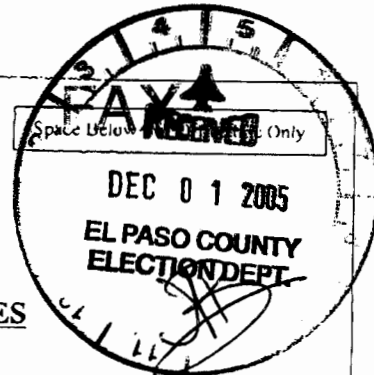


Colorado Secretary of State
Elections Division
1700 Broadway, Ste 270
Denver, CO 80290
Ph (303) 894-2200 x 3
Fax (303) 869-4861
www.sos.state.co.us



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

Full Name of Committee/Person: Carla Albers for Academic Excellence
As Shown On Registration

Address of Committee/Person: P.O. Box 9054

City, State & Zip Code: Colorado Springs, CO 80932

Committee Type: Candidate Committee

Name and Address of Financial Institution: Wells Fargo, 90 S. Cascade Ave, COS, CO 80903

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: date Through 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)	\$ 360.01
2	Total Monetary Contributions (line 11)	\$ 3166.56
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 3526.57
4	Total Monetary Expenditures (line 19)	\$ 2530.29
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 996.28

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: Peggy Littleton

Registered Agent's (Treasurer's) Signature: _____ Date: _____

Print Candidate Name: Carla Albers

Candidate's Signature: Carla Albers Date: 11-30-05

DETAILED SUMMARY

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

Current Reporting Period: 10/24/05 Through 11/26/05

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	360.01
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	2250.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	—
8	Loans Received (Please list on Schedule "C")	\$	—
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	—
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	916.56
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	3166.56
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	8273.07
13	Total Contributions (Line 11 + line 12)	\$	11,439.63
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	2,530.29
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)	\$	—
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	2,530.29
20	Total Spending (Line 18 + line 19)	\$	2,530.29

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>	4. Name (Last, First): <u>See Attached Sheet</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)

Carla Albers for Academic Excellence

Contribution	Contributor	Address	Employer	Occupation
\$500.00	PPRealtors PAC	309 Inverness Way South, Englewood, CO 80112	NA	Developer
\$250.00	Landhaus, LeRoy	212 N. Wainscott Ave. Ste. 301	Landhaus Co	Lawyer
\$200.00	Kaufman, Ann	90 S Cascade Ave. Ste 720, COS CO 80803	Kaufman & Levinson, LLC	Lawyer
\$150.00	Phillips, Steven	P.O. Box 3210, Monument, CO 80132	Self	Manager
\$100.00	Musbaum, L Martin	1231 W. Columbia, COS, CO 80907	Self	Lawyer
\$100.00	O'Rourke, Mary	3512 W. David Lane, COS, CO 80917	Self	Physician
\$100.00	Danner, Joan	50 Maryland Rd., COS, CO 80907	Retired	Investor
\$100.00	Saelman, John	270 Saint Paul St., Ste 300, Denver, CO 80206	Medallion Enterprise	Homeowner
\$100.00	Saelman, Carolyn	270 Saint Paul St., Ste 300, Denver, CO 80206	NA	Partner
\$100.00	Kriley, John	339 S. Plum Ave., Tampa, FL 33606	Foldes Capital Partners	Investor
\$100.00	Armstrong, William	1825 Broadway, Ste. 780, Denver, CO 80202	Self	Investor
\$100.00	Shaw, Mike	1080 S. Colorado Blvd, Denver, CO 80248	Foldes Capital Partners	Investor
\$100.00	Breiman, David	158 S. Main Street, Salem, Ohio 44308	Self	Car Dealer
\$50.00	Muller, Mark	1521 Brookside Rd. McLean, VA 22101		
\$50.00	Kirwan, William Jr	2433 Virgo Drive, COS, CO 80908		
\$50.00	Franklin, Leslie	8101 E. Dartmouth, No. 11, Denver, CO 80231-4258		
\$50.00	Hallen, J. Stephen	121 S. Tejon, #601, COS, CO 80901		
\$25.00	Sak, Pat	455 W Woodman Rd, COS, CO 80918		
\$25.00	Jack, Sarah	1778 Courtyard Heights, COS, CO 80908		
\$2,250.00	Total			

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

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

PLEASE PRINT/TYPE

1. <u>Date Expended</u>	4. Name: <u>See Attached Sheet</u>
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

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

Carla Albers for Academic Excellence

Expenditures

\$47.28	King Soopers
\$2,403.00	Albers, Carla
\$1,500.28	Total

Stamps, Thank You
 Reimburse - Clear Channel Radio \$1775
 Election Party - Call at the Auditorium \$708

