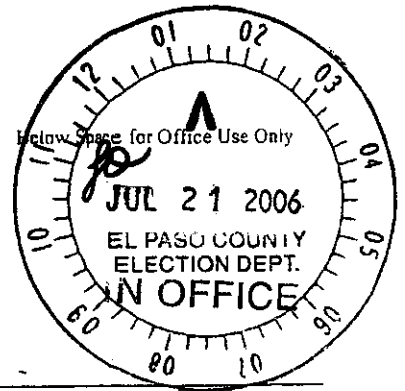


Colorado Secretary of State  
Elections Division  
1560 Broadway, Ste. 200  
Denver, CO 80202  
Ph: (303) 894-2200 x 3  
Fax: (303) 869-4861  
www.sos.state.co.us



**COMMITTEE REGISTRATION FORM**  
(C.R.S. 1-45-108)

**Committee Name:** To elect Bruce C. Berner.

**Purpose/Office Sought:** County Commissioner District #1

**Check Only One Committee Type:**

Candidate Committee       Political Party       Small Donor Committee

Political Committee       Issue Committee

Is this an amendment\*?      YES       NO

\* Description of what is being amended. Pursuant to Rule 23.1 any changes (including Filing Type) must be reported, with the appropriate officer, within five (5) days by filing an amended committee registration form. \_\_\_\_\_

**Contact Information:**

Name of Person Acting As Registered Agent (Treasurer): Susan W. Beasley

Address (Physical): 4515 Shady Lane

Address (Mailing): Colorado Springs Colorado 80908-3774

Telephone No.: 495-2402      E-Mail: pepperkst@hotmail.com

**Affiliation (if applicable):** DEMOCRAT

**Check Only One Filing Type:**

Manual Filer  
 Electronic Filer

**Check Only One Jurisdiction:**

Federal       State       County  
 Municipal       Multi-County  
 Other: \_\_\_\_\_

**Authorization:**

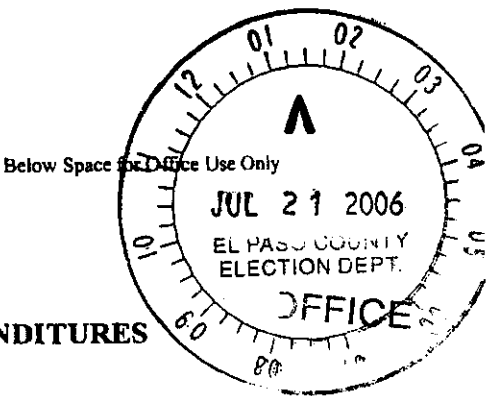
Registered Agent's (Treasurer's) Signature: Susan W. Beasley      Date: 20 July 06

Print Candidate Name: Bruce C. Berner

Candidate Address (include mailing): 12820 Porcupine Colo. Spgs. Co 80908

Candidate Signature: [Signature]      Date: 20 July 06

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

Full Name of Committee/Person:	SUSAN W. BEASLEY <small>As Shown On Registration</small>
Address of Committee/Person:	4515 Shady Lane
City, State & Zip Code:	COLORADO SPRINGS CO. 80908-3779
Committee Type:	TO ELECT BRUCE C. BERNER CO. COMMISSIONER
Name and Address of Financial Institution:	ENT P.O. Box 15819 Co. Spg's CO. 80935-5819

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)

Reporting Period Covered:  Through   
date date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)]

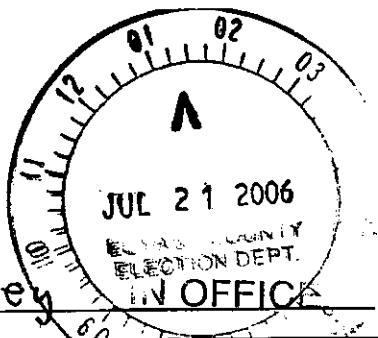
		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 00.00
2	Total Monetary Contributions (line 11)	\$ 531.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 531.00
4	Total Monetary Expenditures (line 19)	\$ 29.52
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 501.48

