Space Below For Office Use Only

Colorado Secretary of State Electrona Division 1560 Broadway, Stc. 200 Deaver, CO 80202 Ph. (303) 894-2200 x 3 Fax. (303) 869-4861 www.sop.state.co.us



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

Full Name of Commuttee/Person.	TEACHERS!	COMMI	TIFE FOR	AVELLENIE	IN EDUCATION		
	As Showp On Re				THE POWER THON		
Address of Committee/Person.	2520 N	. TEJON	SUITE	100			
City, State & Zip Code:	COLORADO						
Committee Type							
Name and Address of Financial Institution	BANK ONE	COLORA	> NA,	P. 0 Bax 215	002, DENVER 28021-9002		
SOS ID NUMB	ER (state committee	m ONLY					
Type of Report							
Regularly Scheduled Filing.							
Amended Filing. This amends previ	ous report filed on (d	late)					
Subrat changes or new information ONLY							
Termination Report. (Termination	Reports MUST Have	c a Monetary I	Balance of Zer	o in Line 5)			
Reporting Period Covered: 10/	25/04		Through	11/30/01	4		
Doglowed Takel Co	date				date		
Declared Total Spending (If applicable) [Art. XXVIII. Sec. 4(1)]	\$						
1 Funds on Hand at the Beginning	of Deposition D			1 -	iled Summary Page		
2 Total Monetary Contributions	ine 11)	eriod (monet	ary only)	\$ 8 48			
3 Total of Monetery Contributions & Parisis							
4 Total Monetary Expenditures ()	ne 19)				· 60 · 43		
5 Funds on Hand at the End of Re	\$ 8888						
				9,000			
The appropriase officer shall in	ipose a penalty o [Art. XXVII	of \$50 per d N Sec. 10(2)	ny for eact	day that a rep	ort is filed late.		
Authorization (Must be completed by eith	er the Registered Ago	ni OR ine Cap	didate)				
Print Registered Agent's (Treasurer's) Nat	ne PAISIX	0'	VEAL				
Registered Agent's (Tressurer's) Signature	: Laton	U.C	Nes	<i>l</i> r	Date: 11-30-04		
Print Candidate Name.	/			~	7		
Candidates Signature:				I	Date.		
			Colorad	to Secretary of State Fr	orm Rev 01/04		

DETAILED SUMMARY

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

Current Reporting Period. 10/25/04 Through 11/30/04

Fund	s on hand at the beginning of reporting period (Monetary Only)	\$	8,481-28
6	Itemized Contributions \$20 or More (CRS 1-45-108(1)(a)) (Please list on Schedule "A")	\$	-0-
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	439-32
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")	\$	
11	Total Monetary Contributions (Total of Imes 6 through 10)	\$	439-32
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Commbutions)	\$	- 0-
13	Total Contributions (Line 11 + line 12)	\$	439.32
14	Itemized Expenditures \$20 or More [C R S. 1-45-108(1)(2)] (Please list on Schedule "B")	\$	32-43
15	Total of Non-Iternized Expenditures (Expenditures of \$19.99 or Less)	\$	- O ⁻
16	Loau 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 Computtee & Political Parties only)	\$	- 0 -
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	32.43
20	Total Spending (Linc 18 + line 19)	\$	32-43

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2. Amount

3 Recipient is (optional)

Committee

☐ Non-Committee

Schedule B - Itemized Expenditures Statement (\$20 or more) IC R.S. 1-45-108(1)(a) Full Name of Committee/Person: TEACHERS' COMMITTEE FOR EXCELLENCE IN ENLINTION PLEASE PRINT/TYPE 1. Date Expended 4 Name: COLORADO SPRINGS EDUCATION ASSOCIATION 11/4/04 2. Amount 5 Address: 2520 N Tavon St. 32-43 6. City/State/Zip: COLORADO SPRINGS CO 80907 3. Recipient is (optional). 7 Purpose of Expenditure REIMBURE ADHESIVE MAILING LAKELS Committee Non-Committee 1. Date Expended 4. Name 2. Amount 5. Address 6. City/State/Zip. 3. Recipient is (optional). Committee 7 Purpose of Expenditure Non-Committee 1. Date Expended 4 Name: 2. Amount 5. Address: 6 City/State/Zip _____ 3. Recipient is (optional): Committee 7 Purpose of Expenditure Non-Committee 1. Date Expended 4. Name 2. Amount Address: 6 City/State/Zip __ : 3 Recipient is (optional): Committee 7 Purpose of Expenditure Non-Committee J. Date Expended

4. Name.

7 Purpose of Expenditure.

5. Address.

6. City/State/Zip.

Colorado Secretary of State Form Rev. 01/04

2520 North Tajon Street, First Floor Colorado Springs Colorado 80907 PHONE (719) 471-1190

FAX (719) 471-1514 EMAIL CSEA@nea.org

Colorado Springs Education Association



То	Election Department	From	Teachers' Committee for Excellence in
	El Paso County Clerk & Recorder		Education
Fax	520-7327	Pages:	3
Phone	6.	Date	December 1, 2004
Re	Report of Contributions &	CC	
	Expenditures		