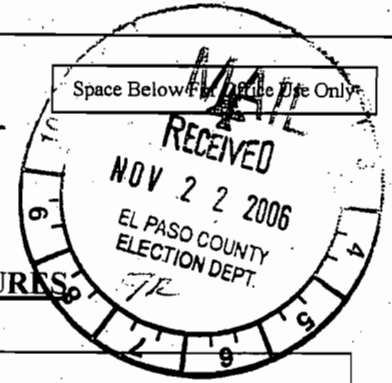


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



POSTMARK
DATE: 11/21

Space Below for Postmark Only



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

Full Name of Committee/Person:	Carla Albers for Academic As Shown On Registration
Address of Committee/Person:	6435 Ashton Park Place
City, State & Zip Code:	Colorado Springs, CO 80919
Committee Type:	Candidate Committee
Name and Address of Financial Institution:	Wells Fargo, 90 S. Cascade Ave., ColoSpr, CO 809103

SOS ID NUMBER (state committees ONLY): NA

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: 10-24-05 Through 11-30-06
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)	\$ 996.28
2 Total Monetary Contributions (line 11)	\$ 261.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 1257.28
4 Total Monetary Expenditures (line 19)	\$ 1257.28
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ -0-

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: Peggy Littleton
Registered Agent's Signature: _____ Date: _____
Print Candidate Name: Carla Albers
Candidates Signature: Carla Albers Date: 11-20-06

DETAILED SUMMARY

Full Name of Committee/Person: Carla Albers for Academic Excellence

Current Reporting Period: 11-27-05 Through 11-20-06

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	496.28
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	25.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	
8	Loans Received (Please list on Schedule "C")	\$	200.00
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	200.00
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	236.00
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	261.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	5626.68
13	Total Contributions (Line 11 + line 12)	\$	5887.68
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	1257.28
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)	\$	5626.68
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	1257.28
20	Total Spending (Line 18 + line 19)	\$	6883.76

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

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

Full Name of Committee/Person: Carla Albers for Academic Excellence

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 12-1-05	4. Name (Last, First): <u>Cleta Jasper</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>1730 Colgate Dr.</u>
3. <u>Aggregate Amt. *</u> \$ 25.00	6. City/State/Zip: <u>Colo. Springs, CO 80918</u>
<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: Carla Albas for Academic Excellence

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 12-14-05	4. Name: <u>Majority Strategies</u>
2. <u>Amount</u> \$ 1257.28	5. Address: <u>274 Marconi Blvd #260</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Columbus, OH 43215</u>
7. Purpose of Expenditure: <u>Payment on Individual Mailer</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: _____	

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: Carla Albers for Academic Excellence

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): _____
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> 10-31-05	4. Name (Last, First): <u>Perry, Reginald</u>
2. <u>Date Returned</u> <u>12-9-05</u>	5. Address: <u>1357 Kaduna Drive</u>
3. <u>Amount</u>	6. City/State/Zip: <u>Colo. Springs, CO 80915</u>
\$ <u>236.00</u>	7. Comment (Optional): <u>Reimb. election party</u>

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: Carla Albers for Academic Excellence

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 11-29-05	4. Name (Last, First): <u>Broerman, Chuck</u>
2. <u>Fair Market Value</u> \$ 100.00	5. Address: _____
3. <u>Aggregate Amt</u> \$ 100.00	6. City/State/Zip: <u>Colo. Springs, CO</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Payment on 2nd Individual Mailer</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>Consultant</u>
	10. <input checked="" type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 12-8-05	4. Name (Last, First): _____
2. <u>Fair Market Value</u> \$ 100.00	5. Address: _____
3. <u>Aggregate Amt</u> \$ 200.00	6. City/State/Zip: <u>Same</u> ↑
<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 checked="" type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): <u>Steve Schuck</u>
2. <u>Fair Market Value</u> \$ 5426.68	5. Address: <u>2 N. Cascade Ave #1280</u>
3. <u>Aggregate Amt</u> \$ 5426.68	6. City/State/Zip: <u>Colo. Springs, CO 80903</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Final Payment 2nd Ind. Mailer</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Self</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>CEO</u>
	10. <input checked="" 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."