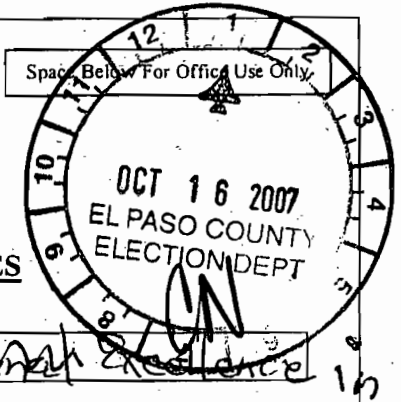


Colorado Secretary of State  
 Elections Division  
 1700 Broadway, Ste. 270  
 Denver, CO 80290  
 Ph: (303) 894-2200 x 3  
 Fax: (303) 869-4861  
 www.sos.state.co.us



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

**Full Name of Committee/Person:** Committee For Educational Excellence  
As Shown On Registration

**Address of Committee/Person:** 21st Eagle View Drive

**City, State & Zip Code:** Colo Spgs CO 80909

**Committee Type:** Candidate

**Name and Address of Financial Institution:** ENT Federal Credit Union  
Box 15819 Colo Spgs 80935

**SOS ID NUMBER (state committees ONLY):** \_\_\_\_\_

Education

**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:** 09/05/07 Through 10/11/07  
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)	\$ 0.00
2 Total Monetary Contributions (line 11)	\$ 2,045.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2,045.00
4 Total Monetary Expenditures (line 19)	\$ 1,010.02
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 1,034.98

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:** Theresa A. Null

**Registered Agent's Signature:** Theresa A. Null **Date:** 10/16/07

**Print Candidate Name:** Bob Null

**Candidates Signature:** [Signature] **Date:** 10/16/07



**Schedule A – Itemized Contributions Statement (\$20 or more)**

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

Full Name of Committee/Person: Committee For ~~State~~ National Excellence

**WARNING: Please read the instruction page for Schedule "A" before completing!**

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/05/07	4. Name (Last, First): <u>Morley Family Dev, LLP</u>
2. <u>Contribution Amt.</u> \$250.00	5. Address: <u>15 North Nevada</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colo Spgs, CO 80903</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 10/06/07	4. Name (Last, First): <u>Salute Joseph and Mary</u>
2. <u>Contribution Amt.</u> \$25.00	5. Address: <u>8676 Roaring Fork Dr</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colo Spgs, CO 80924</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 10/11/07	4. Name (Last, First): <u>Kelly, Kathy</u>
2. <u>Contribution Amt.</u> \$	5. Address: <u>2859 N. Murrain Blvd</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colo Spgs, CO 80917</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

Education

\* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

**Schedule A – Itemized Contributions Statement (\$20 or more)**

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

Full Name of Committee/Person: Committee For ~~Education~~ Excellence in Education

**WARNING: Please read the instruction page for Schedule "A" before completing!**

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 07/28/07	4. Name (Last, First): <u>Hansen Richard and Francine</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>P.O. Box 51131</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colo Spgs CO 80949</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Retired</u>

1. <u>Date Accepted</u> 10/01/07	4. Name (Last, First): <u>New Generation Homes</u>
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: <u>3 Widefield Blvd</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colo Spgs, CO 80911</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 10/03/07	4. Name (Last, First): <u>Blackwell Lois E</u>
2. <u>Contribution Amt.</u> \$ 25.00	5. Address: <u>1915 Mt Vernon St</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colo Spgs CO 80909</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 10/04/07	4. Name (Last, First): <u>Adams Sharon</u>
2. <u>Contribution Amt.</u> \$ 20.00	5. Address: <u>3845 E. Cresta Coma Circle</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Colo Spgs CO 80911</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

\* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

Education

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

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

Full Name of Committee/Person: Committee for Educational Excellence in Education

PLEASE PRINT/TYPE

1. Date Expended <u>09/12/07</u>	4. Name: <u>PRINT PL LTD DBA PRINT PLACE</u>
2. Amount <u>\$230.48</u>	5. Address: <u>1130 Ave H East</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Arlington TX 76011</u>
	7. Purpose of Expenditure: <u>Campaign Cards</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>09/14/07</u>	4. Name: <u>SNAPPY PRINT</u>
2. Amount <u>\$111.12</u>	5. Address: <u>3923 Maize Land Rd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Spgs, CO 80909</u>
	7. Purpose of Expenditure: <u>Campaign Cards</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>09/12/07</u>	4. Name: <u>SNAPPY PRINT</u>
2. Amount <u>\$228.79</u>	5. Address: <u>3923 Maize Land Rd</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Spgs CO 80909</u>
	7. Purpose of Expenditure: <u>Envelopes</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>09/22/07</u>	4. Name: <u>COPY IT</u>
2. Amount <u>\$158.63</u>	5. Address: <u>3305 N. Academy</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Spgs CO 80917</u>
	7. Purpose of Expenditure: <u>Campaign Flyers</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>09/13/07</u>	4. Name: <u>City Gov</u>
2. Amount <u>\$40.00</u>	5. Address: <u>300 S. Nevada Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Colo Spgs, CO 80903</u>
	7. Purpose of Expenditure: <u>Sign Permit</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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

Full Name of Committee/Person: Committee For ~~Antares~~ Excellence in education

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>09/27/07</u>	4. Name: <u>US Post Office - Antares Station</u>
2. <u>Amount</u> <u>\$ 41.00</u>	5. Address: <u>Utah</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>CO Springs CO</u>
	7. Purpose of Expenditure: <u>stamps</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/04/07</u>	4. Name: <u>Darin Richards</u>
2. <u>Amount</u> <u>\$ 200.00</u>	5. Address: <u>5 Golden St.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Calhan, CO</u>
	7. Purpose of Expenditure: <u>YARD SIGNS</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

**Schedule C - Loans**

Full Name of Committee/Person:

Committee For Excellence in Education

**LOANS - Loans Owed by the Committee**

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)  
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

**LOAN SOURCE**

Name (Last, First or Institution):

Null Robert L.

Address:

2104 Eagle View Dr

City/State/Zip:

Colo Spgs, CO 80909

Original Amount of Loan: \$

1500.00

Interest Rate:

None

Loan Amount Received This Reporting Period: \$

1500.00

Total of All Loans This Reporting

Period: 1500.00

(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$

\_\_\_\_\_

Interest Amount Paid This Reporting Period: \$

\_\_\_\_\_

Amount Repaid This Reporting Period: \$

\_\_\_\_\_

(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$

\_\_\_\_\_ (Sum of Schedule C pages. Place on line 16 of Detailed Summary)

Outstanding Balance: \$

\_\_\_\_\_

TERMS OF LOAN:

\_\_\_\_\_ Date Loan Received

\_\_\_\_\_ Due Date for Final Payment

**LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN**

Full Name	Address, City, State, Zip	Amount Guaranteed

**Statement of Non-Monetary Contributions**  
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & C.R.S. 1-45-108(1)]

*Excellence in Education*

Full Name of Committee/Person: Committee For Educational Excellence

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 09/05/07	4. Name (Last, First): <u>Null Scott</u>
2. <u>Fair Market Value</u> \$3,000.00	5. Address: <u>11986 Holly Brook Dr</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>St Louis, MO 63043</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Web Site Dev + Hosting</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 09/05/07	4. Name (Last, First): <u>Null Theresa</u>
2. <u>Fair Market Value</u> \$ 10.00	5. Address: <u>2104 Eagle View Drive</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Colo Spgs CO 80909</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Envelopes</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u> 09/05/07	4. Name (Last, First): <u>Null, Robert + Theresa</u>
2. <u>Fair Market Value</u> \$ 1800.00	5. Address: <u>2104 Eagle View Dr</u>
3. <u>Aggregate Amt.</u> \$	6. City/State/Zip: <u>Colo Spgs CO 80909</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Campaign Office</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

\* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."