



EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER

REPORT OF CONTRIBUTIONS AND EXPENDITURES

For Candidate Committees, Political Party Committees, Issue Committees and Other Political Committees. FILE IN DUPLICATE.

NAME OF COMMITTEE (In Full):

Teachers' Committee for Excellence in Education

ADDRESS OF COMMITTEE:

2520 North Tejon, Suite 100, Colorado Springs, Co 80907
(Number/Street/City/State/Zip)

NAME AND ADDRESS OF FINANCIAL INSTITUTION:

Bank One, Colorado NA, P.O. Box 215002, Denver, CO 80221-9002
(Name) (Number/Street/City/State/Zip)

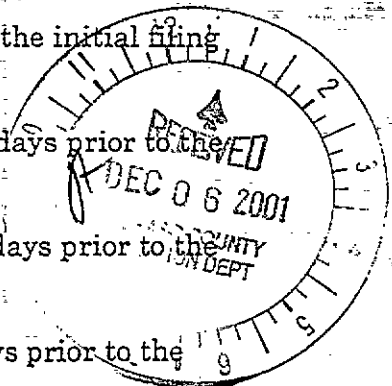
TYPE OF REPORT:

_____ : 21 days prior to the election. Covering the period from the initial filing
(Date) to 5 days prior to this filing.

_____ : Friday before the election. Covering the period from 5 days prior to the
(Date) previous filing to 5 days prior to this filing.

12/4/01 : 30 days after the election. Covering the period from 5 days prior to the
(Date) previous filing to 5 days prior to this filing.

_____ : November 1 of off-year. Covering the period from 5 days prior to the
(Date) previous filing to November 1.



: Termination Report -OR- Is this report an amendment? Yes No

SUMMARY:	COLUMN A (This Period)	COLUMN B (Year to Date)
1. Funds on Hand Beginning of Reporting Period:	\$ 1,039.23	XXXXXXXXXXXXXXXX
2. Total Contributions (From Ln 13):	\$ 1,199.11	\$ 8,469.53
3. Total Expenditures (From Ln 21):	\$ 389.00	\$ 8,286.11
4. Funds on Hand at Close of Reporting Period:	\$ 1,849.34	XXXXXXXXXXXXXXXX
5. Debts/Obligations Owed by the Committee:	\$	XXXXXXXXXXXXXXXX
6. Pledges Owed to the Committee:	\$	XXXXXXXXXXXXXXXX

CONTINUE TO PAGE 2

**DETAILED SUMMARY PAGE
OF CONTRIBUTIONS AND EXPENDITURES**

Page 2

NAME OF COMMITTEE: Teachers' Committee for Excellence in Education

CONTRIBUTIONS: (Please provide spreadsheet format for detail items. ¹)	COLUMN A (Total This Report)	COLUMN B (Calendar Year)
Contributions (other than loans) from: Individuals/Persons (Not Political Committees) Total Itemized (Use spreadsheet for Details "Schedule A"):	\$ 280.00	\$ 905.00
7. Non-Itemized (Total all Contributions Under \$20):	\$ 419.11	\$ 3,964.53
8. Political Party Committees:	\$	\$
9. Other Political Committees:	\$ 500.00	\$ 3,800.00
10. All Loans Received (Schedule C):	\$	\$
11. Other receipts (Dividends, Interest, Refunds, Rebates, Etc.):	\$	\$
12. TOTAL CONTRIBUTIONS: (Add all of the above items)	\$ 1,199.11	\$ 8,469.53
EXPENDITURES:		
13. Itemized Expenditures (\$20 and up) (Use Spreadsheet for Details "Schedule B"):	\$ 380.00	\$ 6,253.11
14. Total of Non-Itemized Expenditures:	\$ 9.00	\$ 33.00
15. Loan Repayments (Use "Schedule C"):	\$	\$
16. Refunds to Contributions:	XXXXXXXXXX	XXXXXXXXXX
17. Individuals/Persons other than Political Committees:	\$	\$
18. Political Party Committees:	\$	\$
19. Other Political Committees:	\$	\$ 2,000.00
20. TOTAL EXPENDITURES: (Add all of the above items)	\$ 389.00	\$ 8,286.11

OFFSETS TO OPERATING EXPENDITURES (An offset to expenditures means a payment made by a third person to a third party for the benefit of any committee or party. Such goods and services are used directly or indirectly by the committee or party for its purposes. Use a similar spreadsheet for reporting these offsets. LISTING ONLY. DO NOT ADD TO CONTRIBUTIONS OR EXPENDITURES.)

	COLUMN A (Total This Report)	COLUMN B (Calendar Year)
Total Itemized Offsets (\$20 and over):	\$	\$
Total Non-Itemized Offsets:	\$	\$

I certify that I have examined this Report of Contributions and Expenditures and to the best of my knowledge and belief it is true, correct and complete.

CAROL BUCHHOLZ
Type/Print Name of Agent

Helen M. Smithwick
Signature of Agent
for Carol Buchholz

12/6/01
Date

¹ The following is required for spreadsheet formats: Full name/address/zip; Date; Amount this Reporting Period; and Total Aggregate Year to Date per Contributor. For expenditures, include the purpose of the expenditure. See attached examples of Schedules A and B.



EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER
SCHEDULE A
CONTRIBUTIONS (PAGE 1)

(This schedule should reflect each item [7 thru 12] of the Detailed Summary Page)
 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. CRS 1-45-111(d).

Check appropriate box(es): Primary General Other (Specify):

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) _____ OCCUPATION/EMPLOYER: _____
 MA R C I E B A R T L E Y _____ E X D I R S C H O O L L E A D E R S H I P D I I _____
 ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP) _____ DATE OF CONTRI: _____ AMT OF THIS CONTRIBUTION: _____
 2 2 9 B R E N T W O O D P L E S L O C O I 8 1 0 0 5 _____ 1 0 3 1 0 1 _____ \$ _____ 4 0 . 0 0
 AGGREGATE YEAR TO DATE CONTRIBUTIONS: _____
 \$ _____ 4 0 . 0 0

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) _____ OCCUPATION/EMPLOYER: _____
 N O R E N I L A N D I S T Y S O N _____ _____
 ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP) _____ DATE OF CONTRI: _____ AMT OF THIS CONTRIBUTION: _____
 2 2 E D E L M O R T E C O L O R A D O S P R I N G S C O 8 0 9 0 7 _____ 1 0 3 1 0 1 _____ \$ _____ 7 5 . 0 0
 AGGREGATE YEAR TO DATE CONTRIBUTIONS: _____
 \$ _____ 7 5 . 0 0

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) _____ OCCUPATION/EMPLOYER: _____
 M I C H A E L C O W G H L I M _____ P R E S I D E N T C S E A _____
 ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP) _____ DATE OF CONTRI: _____ AMT OF THIS CONTRIBUTION: _____
 5 4 7 5 C R Y S T A L L O M A P T C O L O R A D O S P R I N G S C O 8 0 9 1 5 _____ 1 0 3 1 0 1 _____ \$ _____ 7 1 5 . 0 0
 AGGREGATE YEAR TO DATE CONTRIBUTIONS: _____
 \$ _____ 3 1 5 . 0 0

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) _____ OCCUPATION/EMPLOYER: _____
 ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP) _____ DATE OF CONTRI: _____ AMT OF THIS CONTRIBUTION: _____
 25300 SHAWLIMAR DR COLORA DO SPRINGFIELD IL 618091500 110101 \$ 50.00
 AGGREGATE YEAR TO DATE CONTRIBUTIONS: _____
 \$ _____

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) _____ OCCUPATION/EMPLOYER: _____
 ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP) _____ DATE OF CONTRI: _____ AMT OF THIS CONTRIBUTION: _____
 12510 ELLIOTT AVENUE #303 AURORA CO 80014 110201 \$ 250.00
 AGGREGATE YEAR TO DATE CONTRIBUTIONS: _____
 \$ _____

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) _____ OCCUPATION/EMPLOYER: _____
 ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP) _____ DATE OF CONTRI: _____ AMT OF THIS CONTRIBUTION: _____
 10190 BANNOCK ST #222 NORFOLK CO 80221 110101 \$ 250.00
 AGGREGATE YEAR TO DATE CONTRIBUTIONS: _____
 \$ _____

CONTRIBUTORS NAME (PRINT LAST NAME, FIRST NAME, MI) _____ OCCUPATION/EMPLOYER: _____
 ADDRESS: (NUMBER, STREET, CITY, STATE, ZIP) _____ DATE OF CONTRI: _____ AMT OF THIS CONTRIBUTION: _____

 AGGREGATE YEAR TO DATE CONTRIBUTIONS: _____
 \$ _____



EL PASO COUNTY, COLORADO
OFFICE OF THE CLERK & RECORDER
SCHEDULE B

EXPENDITURES

(This schedule should reflect each item [14 thru 20] of the Detailed Summary Page.)
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Check appropriate boxes: Primary General Other (Specify): _____

PAYMENT TO: (PRINT NAME) **NEWELE LEBETTER ADV. ERTIS W G CO 2720 YAMPAS ST CO SPRS** AMOUNT OF EXPENDITURE: \$ **380.00**

PURPOSE OF EXPENDITURE: **RADIOS ADVERTISMENTS** DATE OF EXPENDITURE **103001**

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)

PAYMENT TO: (PRINT NAME) _____ AMOUNT OF EXPENDITURE: \$ _____

PURPOSE OF EXPENDITURE: _____ DATE OF EXPENDITURE _____

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)

PAYMENT TO: (PRINT NAME) _____ AMOUNT OF EXPENDITURE: \$ _____

PURPOSE OF EXPENDITURE: _____ DATE OF EXPENDITURE _____

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)

PAYMENT TO: (PRINT NAME) _____ AMOUNT OF EXPENDITURE: \$ _____

PURPOSE OF EXPENDITURE: _____ DATE OF EXPENDITURE _____

ADDRESS: (NUMBER/STREET/CITY/STATE/ZIP : POSTAL ABBREVIATIONS REQUIRED)