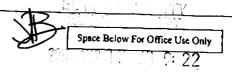
FAX

Colorado Secretary of State
Blections 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)

	(C.R.S. 1-45-108)	TOTTORES		
Full Name of Committee/Person:	EXLENE FOR EN	ICATION		
Address of Committee/Person:	As Shown On Registration			
	PO BOX 26476	•		
City, State & Zip Code:	COLORADO SPRING	3, CO 80936		
Committee Type:	CAMPATEN			
Name and Address of Financial Institution	TCF BANK, 400 W, 144TH	AVE BROMERES CO		
SOS ID NUMB	ER (state committees ONLY):	7,400,4141,		
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 MUS'I Have a Monetary Balance of Zero	in Line 5)		
1 1				
Check this box it this Keport Col	ntains Electioneering Communications	Information		
Reporting Period Covered:	1/07 Through	10/08		
/	Date	Dete		
Declared Total Spending (If applicable) [Art. XXVIII, Sec. 4(1)]	\$ 27.07			
		Totals Detailed Summary Page		
I Funds on Hand at the Beginning of Reporting Period (monetary only)		\$ 27,07		
2 Total Monetary Contributions (1		\$		
	3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2) \$ 27.07			
4 Total Monetary Expenditures (line 19) S 5 Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4) \$				
2 Funds on Hand at the End of Ke	porting Period (monetary) (line 3 – line 4)	S		
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 (Marks and Institute	the Posistand American de Carlotta			
perjury, indi to the best of my knowledge or	belief all contributions received during this re rship dues transferred by a membership organ	morting period including and		
perjury, inditio the best of my knowledge or contributions received in the form of membe. It	belief all contributions received during this m	morting period including and		
contributions received in the form of member Print Registered Agent's Name: Registered Agent's Signature:	bellef all contributions received during this restricted by a membership organ	morting period including and		
contributions received in the form of member Print Registered Agent's Name: Registered Agent's Signature:	belief all contributions received during this m	eporting period, including any nization, are from permissible sources.		
Authorization (Must be completed by either perjury, that to the best of my knowledge or contributions received in the form of member Print Registered Agent's Name: Registered Agent's Signature: Print Candidate Name:	bellef all contributions received during this reship dues transferred by a membership organing the second s	eporting period, including any nization, are from permissible sources.		

FROM:

DETAILED SUMMARY

Full Na	ame of Committee/Person: EXCENT FOR	EDUCATION
Curren	nt Reporting Period: 121107 Three	ough 10/08
Funds	s on hand at the beginning of reporting period (Monetary Only)	\$ 27.07
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	s Ø
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	s Ø
8	Loans Received (Please list on Schodule "C")	s
9	Total of Other Receipts (Interest, Dividende, etc.)	s
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	s Ø
11	Total Monetary Contributions (Total of lines 6 through 10)	s Ø
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	s Ø
13	Total Contributions (Line 11 + line 12)	s Ø
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 27.07
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	s Ø
16	Loan Repayments Made (Please list on Schodule "C")	s Ø
17	Returned Contributions (To donor) (Please list on Schedule "D")	s Ø
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	s Ø
19	Total Monetary Expenditures (Total of lines 14 through 17)	s 27.07
20	Total Spending (Line 18 + line 19)	s 27.07

Colorado Secretary of State Form Rev. 04/07

	Schedule B – Itemized Expenditures Statement (\$20 or more) [C.R.S. 1-45-108(1)(a)]		
Full Name of Committee/Person: EXLINE FOR EXUCATION			
2. Amount 2. Amount	4. Name: KAREN TEJA 5. Address: 1585 MOCCASSIN DR, 6. City/State/Zip: COLORADO SPRINGS, CO 80919 7. Purpose of Expenditure: LUNCHEON FEE Check box if Electioneering Communication		
Date Expended	4. Name:		
2. Amount \$ 3.Recipient is (optional): Committee Non-Committee	5. Address: 6. City/State/Zip: 7. Purpose of Expenditure: Check box if Electioneering Communication		
1. Date Expended	4. Name:		
2. Amount \$ 3.Recipient is (optional): Committee Non-Committee	6. City/State/Zip: 7. Purpose of Expenditure: Check box if Electioneering Communication		
1. Date Expended	4. Name:		
2. Amount \$ 3.Recipient is (optional): Committee Non-Committee	Recipient is (optional): Committee 7. Purpose of Expenditure:		
1. Date Expended	4. Name:		
2. Amount \$ 3.Recipient is (optional) Committee Non-Committee	5. Address: 6. City/State/Zip: 7. Purpose of Expenditure: Check box if Electioneering Communication		
	Colorado Secretary of State Form Rev. 08/06		