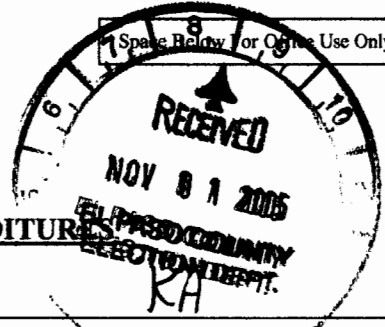


Colorado Secretary of State
Elections Division
1700 Broadway, Ste. 270
Denver, CO 80290
Ph: (303) 894-2200 x 3
Fax: (303) 869-4861
www.sos.state.co.us



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

Full Name of Committee/Person:	TEACHERS' COMMITTEE FOR EXCELLENCE IN EDUCATION <small>As Shown On Registration</small>
Address of Committee/Person:	2520 N. TETON 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: 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)	\$ 1,232.00
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 13,020.11

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: _____

DETAILED SUMMARY

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

Current Reporting Period: 10/7/05 Through 10/23/05

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