



DETAILED SUMMARY OF

REPORT OF CONTRIBUTIONS AND EXPENDITURES

(To be used by Candidate Committees, Political Committees, Issue Committees and Political Party Committees)

1. FULL NAME OF COMMITTEE (as shown on statement of organization) <u>CHUCK WANNER FOR COUNCIL</u>	2. NAME OF FINANCIAL INSTITUTION <u>FIRST NATIONAL BANK</u>
ADDRESS <input type="checkbox"/> check if different than previously reported <u>1242 W. MOUNTAIN AVE</u>	ADDRESS <u>205 W. OAK</u>
CITY, STATE and ZIP CODE <u>FT COLLINS CO 80521</u>	3. SECRETARY OF STATE I.D. NUMBER

4. Did you accept Voluntary Spending Limits? (State Candidate Committees Only) Yes No

5. TYPE OF REPORT (County and Municipal Elections)

- | | |
|--|--|
| Pre-election Reports | Post-election Reports |
| <input checked="" type="checkbox"/> 21 days before election (3/16/99) | <input type="checkbox"/> 30 days after election (5/6/99) |
| <input type="checkbox"/> 14 days before election (3/23/99) (City of Fort Collins only) | <input type="checkbox"/> Annual (April 1 of each year) |
| <input type="checkbox"/> Friday before election (4/2/99) | |

Termination Report Other (specify) _____ Is this report an Amendment? Yes No

6. REPORTING PERIOD COVERED	COLUMN A This Rept. Period	COLUMN B Calendar Year-To-Date
<u>2/18/99</u> THRU <u>3/16/99</u>		
7. FUNDS ON HAND AT BEGINNING OF REPORTING PERIOD	\$ <u>— 0 —</u>	XXXXXXXXXXXX
8. TOTAL CONTRIBUTIONS (from Line 16)	\$ <u>2050.00</u>	\$
9. TOTAL EXPENDITURES (from Line 21)	\$ <u>1003.12</u>	\$
10. FUNDS ON HAND AT CLOSE OF REPORTING PERIOD	\$ <u>1046.88</u>	XXXXXXXXXXXX
11. Debt and Obligations Owed BY the Committee	\$ <u>500.00</u>	XXXXXXXXXXXX
12. Pledges Owed TO the Committee	\$	XXXXXXXXXXXX

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. I understand submission of false, erroneous, or incomplete information may be subject to sanctions in accord with CRS 1-45-113.

PRINT NAME OF REG. AGENT: Carey Hewitt AGENT SIGNATURE Carey Hewitt DATE 3-16-99

I. CONTRIBUTIONS - [as set forth by CRS 1-45-103(4)] Use Schedule "A" for each line item below, except for Loans

	<i>COLUMN A - Total This Reporting Period</i>	<i>COLUMN B - Total Calendar Year-To-Date</i>
13. <i>Itemized Contributions from Individuals and Persons (Other than Political Committees)</i>	\$ 1525.00	\$
a. <i>Total of Non-Itemized Contributions (Under \$20)</i>	\$	\$
b. <i>Political Party Committees</i>	\$	\$
c. <i>Political Committees</i>	\$	\$
14. <i>Loans Received (Use Schedule C)</i>	\$ 525.00	\$
15. <i>Other Receipts (Dividends, Interest, Refunds, Rebates, etc.)</i>	\$	\$
16. TOTAL CONTRIBUTIONS (Add all of the above items)	\$ 2050.00	\$

II. EXPENDITURES - [as set forth by CRS 1-45-103(6)] Use Schedule "B" for each line item below, except for Loans

	<i>COLUMN A - Total This Reporting Period</i>	<i>COLUMN B - Total Calendar Year-To-Date</i>
17. <i>Itemized Expenditures (\$20 and up)</i>	\$ 978.12	\$
18. <i>Total of Non-Itemized Expenditures</i>	\$	\$
19. <i>Loan Repayments (Use Schedule C)</i>	\$ 25.00	\$
20. <i>Return of Contributions to:</i>		
a. <i>Individuals/Persons Other than Political Committees</i>	\$	\$
b. <i>Political Committees</i>	\$	\$
c. <i>Political Party Committees</i>	\$	\$
21. TOTAL EXPENDITURES (Add all of the above items)	\$ 1003.12	\$

