



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>COMMITTEE to ELECT KAREN W</u>	2. NAME OF FINANCIAL INSTITUTION <u>FIRST NATIONAL BANK</u>
ADDRESS <input type="checkbox"/> check if different than previously reported <u>3009 PHOENIX DR</u>	ADDRESS <u>1600 N College Ave</u> <u>FC 80524</u>
CITY, STATE and ZIP CODE <u>FT. COLLINS CO 80525</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)

- |  |  |
|--|--|
| <b>Pre-election Reports</b>  | <b>Post-election Reports</b>                             |
| <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>2/2/99</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>1930.00</u>	\$ <u>1930.00</u>
9. TOTAL EXPENDITURES (from Line 21)	\$ <u>1669.95</u>	\$ <u>1669.95</u>
10. FUNDS ON HAND AT CLOSE OF REPORTING PERIOD	\$ <u>260.05</u>	XXXXXXXXXXXX
11. Debt and Obligations Owed BY the Committee	\$ <u>886.65</u>	XXXXXXXXXXXX
12. Pledges Owed TO the Committee	\$ <u>—</u>	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: KAREN WEITKUNAT AGENT SIGNATURE Karen Weitkunat 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>	\$ 1430.00	\$ 1430.00
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>	\$ 500.00	\$ 500.00
15. <i>Other Receipts (Dividends, Interest, Refunds, Rebates, etc.)</i>	\$	\$
16. <b>TOTAL CONTRIBUTIONS (Add all of the above items)</b>	\$ 1930.00	\$ 1930.00

**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>	\$ 1669.95	\$ 1669.95
18. <i>Total of Non-Itemized Expenditures</i>	\$ -	\$
19. <i>Loan Repayments (Use Schedule C)</i>	\$ -	\$
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. <b>TOTAL EXPENDITURES (Add all of the above items)</b>	\$ 1669.95	\$ 1669.95

**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>	\$ -	\$ NONE
<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>	\$ -	\$ NONE
<i>Total Non-Itemized Contributions In-Kind</i>	\$	\$

SCHEDULE A

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

COMMITTEE TO ELECT KAREN W.

**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)]

A. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
DREAMWALKER 1210 KIRKWOOD FT. Collins 80525		2-9-99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify) <u>Municipal</u>	\$ 50.00	Aggregate Year to Date \$ _____
B. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
WILLIAM HARPER 2201 KARAKUL DR. F.C. 80526		2-17-99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify)	\$ 50.00	Aggregate Year to Date \$ _____
C. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
TOM LIVINGSTON 4124 SPRING CANYON CT F.C. 80525		2-20-99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input checked="" type="checkbox"/> Other (specify)	\$ 50.00	Aggregate Year to Date \$ _____
D. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
ED ZDENEK 1210 KIRKWOOD FT. Collins 80525		2-17-99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)	\$ 50.00	Aggregate Year to Date \$ _____

SUBTOTAL - THIS PAGE

\$ 200.00

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
ANDREW SMITH 1040 GLENMOOR DR FT. COLLINS CO 80521 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>MUNIC</u>	\$ 50.00	2-27-99 Aggregate Year to Date \$ 50
B. Full Name of Contributor, Address and Zip LESTER LITTON 390 HIGHT. DRIVE F.C 80525 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50.00	2-25-99 Aggregate Year to Date \$ 50
C. Full Name of Contributor, Address and Zip ZTI DEVELOPMENT 2120 So. college F. Collins 80525 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50.00	2-17-99 Aggregate Year to Date \$ 50
D. Full Name of Contributor, Address and Zip LINDA PERRY 1003 TIMBERLINE CT WINDSOR, CO 80550 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50.00	2-27-99 Aggregate Year to Date \$ 50

SUBTOTAL - THIS PAGE \$ 200.00

**SCHEDULE A**

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

C.T.E. Expense

**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
NO COLLEGE BUSINESS ASSOC 1513 N. College FT. COLLINS, CO 80524	\$ 5000	2-24-99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>municipal</u>		Aggregate Year to Date \$ <u>50</u>
B. Full Name of Contributor, Address and Zip JERRY BRUMIT 4213 FALL RIVER RD F.C 80526	\$ 5000	Date Contribution Received 2-24
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>50</u>
C. Full Name of Contributor, Address and Zip BAYBERRY DEVELOPMT Limited 1220 S. College ste 200 FC 80524	\$ 5000	Date Contribution Received 3-3
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>50</u>
D. Full Name of Contributor, Address and Zip DAVID JOYCE 1701 Lindemeier CT. FC 80524	\$ 5000	Date Contribution Received 3-3
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>50</u>

