

Colorado Secretary of State
Elections Division
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Oct 14, 2004
SR

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. TEJON ST., SUITE 100
City, State & Zip Code:	COLORADO SPRINGS CO 80907
Committee Type:	
Name and Address of Financial Institution:	BANK ONE, COLORADO N.A., P.O. BOX 215002, DENVER CO 80221-9002

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)

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)	\$ 5,641.92
2 Total Monetary Contributions (line 11)	\$ 4,779.34
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 10,421.26
4 Total Monetary Expenditures (line 19)	\$ 2,351.08
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 8,070.18

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: PATSY O'NEAL
 Registered Agent's (Treasurer's) Signature: Patsy D. O'Neal Date: 10-8-04
 Print Candidate Name: _____
 Candidates Signature: _____ Date: _____

DETAILED SUMMARY

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

Current Reporting Period: 11/29/03 Through 10/7/04

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	5,641.92
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)	\$	4,500.11
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")	\$	279.23
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	4,779.34
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	- 0 -
13	Total Contributions (Line 11 + line 12)	\$	4,779.34
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	2,351.08
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)	\$	2,351.08
20	Total Spending (Line 18 + line 19)	\$	2,351.08

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> 12/17/03	4. Name: <u>PLATINUM PLUS FOR BUSINESS</u>
2. <u>Amount</u> \$ 51.07	5. Address: <u>P.O. BOX 15469</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WILMINGTON, DE 19886-5469</u>
	7. Purpose of Expenditure: <u>KINKO'S COPYING COSTS</u>

1. <u>Date Expended</u> 12/17/03	4. Name: <u>PLATINUM PLUS FOR BUSINESS</u>
2. <u>Amount</u> \$ 629-	5. Address: <u>P.O. BOX 15469</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WILMINGTON, DE 19886-5469</u>
	7. Purpose of Expenditure: <u>POSTAGE STAMPS</u>

1. <u>Date Expended</u> 12/17/03	4. Name: <u>PLATINUM PLUS FOR BUSINESS</u>
2. <u>Amount</u> \$ 200-	5. Address: <u>P.O. BOX 15469</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WILMINGTON, DE 19886-5469</u>
	7. Purpose of Expenditure: <u>GIFT CERTIFICATES FOR VOLUNTEERS</u>

1. <u>Date Expended</u> 9/27/04	4. Name: <u>COLORADO SPRINGS EDUCATION ASSOCIATION</u>
2. <u>Amount</u> \$ 24-	5. Address: <u>2520 N. TETON</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80907</u>
	7. Purpose of Expenditure: <u>REIMBURSE ROOM RENTAL CHARGE FOR BOND MEETING</u>

1. <u>Date Expended</u> 9/27/04	4. Name: <u>DENISE BROWN</u>
2. <u>Amount</u> \$ 30.92	5. Address: <u>1029 BEACON BLUFF COURT</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80906</u>
	7. Purpose of Expenditure: <u>REIMBURSE COST OF DONUTS FOR VOLUNTEERS</u>

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>9/27/04</u>	4. Name: <u>MIKE COUGHLIN</u>
2. <u>Amount</u> <u>\$ 37.55</u>	5. Address: <u>5415 CRYSTAL LAMA PT.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80915</u>
	7. Purpose of Expenditure: <u>REIMBURSE FOR DONUTS FOR VOLUNTEERS</u>

1. <u>Date Expended</u> <u>9/29/04</u>	4. Name: <u>TERRIE BIAVA</u>
2. <u>Amount</u> <u>\$ 100 -</u>	5. Address: <u>1612 E PLATTE AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee	6. City/State/Zip: <u>COLORADO SPRINGS, CO 80909</u>
	7. Purpose of Expenditure: <u>WINNER OF VOLUNTEER DRAWING</u>

1. <u>Date Expended</u> <u>9/30/04</u>	4. Name: <u>FRIENDS OF DISTRICT ELEVEN</u>
2. <u>Amount</u> <u>\$ 1,000</u>	5. Address: <u>Box 213</u>
3. Recipient is (optional): <input checked="" type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>3355 N. ACADEMY BLVD., COLORADO SPRINGS CO 80917</u>
	7. Purpose of Expenditure: <u>CONTRIBUTION</u>

1. <u>Date Expended</u> <u>10/4/04</u>	4. Name: <u>OFFICE DEPOT</u>
2. <u>Amount</u> <u>\$ 65.37</u>	5. Address: <u>P.O. Box 9020</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>DES MOINES, IA 50368-9020</u>
	7. Purpose of Expenditure: <u>ENVELOPES</u>

1. <u>Date Expended</u> <u>10/5/04</u>	4. Name: <u>PLATINUM PLUS FOR BUSINESS</u>
2. <u>Amount</u> <u>\$ 50.85</u>	5. Address: <u>P.O. Box 15469</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WILMINGTON, DE 19886-5469</u>
	7. Purpose of Expenditure: <u>PAPER BAGS</u>

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. Date Expended	10/5/04
2. Amount	\$ 56.66
3. Recipient is (optional):	<input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee
4. Name:	PLATINUM PLUS FOR BUSINESSES
5. Address:	P.O. BOX 15469
6. City/State/Zip:	WILMINGTON, DE 19886-5469
7. Purpose of Expenditure:	SNACKS FOR VOLUNTEERS

1. Date Expended	10/7/04
2. Amount	\$ 96.66
3. Recipient is (optional):	<input type="checkbox"/> Committee <input checked="" type="checkbox"/> Non-Committee
4. Name:	COLORADO SPRINGS EDUCATION ASSOCIATION
5. Address:	2520 N. TAYLOR
6. City/State/Zip:	COLORADO SPRINGS, CO 80907
7. Purpose of Expenditure:	COPYING EXPENSES

1. Date Expended	
2. Amount	\$
3. Recipient is (optional):	<input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee
4. Name:	
5. Address:	
6. City/State/Zip:	
7. Purpose of Expenditure:	

1. Date Expended	
2. Amount	\$
3. Recipient is (optional):	<input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee
4. Name:	
5. Address:	
6. City/State/Zip:	
7. Purpose of Expenditure:	

1. Date Expended	
2. Amount	\$
3. Recipient is (optional):	<input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee
4. Name:	
5. Address:	
6. City/State/Zip:	
7. Purpose of Expenditure:	

Schedule D – Returned Contributions & Expenditures

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

Returned Contributions

(Previously reported on Schedule A – Contributions accepted and then returned to donors)

PLEASE PRINT/TYPE

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$ _____	7. Purpose: _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$ _____	7. Purpose: _____

Returned Expenditures

(Previously reported on Schedule B – Expenditures returned or refunded to the committee)

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>9/19/03</u>	4. Name (Last, First): <u>QWEST</u>
2. <u>Date Returned</u> <u>12/3/03</u>	5. Address: <u>PAYMENT CENTER</u>
3. <u>Amount</u> <u>\$ 279.23</u>	6. City/State/Zip: <u>DENVER, CO 80244-0001</u>
	7. Comment (Optional): <u>RETURN OF UNEXPENDED DEPOSIT</u>

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$ _____	7. Comment (Optional): _____