III. OFFSETS TO OPERATING EXPENDITURES (Offsets to expenditures means a payment made by a person to a third party for the benefit of any committee or party. Such goods or services are used directly or indirectly by the committee or party for its purposes. [1-45-103(4)(II); 1-45-108(1); 1-45-104 and Secretary of State Rule 24.3]) - USE SCHEDULE A- LISTING ONLY DO NOT ADD TO CONTRIBUTIONS OR EXPENDITURES

	<i>COLUMN A - This Reporting Period</i>	<i>COLUMN B - Calendar Year-To-Date</i>
<i>Total Itemized Offsets (\$20 and over)</i>	\$	\$
<i>Total Non-Itemized Offsets</i>	\$	\$

IV. CONTRIBUTIONS IN-KIND (The fair market value of any gift or loan of property made to any candidate committee, issue committee, political party committee or political committee) USE STATEMENT OF ITEMIZED CONTRIBUTION IN-KIND FORM - LISTING ONLY DO NOT ADD TO CONTRIBUTIONS OR EXPENDITURES

	<i>COLUMN A - This Reporting Period</i>	<i>COLUMN B - Calendar Year-To-Date</i>
<i>Total Itemized Contributions In-Kind (\$20 and over)</i>	\$	\$
<i>Total Non-Itemized Contributions In-Kind</i>	\$ 7.37	\$

SCHEDULE A

FULL NAME OF COMMITTEE (as shown on statement of organization)

ITEMIZED CONTRIBUTIONS - \$20 or more

(Use a separate schedule(s) for each line item[#13, a, b, c, 14 and 16] of the Detail 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(1)(d)]

<p>A. Full Name of Contributor, Address and Zip CONNIE OHLSON 1304 GREEN ST. Rt COLLINS, CO 80534</p> <p>Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <p>\$ 20-</p>	<p>Date Contribution Received</p> <p>2/24/99</p> <hr/> <p>Aggregate Year to Date</p> <p>\$ 20-</p>
<p>B. Full Name of Contributor, Address and Zip W. CAREY NEWITT 1912 NAVAJO Rt COLLINS, CO 80535</p> <p>Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <p>\$ 50-</p>	<p>Date Contribution Received</p> <p>2/25/99</p> <hr/> <p>Aggregate Year to Date</p> <p>\$ 50-</p>
<p>C. Full Name of Contributor, Address and Zip RATZO RIZZO INC 148 W. MOUNTAIN Rt COLLINS, CO 80534</p> <p>Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <p>\$ 50-</p>	<p>Date Contribution Received</p> <p>2/25/99</p> <hr/> <p>Aggregate Year to Date</p> <p>\$ 50-</p>
<p>D. Full Name of Contributor, Address and Zip NANCY NEWITT 1912 NAVAJO Rt COLLINS, CO 80535</p> <p>Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input checked="" type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <p>\$ 50-</p>	<p>Date Contribution Received</p> <p>2/25/99</p> <hr/> <p>Aggregate Year to Date</p> <p>\$ 50-</p>

SUBTOTAL - THIS PAGE

\$ 170-

SCHEDULE A

FULL NAME OF COMMITTEE (as shown on statement of organization)

ITEMIZED CONTRIBUTIONS - \$20 or more

(Use a separate schedule(s) for each line item[#13, a, b, c, 14 and 16] of the Detail Summary Page)

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A. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
C.A. WANNER 5604 S. WILLIAMS CRE LITTLETON, CO 80121	\$ 50	3/8/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Aggregate Year to Date \$ 50
B. Full Name of Contributor, Address and Zip MICHAEL BYAN 1208 W. OAK RT COLLINS, CO 80531	\$ 50	3/8/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Aggregate Year to Date \$ 50
C. Full Name of Contributor, Address and Zip LINDA JOYCE 1208 W. OAK RT COLLINS CO 80531	\$ 50	3/8/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Aggregate Year to Date \$ 50
D. Full Name of Contributor, Address and Zip MARY JO ZIEBMAN 1039 W. MOUNTAIN RT COLLINS CO 80531	\$ 50	3/8/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Aggregate Year to Date \$ 50

