u>9/14/06</u>	4. Name (Last, First): <u>JOHNSON, DANIEL</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>17190 COLONIAL PARK DRIVE</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>COLORADO COLLEGE</u>
	9. Occupation (if applicable, mandatory): <u>PROFESSOR</u>

1. Date Accepted <u>9/14/06</u>	4. Name (Last, First): <u>DOUGLAS, LAURA STEIN</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>3125 MIRAGE DRIVE</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80920-4039</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>LEWIS-PALMER DIST, 38</u>
	9. Occupation (if applicable, mandatory): <u>EXECUTIVE DIRECTOR</u>

1. Date Accepted <u>9/14/06</u>	4. Name (Last, First): <u>BLANCH, RAYMOND H.</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>21 SHERWOOD GLEN SOUTH</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 DIST, 38</u>
	9. Occupation (if applicable, mandatory): <u>EXECUTIVE DIRECTOR</u>

1. Date Accepted <u>9/22/06</u>	4. Name (Last, First): <u>CHRISTINE A. BAILEY</u>
2. Contribution Amt. \$ <u>15.00</u>	5. Address: <u>18160 APPROOSA DR.</u>
3. Aggregate Amt. * \$ <u>15.00</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): _____
	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: YES FOR LP KIDS

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

**PLEASE PRINT/TYPE**

1. Date Accepted <u>9/22/2006</u>	4. Name (Last, First): <u>BELTEAM, TED</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>P.O. Box 941</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 DIST, 38</u>
	9. Occupation (if applicable, mandatory): <u>EXECUTIVE DIRECTOR</u>

1. Date Accepted <u>9/22/06</u>	4. Name (Last, First): <u>WANGEMAN, CHERYL</u>
2. Contribution Amt. \$ <u>150.00</u>	5. Address: <u>1310 2ND ST. RD</u>
3. Aggregate Amt. * \$ <u>150.00</u>	6. City/State/Zip: <u>EATON, CO 80615</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>LEWIS-PALMER SCHOOL DIST, 38</u>
	9. Occupation (if applicable, mandatory): <u>CHIEF FINANCIAL OFFICER</u>

1. Date Accepted <u>9/22/06</u>	4. Name (Last, First): <u>JACOBUS, KEITH</u>
2. Contribution Amt. \$ <u>30.00</u>	5. Address: <u>P.O. Box 1562</u>
3. Aggregate Amt. * \$ <u>30.00</u>	6. City/State/Zip: <u>PALMER LAKE, CO 80133</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>LEWIS-PALMER SCHOOL DIST, 38</u>
	9. Occupation (if applicable, mandatory): <u>EXECUTIVE DIRECTOR</u>

1. Date Accepted <u>9/22/06</u>	4. Name (Last, First): <u>RILLEY, DAVE</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>1226 CHAMBERS DR.</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80904</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): _____
	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. Date Accepted <u>9/22/06</u>	4. Name (Last, First): <u>CASEY, TERRY</u>
2. Contribution Amt. \$ <u>500.00</u>	5. Address: <u>792 S. GILPIN ST.</u>
3. Aggregate Amt. * \$ <u>1,000.00</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. Date Accepted <u>9/28/06</u>	4. Name (Last, First): <u>U. S. CAPITAL INC. OF COLORADO</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>481 HWY 105 #B117</u>
3. Aggregate Amt. * \$ <u>50.00</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): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>9/28/06</u>	4. Name (Last, First): <u>RUTNOW, LISA</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>18623 HONEYSUCKLE WAY</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): _____
	9. Occupation (if applicable, mandatory): <u>HOMEMAKER</u>

