



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) CITIZENS FOR A TRUE BYPASS, INC.	2. NAME OF FINANCIAL INSTITUTION FIRST NATIONAL BANK
ADDRESS <input type="checkbox"/> check if different than previously reported 215 WEST OAK, 10TH FLOOR	ADDRESS POST OFFICE BOX 578 FORT COLLINS, CO 80522
CITY, STATE and ZIP CODE FORT COLLINS, CO 80521	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 type="checkbox"/> 21 days before election (10/12/99)	<input type="checkbox"/> 30 days after election (12/2/99)
<input type="checkbox"/> 14 days before election (10/19/99) (City of Fort Collins only)	<input type="checkbox"/> Annual (November 1 of each year)
<input checked="" type="checkbox"/> Friday before election (10/29/99)	

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
10/19/99 THRU 10/28/99		
7. FUNDS ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 10,026.47	XXXXXXXXXXXX
8. TOTAL CONTRIBUTIONS (from Line 16)	\$ 3,995.00	\$ 17,054.00
9. TOTAL EXPENDITURES (from Line 21)	\$ 8,288.34	\$ 11,320.87
10. FUNDS ON HAND AT CLOSE OF REPORTING PERIOD	\$ 5,733.13	XXXXXXXXXXXX
11. Debt and Obligations Owed BY the Committee	\$ -0-	XXXXXXXXXXXX
12. Pledges Owed TO the Committee	\$ -0-	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: DAVID E. DWYER AGENT SIGNATURE *David E. Dwyer* DATE 10/29/99

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>	\$ 3,975.00	\$ 16,974.00
a. <i>Total of Non-Itemized Contributions (Under \$20)</i>	\$ 20.00	\$ 80.00
b. <i>Political Party Committees</i>	\$	\$
c. <i>Political Committees</i>	\$	\$
14. <i>Loans Received (Use Schedule C)</i>	\$	\$
15. <i>Other Receipts (Dividends, Interest, Refunds, Rebates, etc.)</i>	\$	\$
16. TOTAL CONTRIBUTIONS (Add all of the above items)	\$ 3,995.00	\$ 17,054.00

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>	\$ 8,288.34	\$ 11,320.87
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. TOTAL EXPENDITURES (Add all of the above items)	\$ 8,288.34	\$ 11,320.87

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>	\$	\$

SCHEDULE A

FULL NAME OF COMMITTEE (as shown on statement of organization)
 CITIZENS FOR A TRUE BYPASS, INC.

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
ROBERT V. JOHNSON, M.D. VIRGINIA M. JOHNSON 2 FOREST HILLS LANE FORT COLLINS, CO 80524	\$ 400.00	10/20/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>400.00</u>
B. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
TERRY L. DRAHOTA 12 FOREST HILLS LANE FORT COLLINS, CO 80524	\$ 200.00	10/20/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>200.00</u>
C. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
GARTH W. ROGERS JOANNE K. ROGERS 1201 FOREST HILLS LANE FORT COLLINS, CO 80524	\$ 100.00	10/20/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>100.00</u>
D. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
WILLIAM OR SANDRA L. STASHAK 5 FOREST HILLS LANE FORT COLLINS, CO 80524	\$ 150.00	10/20/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>200.00</u>

SUBTOTAL - THIS PAGE

\$ 850.00

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A. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
DAVID E. CARSON SANDRA M. CARSON 8 FOREST HILLS LANE FORT COLLINS, CO 80524		10/20/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 400.00	Aggregate Year to Date \$ <u>400.00</u>
B. Full Name of Contributor, Address and Zip KENNETH E. OR NANCY A. DELINE 1720 LINDENWOOD DRIVE FORT COLLINS, CO 80524		10/20/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 250.00	Aggregate Year to Date \$ <u>250.00</u>
C. Full Name of Contributor, Address and Zip DAVID A CUNNINGHAM MERETE B. CUNNINGHAM 1701 LINDEN LAKE ROAD FORT COLLINS, CO 80524		10/20/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 100.00	Aggregate Year to Date \$ <u>100.00</u>
D. Full Name of Contributor, Address and Zip BYRON R. COLLINS 5624 RED WILLOW COURT FORT COLLINS, CO 80528		10/20/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 50.00	Aggregate Year to Date \$ <u>50.00</u>

SUBTOTAL - THIS PAGE

\$ 800.00

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A. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
RICH KEITH 4401 INNOVATION DRIVE FORT COLLINS, CO 80526		10/20/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 200.00	Aggregate Year to Date \$ <u>200.00</u>
B. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
BRUCE AND KATHY SMITH 1700 LINDEN LAKE ROAD FORT COLLINS, CO 80524		10/20/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 100.00	Aggregate Year to Date \$ <u>100.00</u>
C. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
ROBERTA H. COOK, REALTOR 1809 COTTONWOOD POINT DRIVE FORT COLLINS, CO 80524		10/28/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 135.00	Aggregate Year to Date \$ <u>135.00</u>
D. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
VICKIE MITCHELL JAMES B. MITCHELL 1800 COTTONWOOD POINT DRIVE FORT COLLINS, CO 80524		10/28/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 50.00	Aggregate Year to Date \$ <u>50.00</u>