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

Form with fields: 1. Date Accepted, 2. Date Returned, 3. Amount, 4. Name (Last, First), 5. Address, 6. City/State/Zip, 7. Purpose

Form with fields: 1. Date Accepted, 2. Date Returned, 3. Amount, 4. Name (Last, First), 5. Address, 6. City/State/Zip, 7. Purpose

Returned Expenditures

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

PLEASE PRINT/TYPE

Form with fields: 1. Date Expended (10-20-05), 2. Date Returned (11-14-05), 3. Amount (\$ 916.56), 4. Name (Last, First): Perry, Reginald, 5. Address: 1357 Kachina Drive, 6. City/State/Zip: Colo. Springs, CO 80915, 7. Comment (Optional): Reimbursement of radio ad expenses

Form with fields: 1. Date Expended, 2. Date Returned, 3. Amount, 4. Name (Last, First), 5. Address, 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> 10-28-05	4. Name (Last, First): <u>Cranberg, Alex</u>
2. <u>Fair Market Value</u> \$ 96.11	5. Address: <u>511 16th Street, Suite 300</u>
3. <u>Aggregate Amt.</u> \$ 12,104.72	6. City/State/Zip: <u>Denver, CO 80202</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Postage Expenses</u>
	8. Employer (if applicable, mandatory): <u>Aspect Energy</u>
	9. Occupation (if applicable, mandatory): <u>Executive</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 10-28-05	4. Name (Last, First): <u>Same ↑</u>
2. <u>Fair Market Value</u> \$ 3096.06	5. Address: <u>Same ↑</u>
3. <u>Aggregate Amt.</u> \$ 15,200.72	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Tarrance Group - Poll</u>
	8. Employer (if applicable, mandatory): <u>Same ↑</u>
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 10-28-05	4. Name (Last, First): <u>Same ↑</u>
2. <u>Fair Market Value</u> \$ 666.67	5. Address: <u>Same ↑</u>
3. <u>Aggregate Amt.</u> \$ 15,867.39	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Consultant Services</u>
	8. Employer (if applicable, mandatory): <u>Same ↑</u>
	9. Occupation (if applicable, mandatory): _____
	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."

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> 10-28-05	4. Name (Last, First): <u>Cranberg, Alex</u>
2. <u>Fair Market Value</u> \$ 926.45	5. Address: <u>511 16 Street, Suite 300</u>
3. <u>Aggregate Amt.</u> \$ 16,793.84	6. City/State/Zip: <u>Denver, CO 80202</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Regent Group - Autodial</u>
	8. Employer (if applicable, mandatory): <u>Aspect Energy</u>
	9. Occupation (if applicable, mandatory): <u>Executive</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 10-28-05	4. Name (Last, First): <u>Same ↑</u>
2. <u>Fair Market Value</u> \$ 16.67	5. Address: <u>Same ↑</u>
3. <u>Aggregate Amt.</u> \$ 16,810.51	6. City/State/Zip: <u>Same ↑</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Bank Charge</u>
	8. Employer (if applicable, mandatory): <u>Same ↑</u>
	9. Occupation (if applicable, mandatory): <u>Same ↑</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 10-28-05	4. Name (Last, First): <u>Same ↑</u>
2. <u>Fair Market Value</u> \$ 1300.00	5. Address: <u>Same ↑</u>
3. <u>Aggregate Amt.</u> \$ 18,110.51	6. City/State/Zip: <u>Same ↑</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Doorhanger</u>
	8. Employer (if applicable, mandatory): <u>Same ↑</u>
	9. Occupation (if applicable, mandatory): <u>Same ↑</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."

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> 10-28-05	4. Name (Last, First): <u>Cranberg, Alex</u>
2. <u>Fair Market Value</u> \$ 1160.17	5. Address: <u>511 16th Street, Suite 300</u>
3. <u>Aggregate Amt.</u> \$ 19,270.68	6. City/State/Zip: <u>Denver, CO 80202</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Final Team Mailer</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Aspect Energy</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Executive</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 10-28-05	4. Name (Last, First): <u>Same ↑</u>
2. <u>Fair Market Value</u> \$ 1011.00	5. Address: <u>Same ↑</u>
3. <u>Aggregate Amt.</u> \$ 20281.68	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Partial payment 2nd individual mailer</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Same ↑</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Same ↑</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."

Date: December 1, 2005

To: Susan Russo, Asst. Election Manager

Re: FCPA report , Period 10 24-05 to 11-26-05
D-11 School Board

From: Carla Albers
594-0360

Pages : 11, including cover sheet

Fax # : (719) 520-7327