SUBTOTAL - THIS PAGE

\$ 200

SCHEDULE A

FULL NAME OF COMMITTEE (as shown on statement of organization)

ITEMIZED CONTRIBUTIONS - \$20 or more

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A. Full Name of Contributor, Address and Zip THE CUPBOARD 152 S. COLLEGE FT COLLINS, CO 80524	Amount of Contribution This Report Period	Date Contribution Received 2/25/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50-	Aggregate Year to Date \$ 50-
B. Full Name of Contributor, Address and Zip SAMUEL GLEN FUC 152 W. MOUNTAIN FT COLLINS, CO 80524	Amount of Contribution This Report Period	Date Contribution Received 2/25/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50-	Aggregate Year to Date \$ 50-
C. Full Name of Contributor Address and Zip GLEN COLTON 625 HINSDALE DR FT COLLINS, CO 80526	Amount of Contribution This Report Period	Date Contribution Received 2/24/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50-	Aggregate Year to Date \$ 50-
D. Full Name of Contributor, Address and Zip TRUDY HAINES 625 HINSDALE DR FT COLLINS, CO 80526	Amount of Contribution This Report Period	Date Contribution Received 2/24/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50-	Aggregate Year to Date \$ 50-

SUBTOTAL - THIS PAGE

\$ 200-

SCHEDULE A

FULL NAME OF COMMITTEE (as shown on statement of organization)

ITEMIZED CONTRIBUTIONS - \$20 or more

(Use a separate schedule(s) for each line item[#13, a, b, c, 14 and 16] of the Detail Summary Page)

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A. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
JONI FRIEDMAN 201 S. GRANT RT COLLINS CO 80531		3/10/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50-	Aggregate Year to Date \$ 50-
B. Full Name of Contributor, Address and Zip JEFFREY BORG 219 WEST ST RT COLLINS, CO 80531		3/10/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 25-	Aggregate Year to Date \$ 25-
C. Full Name of Contributor, Address and Zip JOHN GASOYNE 718 W. MOUNTAIN RT COLLINS CO 80531		3/10/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 30-	Aggregate Year to Date \$ 30-
D. Full Name of Contributor, Address and Zip JAMES STOCKOVER PO BOX 291 RT COLLINS CO 80532		3/10/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50-	Aggregate Year to Date \$ 50-

SUBTOTAL - THIS PAGE

\$ 155-

SCHEDULE A

FULL NAME OF COMMITTEE (as shown on statement of organization)

ITEMIZED CONTRIBUTIONS - \$20 or more

(Use a separate schedule(s) for each line item[#13, a, b, c, 14 and 16] of the Detail Summary Page)

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A. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
DAN GOULD 623 W. MOUNTAIN RT COLLINS CO 80531		3/10/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50	Aggregate Year to Date \$ 50
B. Full Name of Contributor, Address and Zip EDMUND SECOR 621 LAPORTE RT COLLINS, CO 80531		Date Contribution Received 3/10/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 25	Aggregate Year to Date \$ 25
C. Full Name of Contributor, Address and Zip NANCY GRAY 110 FISHBACK RT COLLINS CO 80531		Date Contribution Received 3/10/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 35	Aggregate Year to Date \$ 35
D. Full Name of Contributor, Address and Zip GERALD HORAK 1511 LAKE SIDE AVE RT COLLINS, CO 80531		Date Contribution Received 3/10/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50	Aggregate Year to Date \$ 50

SUBTOTAL - THIS PAGE

\$ 160

SCHEDULE A

FULL NAME OF COMMITTEE (as shown on statement of organization)

ITEMIZED CONTRIBUTIONS - \$20 or more

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A. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
WALTER JONES 2004 VALLEY FORGE AVE FT COLLINS CO 80526 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 25-	3/11/99 Aggregate Year to Date \$ 25-
CHRIS RICORD 614 WHEDBEE ST FT COLLINS CO 80524 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50-	3/11/99 Aggregate Year to Date \$ 50-
E. A. HOBBS MOGEN 229 WOOD ST FT COLLINS CO 80521 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 30-	3/11/99 Aggregate Year to Date \$ 30-
JUDITH BEDFORD 1301 PETERSON ST FT COLLINS CO 80524 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50-	3/12/99 Aggregate Year to Date \$ 50-