1. Date Accepted <u>9/28/06</u>	4. Name (Last, First): <u>O'DAIR, AMY JO</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>19255 GLEN HOLLOW CIRCLE</u>
3. Aggregate Amt. * \$ <u>50.00</u>	6. City/State/Zip: <u>MONUMENT, CO 80132-8949</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>HOUSEWIFE</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. Date Accepted <u>9/28/06</u>	4. Name (Last, First): <u>BRANDT, JAY</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>19435 KING'S DEER LANE</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>MONUMENT, CO 80132-8740</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>UNITED RENTALS</u>
	9. Occupation (if applicable, mandatory): <u>VICE PRESIDENT/BUSINESS DEV.</u>

1. Date Accepted <u>9/28/06</u>	4. Name (Last, First): <u>TURNER, ELIZABETH A.</u>
2. Contribution Amt. \$ <u>25.00</u>	5. Address: <u>31 N. SHERWOOD GLEN</u>
3. Aggregate Amt. * \$ <u>25.00</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):
	9. Occupation (if applicable, mandatory): <u>HOUSEWIFE</u>

1. Date Accepted <u>9/28/06</u>	4. Name (Last, First): <u>STRATEGIC RESOURCES WEST</u>
2. Contribution Amt. \$ <u>200.00</u>	5. Address: <u>823 S. PERRY ST, SUITE 120</u>
3. Aggregate Amt. * \$ <u>200.00</u>	6. City/State/Zip: <u>CASTLE ROCK, CO 80104</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>10/3/2006</u>	4. Name (Last, First): <u>KAGARISE, DOROTHY</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>19620 RAINBOW CIRCLE</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>MONUMENT, CO 80132-2892</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory): <u>HOUSEWIFE</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 2P KIDS

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9/1/2006</u>	4. Name (Last, First): <u>HEBBLE, DANIEL</u>
2. Contribution Amt. \$ <u>1,000.00</u>	5. Address: <u>7437 S. JACKSON ST</u>
3. Aggregate Amt. * \$ <u>1,000.00</u>	6. City/State/Zip: <u>CENTENNIAL, CO 80122</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>MERT FINANCIAL PRINTING</u>
	9. Occupation (if applicable, mandatory): <u>MANAGER</u>

1. Date Accepted <u>9/18/2006</u>	4. Name (Last, First): <u>LEASURE, DEBBIE</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>P.O. Box 684</u>
3. Aggregate Amt. * \$ <u>50.00</u>	6. City/State/Zip: <u>PALMER LAKE, CO 80133</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory):

1. Date Accepted <u>9/18/2006</u>	4. Name (Last, First): <u>SARTORI, PAMELA</u>
2. Contribution Amt. \$ <u>30.00</u>	5. Address: <u>335 E. HIGHWAY 105</u>
3. Aggregate Amt. * \$ <u>30.00</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):
	9. Occupation (if applicable, mandatory):

1. Date Accepted	4. Name (Last, First):
2. Contribution Amt. \$	5. Address:
3. Aggregate Amt. * \$	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 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>10/3/2006</u>	4. Name (Last, First): <u>KEMPF-MOBLEY, KELLY</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>17070 REMINGTON RD</u>
3. Aggregate Amt. * \$ <u>50.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80908-1608</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>HOUSEWIFE</u>

1. Date Accepted <u>10/3/2006</u>	4. Name (Last, First): <u>GIACOMELLI, AMY</u>
2. Contribution Amt. \$ <u>250.00</u>	5. Address: <u>19475 KINGS DEER LANE</u>
3. Aggregate Amt. * \$ <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): _____
	9. Occupation (if applicable, mandatory): <u>SELF-EMPLOYED</u>

1. Date Accepted <u>10/3/2006</u>	4. Name (Last, First): <u>YODER, REBECCA</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>761 FOREST VIEW ROAD</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>PALMER LAKE, CO 80133</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>HOUSEWIFE</u>

