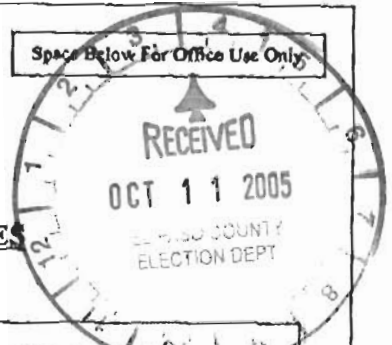


FAX

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



Space Below For Office Use Only



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

Full Name of Committee/Person: TEACHERS' COMMITTEE FOR EXCELLENCE IN EDUCATION
As Shown On Registration

Address of Committee/Person: 2520 N. TEJON ST., SUITE 100

City, State & Zip Code: COLORADO SPRINGS, CO 80907

Committee Type:

Name and Address of Financial Institution: J.P. MORGAN CHASE BANK, 28 E. BOULDER, CO SPRGS.

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: 12/1/2004 Through 10/6/2005
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)	\$ 8,888.17
2 Total Monetary Contributions (line 11)	\$ 4,440.59
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 13,328.76
4 Total Monetary Expenditures (line 19)	\$ 25.00
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 13,303.76

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: NANCY HALEY

Registered Agent's (Treasurer's) Signature: Nancy Haley Date: 10/11/05

Print Candidate Name: _____

Candidates Signature: _____ Date: _____

DETAILED SUMMARY

Full Name of Committee/Person: TEACHERS' COMMITTEE FOR EXCELLENCE IN EDUCATION

Current Reporting Period: 12/1/2004 Through 10/6/2005

	Funds on hand at the beginning of reporting period (Monetary Only)	\$ 8,888.17
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ —
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 4,440.59
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")	\$ —
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 4,440.59
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ —
13	Total Contributions (Line 11 + line 12)	\$ 4,440.59
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 25.00
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)	\$ 25.00
20	Total Spending (Line 18 + line 19)	\$ 25.00

Schedule B - Itemized Expenditures Statement (\$20 or more)

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

Full Name of Committee/Person: TEACHERS' COMMITTEE FOR EXCELLENCE IN EDUCATION

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>9/22/05</u>	4. Name: <u>MIKE COUGHLIN</u>
2. <u>Amount</u> \$ <u>25.00</u>	5. Address: <u>5415 CRYSTAL LOMA PT</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80915</u>
	7. Purpose of Expenditure: <u>REIMBURSE - ROOM RENTAL</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

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