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: SUSAN W. BEASLEY  
 Registered Agent's (Treasurer's) Signature: Susan W. Beasley Date: 20 July 06  
 Print Candidate Name: BRUCE C. BERNER  
 Candidates Signature: [Signature] Date: 20 July 06

**DETAILED SUMMARY**

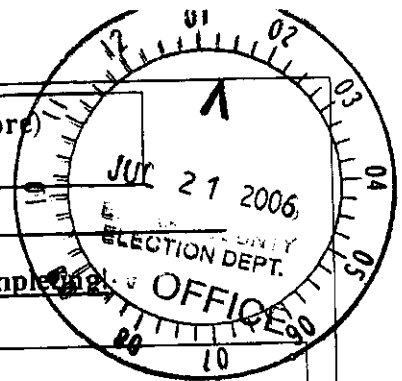


Full Name of Committee/Person: SUSAN W. BEASLEY

Current Reporting Period: 03/21/06 Through 06/15/06

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$ 00.00
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$ 290.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ <del>531.00</del> 241.00
8	<b>Loans Received</b> (Please list on Schedule "C")	\$
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$ 531.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 531.00
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$ 29.52
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 29.52

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



Full Name of Committee/Person: \_\_\_\_\_

**WARNING: Please read the instruction page for Schedule "A" before completing this form.**

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 12 MAR 06	4. Name (Last, First): PEASE, HOWARD
2. <u>Contribution Amt.</u> \$ 50.00	5. Address: 1210 MONTEZUMA RD.
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: Colo. Spgs CO. 80920
	7. Description: CASH
	8. Employer (if applicable, <u>mandatory</u> ):
	9. Occupation (if applicable, <u>mandatory</u> ): RETIRED

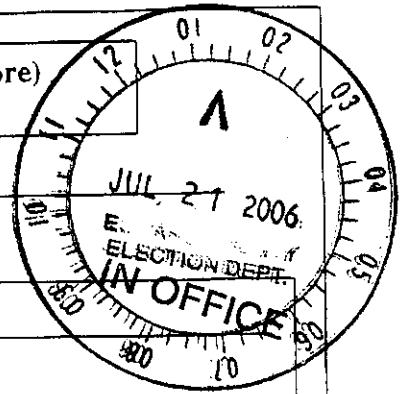
1. <u>Date Accepted</u> 2 MAR 01	4. Name (Last, First): WINGARD, ROBERT O.
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: 3855 TIMBER LN.
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: Colo. Spgs CO. 80908
	7. Description: check # 1428
	8. Employer (if applicable, <u>mandatory</u> ):
	9. Occupation (if applicable, <u>mandatory</u> ): RETIRED

1. <u>Date Accepted</u> 2 MAR 06	4. Name (Last, First): LIDDERDAZE, CHARLES
2. <u>Contribution Amt.</u> \$ 40.00	5. Address: 8530 WOODCREST DR.
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: C.S. CO. 80908
	7. Description: CASH
	8. Employer (if applicable, <u>mandatory</u> ):
	9. Occupation (if applicable, <u>mandatory</u> ): RETIRED

1. <u>Date Accepted</u> 15 June 06	4. Name (Last, First): TURNER, PAUL
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: 5780 DEL PEZ
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: C.S. CO 80918
	7. Description: CASH
	8. Employer (if applicable, <u>mandatory</u> ): SELF-
	9. Occupation (if applicable, <u>mandatory</u> ): BOOK BROKER

\* 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: \_\_\_\_\_

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 6/2/06	4. Name: <u>AUSTIN B PIZZA HUT</u>
2. <u>Amount</u> \$ <u>29,52</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Food for helping set-up web-site</u>

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: _____

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: _____

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: _____

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: _____