1. Date Accepted <u>10/3/2006</u>	4. Name (Last, First): <u>LOBBAN, LESLIE</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>19190 WHITE FAWN DR.</u>
3. Aggregate Amt. * \$ <u>50.00</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): _____
	9. Occupation (if applicable, mandatory): <u>HOUSEWIFE</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. Date Accepted <u>10/10/06</u>	4. Name (Last, First): <u>MILLER, REBECCA</u>
2. Contribution Amt. \$ <u>50.00</u>	5. Address: <u>18633 HONEYSUCKLE WAY</u>
3. Aggregate Amt. * \$ <u>50.00</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): _____
	9. Occupation (if applicable, mandatory): <u>SELF-EMPLOYED</u>

1. Date Accepted <u>10/7/06</u>	4. Name (Last, First): <u>PALMER DIVIDE RANCHES ON WEST CHERRY CREEK LLC</u>
2. Contribution Amt. \$ <u>1,500.00</u>	5. Address: <u>3519 EAST PALMER DIVIDE AVE</u>
3. Aggregate Amt. * \$ <u>1,500.00</u>	6. City/State/Zip: <u>LARKSPUR, CO 80118</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted <u>10/7/06</u>	4. Name (Last, First): <u>MILLER, TERRY</u>
2. Contribution Amt. \$ <u>100.00</u>	5. Address: <u>128 LAS LUNAS ST</u>
3. Aggregate Amt. * \$ <u>100.00</u>	6. City/State/Zip: <u>CASTLE ROCK, CO 80104</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>SCHOOL PRINCIPAL</u>

1. Date Accepted <u>10/7/06</u>	4. Name (Last, First): <u>MASTERBILT HOMES, INC.</u>
2. Contribution Amt. \$ <u>500.00</u>	5. Address: <u>P.O. Box 38005</u>
3. Aggregate Amt. * \$ <u>500.00</u>	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80937</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</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 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/TYPE

1. Date Expended <u>9/18/2006</u>	4. Name: <u>COLOR GRAPHIX INC.</u>
2. Amount \$ <u>900.00</u>	5. Address: <u>33 SO. FOX ST.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>DENVER, CO 80223</u>
	7. Purpose of Expenditure: <u>DOWN PAYMENT - YARD SIGNS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/22/2006</u>	4. Name: <u>THE TRIBUNE</u>
2. Amount \$ <u>123.00</u>	5. Address: <u>47 THIRD ST.</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>ADVERTISING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/28/2006</u>	4. Name: <u>COLOR GRAPHIX, INC.</u>
2. Amount \$ <u>348.16</u>	5. Address: <u>33 SO. FOX ST.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>DENVER, CO 80223</u>
	7. Purpose of Expenditure: <u>FINAL PAYMENT - YARD SIGNS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>9/28/2006</u>	4. Name: <u>TRI-LAKES PRINTING</u>
2. Amount \$ <u>673.88</u>	5. Address: <u>1756 WOODMOOR DRIVE</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>PRINTING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10/2/2006</u>	4. Name: <u>TRI-LAKES PRINTING</u>
2. Amount \$ <u>2,137.46</u>	5. Address: <u>1756 WOODMOOR DRIVE</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>PRINTING AND POSTAGE</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: YES FOR LP KIDS

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10/2/2006	4. Name: <u>THE TRIBUNE</u>
2. <u>Amount</u> \$ 123.00	5. Address: <u>47 THIRD ST.</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>ADVERTISING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/10/2006	4. Name: <u>KUUU-FM</u>
2. <u>Amount</u> \$ 1,520.00	5. Address: <u>2864 SO. CIRCLE, SUITE 150</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>
	7. Purpose of Expenditure: <u>PURCHASE ADVERTISING SPOTS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/10/2006	4. Name: <u>TRI-LAKES PRINTING</u>
2. <u>Amount</u> \$ 559.89	5. Address: <u>1756 WOODMOOR DRIVE</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>PRINTING</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

**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**

*NONE*

Name (Last, First or Institution): \_\_\_\_\_

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: \$ \_\_\_\_\_  
(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$ \_\_\_\_\_  
(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)*

*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)*

*NONE*

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/TYPER

1. <u>Date Provided</u>	4. Name (Last, First): <u>NOBLE</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."