

FAX

Colorado Secretary of State
 Elections Division
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JB

Space Below For Office Use Only

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

Full Name of Committee/Person: EXLINE FOR EDUCATION
As Shown On Registration

Address of Committee/Person: PO BOX 26476

City, State & Zip Code: COLORADO SPRINGS, CO 80936

Committee Type: CAMPAIGN

Name and Address of Financial Institution: TCF BANK, 400 W. 144TH AVE, BROOMFIELD, CO

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: 12/1/07 Through 10/08
Date Date

Declared Total Spending (if applicable) \$ 27.07
[Art. XXVIII, Sec. 4(1)]

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 27.07
2 Total Monetary Contributions (line 11)	\$ 0
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 27.07
4 Total Monetary Expenditures (line 19)	\$ 27.07
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0

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): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's Name: CHRIS EXLINE

Registered Agent's Signature: *[Signature]* Date: 4/18/08

Print Candidate Name: CHRISTINE EXLINE

Candidates Signature: *[Signature]* Date: 4/18/08

DETAILED SUMMARY

Full Name of Committee/Person: EXCISE FOR EDUCATION

Current Reporting Period: 12/1/07 Through 10/08

	Funds 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")	\$ 0
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
8	Loans Received (Please list on Schedule "C")	\$ 0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 0
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 0
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)	\$ 0
16	Loan Repayments Made (Please list on Schedule "C")	\$ 0
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$ 0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 27.07
20	Total Spending (Line 18 + line 19)	\$ 27.07

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

Full Name of Committee/Person: EXLINE FOR EDUCATION

PLEASE PRINT/TYPE

1. Date Expended 12/7/07	4. Name: KAREN TEJA
2. Amount \$ 27.07	5. Address: 1585 MOCCASSIN DR.
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: COLORADO SPRINGS, CO 80919
	7. Purpose of Expenditure: LUNCHEON FEE <input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended	4. Name:
2. Amount \$	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. Date Expended	4. Name:
2. Amount \$	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. Date Expended	4. Name:
2. Amount \$	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. Date Expended	4. Name:
2. Amount \$	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