

Colorado Secretary of State  
 Elections Division  
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 Denver, CO 80290  
 Ph: (303) 894-2200 x 3  
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 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 <small>As Shown On Registration</small>
Address of Committee/Person:	2520 N. TUSTON 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. SPGS.

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:  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)	\$ 13,303.76
2 Total Monetary Contributions (line 11)	\$ 948.35
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 14,252.11
4 Total Monetary Expenditures (line 19)	\$ 1,032.00
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 13,220.11

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: 10/28/05  
 Print Candidate Name: \_\_\_\_\_  
 Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>DETAILED SUMMARY</b>
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Full Name of Committee/Person: TEACHERS' COMMITTEE FOR EXCELLENCE IN EDUCATION

Current Reporting Period: 10/7/05

Through 10/23/05

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$ 13,303.76
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$ —
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 948.35
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)	\$ 14,252.11
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ —
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 14,252.11
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$ 1,232.00
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)	\$ 1,232.00
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 1,232.00

**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>10/10/05</u>	4. Name: <u>QWEST COMMUNICATIONS</u>
2. <u>Amount</u> <u>\$ 1,232.00</u>	5. Address: <u>PAYMENT CTR.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>DENVER, CO 80244-0001</u>
	7. Purpose of Expenditure: <u>SET-UP &amp; DEPOSIT FOR PHONES FOR PHONE-BANKING</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