SUBTOTAL - THIS PAGE

\$ 155-

SCHEDULE A

FULL NAME OF COMMITTEE (as shown on statement of organization)

ITEMIZED CONTRIBUTIONS - \$20 or more

(Use a separate schedule(s) for each line item[#13, a, b, c, 14 and 16] of the Detail Summary Page)

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A. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
BARBARA RUSEIN 2917 OXFORD CT FT COLLINS CO 80525 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 25	3/12/99 Aggregate Year to Date \$ 25
B. Full Name of Contributor, Address and Zip CHILDREN'S MERCANTILE CO 111 N. COLLEGE AVE FT COLLINS, CO 80524 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50	3/12/99 Aggregate Year to Date \$ 50
C. Full Name of Contributor, Address and Zip JOHN WALKER 818 SANDY COVE LN FT COLLINS, CO 80525 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50	3/12/99 Aggregate Year to Date \$ 50
D. Full Name of Contributor, Address and Zip GARWOOD'S JEWELERS 131 S. COLLEGE AVE FT COLLINS CO 80524 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50	3/12/99 Aggregate Year to Date \$ 50

SUBTOTAL - THIS PAGE

\$ 175

SCHEDULE A

FULL NAME OF COMMITTEE (as shown on statement of organization)

ITEMIZED CONTRIBUTIONS - \$20 or more

(Use a separate schedule(s) for each line item[#13, a, b, c, 14 and 16] of the Detail Summary Page)

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A. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
ESSENTIALS 142 S. COLLEGE AVE FT COLLINS CO 80534		3/15/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 25-	Aggregate Year to Date \$ 25-
B. Full Name of Contributor, Address and Zip MARY SUE DEEKS 20287 RAE RD BEND, OR 97702		3/15/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50-	Aggregate Year to Date \$ 50-
C. Full Name of Contributor, Address and Zip KENTON BIRD 424 ROOSEVELT AVE FT COLLINS, CO 80531		3/15/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 20-	Aggregate Year to Date \$ 20-
D. Full Name of Contributor, Address and Zip KAREN OANINO 1321 W. MOUNTAIN FT COLLINS CO 80531		3/15/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50-	Aggregate Year to Date \$ 50-
SUBTOTAL - THIS PAGE	\$ 145-	

SCHEDULE A

FULL NAME OF COMMITTEE (as shown on statement of organization)

ITEMIZED CONTRIBUTIONS - \$20 or more

(Use a separate schedule(s) for each line item[#13, a, b, c, 14 and 16] of the Detail Summary Page)

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A. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
COOPER v COOPER GOLDSMITHS 23 OLD TOWN SQ FT COLLINS, CO 80524		3/15/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 25	Aggregate Year to Date \$ 25
B. Full Name of Contributor, Address and Zip STARRY NIGHT COFFEE CO. 112 S. COLLEGE AVE #100 FT COLLINS CO 80524		3/15/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 25	Aggregate Year to Date \$ 25
C. Full Name of Contributor, Address and Zip RICHARD D. NERSHOFF 1516 ELM ST FT COLLINS CO 80521		3/15/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 15	Aggregate Year to Date \$ 15
D. Full Name of Contributor, Address and Zip EVELYN CLARK 115 N WASHINGTON FT COLLINS CO 80521		3/15/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50	Aggregate Year to Date \$ 50

SUBTOTAL - THIS PAGE

\$ 115

SCHEDULE A

FULL NAME OF COMMITTEE (as shown on statement of organization)

ITEMIZED CONTRIBUTIONS - \$20 or more

(Use a separate schedule(s) for each line item[#13, a, b, c, 14 and 16] of the Detail Summary Page)

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<p>A. Full Name of Contributor, Address and Zip <u>J. S. BEDFORD</u> <u>1501 PETERSON ST</u> <u>RT COLLINS, CO 80524</u></p> <p>Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <p>\$ <u>50</u></p>	<p>Date Contribution Received</p> <p><u>3/12/99</u></p> <p>Aggregate Year to Date</p> <p>\$ <u>50</u></p>
<p>B. Full Name of Contributor, Address and Zip</p> <p>Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <p>\$</p>	<p>Date Contribution Received</p> <p>Aggregate Year to Date</p> <p>\$</p>
<p>C. Full Name of Contributor, Address and Zip</p> <p>Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <p>\$</p>	<p>Date Contribution Received</p> <p>Aggregate Year to Date</p> <p>\$</p>
<p>D. Full Name of Contributor, Address and Zip</p> <p>Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <p>\$</p>	<p>Date Contribution Received</p> <p>Aggregate Year to Date</p> <p>\$</p>