SUBTOTAL - THIS PAGE

\$ 200.00

SCHEDULE A

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

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
MARK LINDER 4355 W COUNTY RD SUE FC 80521 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Munic</u>	\$ 5000	2-26-99 Aggregate Year to Date \$ <u>50-</u>
B. Full Name of Contributor, Address and Zip COMFORT INN 1638 E MULBERRY FC 80524 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 5000	3-5-99 Aggregate Year to Date \$ <u>50-</u>
C. Full Name of Contributor, Address and Zip RITA GREENE 1207 SILK OAK CRT. Ft. Collins CO 80525 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 5000	3-5-99 Aggregate Year to Date \$ <u>50-</u>
D. Full Name of Contributor, Address and Zip ED LAWLER PO BOX 9684 F.C. 80525 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 5000	3-3-99 Aggregate Year to Date \$ <u>50-</u>

SUBTOTAL - THIS PAGE \$ 20000

SCHEDULE A

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

*CDE* *Kennel*

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
JOHN McMILLEN 1638 E MULBERRY FC 80524	\$ 50 <sup>00</sup>	3-5-99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>50-</u>
B. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
KATE McMILLEN 1638 E MULBERRY FC 80524	\$ 50 <sup>00</sup>	3-5-99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>50-</u>
C. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
GAR LUMBARO 3635 Goodell LANE FC 80526	\$ 50 <sup>00</sup>	3-5-99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>50-</u>
D. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
JANET McMILLEN 1614 Adriel CIR FC 80524	\$ 50 <sup>00</sup>	3-5-99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>50-</u>

SUBTOTAL - THIS PAGE

\$ 200<sup>00</sup>

SCHEDULE A

FULL NAME OF COMMITTEE (as shown on statement of organization)  
C.D.E. Kerner

**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
CLAIR McMILLEN 1614 Adriel Circle FC 80524	\$ 50 <sup>00</sup>	3-5-99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>municipal</u>		Aggregate Year to Date \$ <u>50-</u>
ARVID BLOOM 1905 COTTONWOOD PT. FC Co 80526	\$ 50 <sup>00</sup>	3-5-99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>50-</u>
SITZMAN MITCHELL PO Box 1208 F. Collins 80522	\$ 50 <sup>00</sup>	3-4-99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>50-</u>
Jennifer CARPENTER 848 Sandy Cove Lane Ft. Collins Co 80525	\$ 50 <sup>-</sup>	3-4-99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>50-</u>

SUBTOTAL - THIS PAGE \$ 200<sup>00</sup>



SCHEDULE A

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

CTE Kenya

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)]

A. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
ALISON MAHER 1831 Westview Rd FC 80524 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>municipal</u>	\$ 50 <sup>00</sup>	3-9-99 Aggregate Year to Date \$ <u>50-</u>
BERT Petri 4916 Chippendale DR FC 80526 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 30 <sup>00</sup>	3-9-99 Aggregate Year to Date \$ <u>30<sup>00</sup></u>
MARILYN Petri 4916 Chippendale DR FC 80526 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 30 <sup>00</sup>	3-9-99 Aggregate Year to Date \$ <u>30<sup>00</sup></u>
ED STONER 2236 APACHE DR F.C. 80525 Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	\$ 50 <sup>00</sup>	3-8-99 Aggregate Year to Date \$ <u>50-</u>

SUBTOTAL - THIS PAGE

\$ 160<sup>00</sup>

SCHEDULE A

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

*OTE Bowen*

**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
THOMAS SIBBALO 2818 Fieldstone DR FC 80525	\$ 50 <sup>00</sup>	3-2-99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>Municipal</i>		Aggregate Year to Date \$ <u>50-</u>
B. Full Name of Contributor, Address and Zip FRANK PEREZ 18 N college FC 80524	\$ 20 <sup>00</sup>	2-28-99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <i>munic</i>		Aggregate Year to Date \$ <u>20-</u>
C. Full Name of Contributor, Address and Zip _____ _____ _____	\$ /	_____
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Aggregate Year to Date \$ _____
D. Full Name of Contributor, Address and Zip _____ _____ _____	\$ /	_____
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		Aggregate Year to Date \$ _____
SUBTOTAL - THIS PAGE		\$ <u>70<sup>00</sup></u>