SUBTOTAL - THIS PAGE

\$ 50

SCHEDULE B

FULL NAME OF COMMITTEE (as shown on statement of organization)

ITEMIZED EXPENDITURES - \$20 or more

(Use a separate schedule(s) for each line item [#17, 18, and 19a, b, c] of the Detailed Summary Page)

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A. Full Name, Address and Zip	Date	Amount of Expenditure This Reporting Period
KLOIK-KOPY 154 W. MOUNTAIN AVE FT COLLINS CO 80524	3/10/99	\$ <u>800.62</u>
Expenditure For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Purpose of Expenditure BROCHURES
B. Full Name, Address and Zip CAROL POLKMAN 942 STRANAN DR FT COLLINS, CO 80525	3/25/99 3/4/99 3/8/99 3/12/99	Amount of Expenditure This Reporting Period \$ <u>50.00</u>
Expenditure For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Purpose of Expenditure TYPING
C. Full Name, Address and Zip GRIFFIN LIMITED 1812 W. STUART ST FT COLLINS, CO 80536	2/26/99	Amount of Expenditure This Reporting Period \$ <u>24.00</u>
Expenditure For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Purpose of Expenditure TYPING
D. Full Name, Address and Zip OLD TOWN STATION US PO FT COLLINS CO 80531	3/3/99	Amount of Expenditure This Reporting Period \$ <u>16.50</u>
Expenditure For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Purpose of Expenditure POSTAGE

SUBTOTAL - THIS PAGE

\$ 891.12

SCHEDULE B

FULL NAME OF COMMITTEE (as shown on statement of organization)

ITEMIZED EXPENDITURES - \$20 or more

(Use a separate schedule(s) for each line item [#17, 18, and 19a, b, c] of the Detailed Summary Page)

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A. Full Name, Address and Zip WESTERN CAMERA 230 S. COLLEGE AVE FT COLLINS, CO 80524	Date 2/24/99	Amount of Expenditure This Reporting Period \$ <u>6.35</u>
Expenditure For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Purpose of Expenditure PHOTO
B. Full Name, Address and Zip MARGARET WANNER 1242 W. MOUNTAIN FT COLLINS, CO 80521	Date 3/10/99	Amount of Expenditure This Reporting Period \$ <u>80.65</u>
Expenditure For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Purpose of Expenditure STAPLES, ENVELOPES, COPIES, HARDWARE
C. Full Name, Address and Zip	Date	Amount of Expenditure This Reporting Period \$ _____
Expenditure For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Purpose of Expenditure
D. Full Name, Address and Zip	Date	Amount of Expenditure This Reporting Period \$ _____
Expenditure For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Purpose of Expenditure

SUBTOTAL - THIS PAGE

\$ 87.00

SCHEDULE C

FULL NAME OF COMMITTEE (as shown on statement of organization)

LOANS* - Loans Owed by the Committee

(Use a separate schedule(s) for each loan. This form is for line item #15 and #20 of Detailed Summary Page)

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A. Full Name, Address and Zip Code of Loan Source	Original Amount of Loan	Interest Rate %
CHARLES A. WANNER 1242 W. MOUNTAIN AVE RT COLLINS, CO 80521	525.00	—

Amount Repaid This Reporting Period: \$ 25.00Total Cumulative Payment To Date: \$ 25.00Outstanding Balance \$ 500.00TERMS OF LOAN: Date Loan Received 2/24 19 99 Due Date for Final Payment _____ 19__

LIST ALL ENDORSERS OR GUARANTORS (if applicable) TO THIS LOAN

FULL NAME	COMPLETE ADDRESS (Street Number and Name, City/Town, State and Zip)	AMOUNT GUARANTEED

* CRS 1-45-104(9) Notwithstanding any other section of this article to the contrary, a state 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.