(Schedule A - Revised 12/97)

**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</p> <hr/> <p>Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <hr/> <p>\$</p>	<p>Date Contribution Received</p> <hr/> <p>Aggregate Year to Date</p> <p>\$ _____</p>
<p>B. Full Name of Contributor, Address and Zip</p> <hr/> <p>Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <hr/> <p>\$</p>	<p>Date Contribution Received</p> <hr/> <p>Aggregate Year to Date</p> <p>\$ _____</p>
<p>C. Full Name of Contributor, Address and Zip</p> <hr/> <p>Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <hr/> <p>\$</p>	<p>Date Contribution Received</p> <hr/> <p>Aggregate Year to Date</p> <p>\$ _____</p>
<p>D. Full Name of Contributor, Address and Zip</p> <hr/> <p>Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <hr/> <p>\$</p>	<p>Date Contribution Received</p> <hr/> <p>Aggregate Year to Date</p> <p>\$ _____</p>

SUBTOTAL - THIS PAGE

\$ \_\_\_\_\_

**SCHEDULE B**

FULL NAME OF COMMITTEE (as shown on statement of organization)  
committee to elect Karen W (CTE Karen W)

**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)

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)]

A. Full Name, Address and Zip	Date	Amount of Expenditure This Reporting Period
Downtown Business Assoc 19 Old Town Square Ste 230 Ft. Collins Co 80524 Expenditure For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>municipal</u>	March 5, '99	\$ <u>40.00</u> Purpose of Expenditure <u>parade fee</u>
B. Full Name, Address and Zip SIGNS BY TOMORROW 3525 So. MASON Ft. Collins, CO 80525 Expenditure For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	March 5/99	\$ <u>185.75</u> Purpose of Expenditure <u>BANNERS</u>
C. Full Name, Address and Zip SIGNS BY TOMORROW 3525 So MASON FC 80525 Expenditure For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/11/99	\$ <u>800.00</u> Purpose of Expenditure <u>YARD SIGNS</u>
D. Full Name, Address and Zip MINUTEMAN PRESS MASON FC 80525 Expenditure For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	3/12/99	\$ <u>644.20</u> Purpose of Expenditure <u>BROCHURES</u>

SUBTOTAL - THIS PAGE \$ 1669.95

SCHEDULE C

FULL NAME OF COMMITTEE (as shown on statement of organization)  
COMMITTEE TO ELECT KAREN W

**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)

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)]

A. Full Name, Address and Zip Code of Loan Source	Original Amount of Loan	Interest Rate %
<u>KAREN WEITKUMAT</u> <u>3009 Phoenix</u> <u>FC 80525</u>	<u>500.00</u>	

Amount Repaid This Reporting Period: \$ -0-

Total Cumulative Payment To Date: \$ -0- Outstanding Balance \$ \_\_\_\_\_

TERMS OF LOAN: Date Loan Received Feb 16 1999 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.



STATEMENT  
OF  
CONTRIBUTIONS IN-KIND  
(CRS 1-45-103[4][a][III] and CRS 1-45-108[1])

FOR OFFICE USE ONLY

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

COMMITTEE TO ELECT KAREN W

ADDRESS (number & name, city/town, state, zip code)

3009 Phoenix DR Ft. Collins CO 80528

2. REPORTING PERIOD

Pre-election Reports

- 21 days before election (3/16/99)  
 14 days before election (3/23/99) (City of Fort Collins only)  
 Friday before election (4/2/99)

Post-election Reports

- 30 days after election (5/6/99)  
 Annual (April 1 of each year)

Full Name & Address	Fair Market Value	Date Given	Brief Description
	\$		
	\$		
	\$		
	\$		
	\$		

I certify that I have examined this Statement of Contributions In Kind and to the best of my knowledge and belief it is true, correct and complete. I understand that submission of false, erroneous, or incomplete information may be subject to sanctions in accord with CRS 1-45-113.

KAREN WEITKUNAT  
Print Name of Reg. Agent

Karen Weitkunat  
Signature of Reg. Agent

3/16/99  
Date