SUBTOTAL - THIS PAGE

\$ 485.00

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<p>A. Full Name of Contributor, Address and Zip</p> <p>BULL RUN LIMITED PARTNERSHIP 7800 E. KEMPER ROAD CINCINNATI, OH 45249</p> <p>Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <p>\$ 500.00</p>	<p>Date Contribution Received</p> <p>10/28/99</p> <p>Aggregate Year to Date \$ 500.00</p>
<p>B. Full Name of Contributor, Address and Zip</p> <p>BUFFALO RUN LIMITED PARTNERSHIP 7800 E. KEMPER ROAD CINCINNATI, OH 45249</p> <p>Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <p>\$ 500.00</p>	<p>Date Contribution Received</p> <p>10/28/99</p> <p>Aggregate Year to Date \$ 500.00</p>
<p>C. Full Name of Contributor, Address and Zip</p> <p>STEPHEN M. CAMERON, D.D.S. 310 EAST PROSPECT FORT COLLINS, CO 80524</p> <p>Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <p>\$ 150.00</p>	<p>Date Contribution Received</p> <p>10/28/99</p> <p>Aggregate Year to Date \$ 150.00</p>
<p>D. Full Name of Contributor, Address and Zip</p> <p>VELDMAN MORGAN COMMERCIAL 760 WHALERS WAY, BUILDING C, SUITE 200 FORT COLLINS, CO 80525</p> <p>Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Amount of Contribution This Report Period</p> <p>\$ 200.00</p>	<p>Date Contribution Received</p> <p>10/28/99</p> <p>Aggregate Year to Date \$ 200.00</p>
<p>SUBTOTAL - THIS PAGE</p>		<p>\$ 1,350.00</p>

SCHEDULE A

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A. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
T. RUSSELL McCAHAN 801 HINSDALE DRIVE FORT COLLINS, CO 80526	\$ 40.00	10/28/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year to Date \$ 40.00
B. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
ARAGON IRON & METAL CORP 516 U.S. HWY. 287 NORTH FORT COLLINS, CO 80524	\$ 25.00	10/28/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year to Date \$ 25.00
C. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
PATRICIA MAIMON MUSIC 1001 SHADOW RIDGE ROAD LA PORTE, CO 80535	\$ 25.00	10/28/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year to Date \$ 25.00
D. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
BUCKINGHAM & ALTA VISTA NEIGHBORHOOD ASSOC. JULIE JIMENEZ & CATHY VELASQUEZ 204 1ST STREET FORT COLLINS, CO 80524	\$ 400.00	10/28/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year to Date \$ 400.00

SUBTOTAL - THIS PAGE

\$ 490.00

SCHEDULE B

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

CITIZENS FOR A TRUE BYPASS, INC.

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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<p>A. Full Name, Address and Zip</p> <p>LARIMER COUNTY CLERK AND RECORDER PO BOX 1547 FORT COLLINS, CO 80522</p>	<p>Date</p> <p>10/19/99</p>	<p>Amount of Expenditure This Reporting Period</p> <p>\$ <u>100.00</u></p>
<p>Expenditure For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>		<p>Purpose of Expenditure</p> <p>LARIMER COUNTY VOTER REGISTRATION DISKETTES</p>
<p>B. Full Name, Address and Zip</p> <p>COLORADOAN 1212 RIVERSIDE FORT COLLINS, CO 80524</p>	<p>Date</p> <p>10/20/99</p>	<p>Amount of Expenditure This Reporting Period</p> <p>\$ <u>1,075.68</u></p>
<p>Expenditure For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>		<p>Purpose of Expenditure</p> <p>ADS</p>
<p>C. Full Name, Address and Zip</p> <p>LINDA HOPKINS 1809 RANGEVIEW FORT COLLINS, CO 80524</p>	<p>Date</p> <p>10/20/99</p>	<p>Amount of Expenditure This Reporting Period</p> <p>\$ <u>848.56</u></p>
<p>Expenditure For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>		<p>Purpose of Expenditure</p> <p>REIMBURSEMENT FOR ADVERTISING ADVANCES</p>
<p>D. Full Name, Address and Zip</p> <p>COLORADOAN 1212 RIVERSIDE FORT COLLINS, CO</p>	<p>Date</p> <p>10/21/99</p>	<p>Amount of Expenditure This Reporting Period</p> <p>\$ <u>667.68</u></p>
<p>Expenditure For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>		<p>Purpose of Expenditure</p> <p>ADS</p>
<p>SUBTOTAL - THIS PAGE</p>		<p>\$ <u>2,691.92</u></p>

SCHEDULE B

FULL NAME OF COMMITTEE (as shown on statement of organization)
 CITIZENS FOR A TRUE BYPASS, INC.

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
COLORADOAN 1212 RIVERSIDE FORT COLLINS, CO 80524	10/21/99	\$ <u>1,958.86</u>
Expenditure For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Purpose of Expenditure ADS
B. Full Name, Address and Zip	Date	Amount of Expenditure This Reporting Period
MINUTEMAN PRESS 3523 SOUTH MASON STREET FORT COLLINS, CO 80525	10/21/99	\$ <u>210.88</u>
Expenditure For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Purpose of Expenditure FLYERS
C. Full Name, Address and Zip	Date	Amount of Expenditure This Reporting Period
COLORADOAN 1212 RIVERSIDE FORT COLLINS, CO 80524	10/25/99	\$ <u>996.68</u>
Expenditure For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Purpose of Expenditure ADS
D. Full Name, Address and Zip	Date	Amount of Expenditure This Reporting Period
FIRST CLASS DIRECT, INC. 1409 EAST OLIVE COURT, UNIT E FORT COLLINS, CO 80524	10/25/99	\$ <u>2,430.00</u>
Expenditure For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Purpose of Expenditure MAILINGS

SUBTOTAL - THIS PAGE

\$ 5,596.42

SCHEDULE C

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

CITIZENS FOR A TRUE BYPASS, INC.

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 %
NONE		

Amount Repaid This Reporting Period: \$ _____

Total Cumulative Payment To Date: \$ _____ Outstanding Balance \$ _____

TERMS OF LOAN: Date Loan Received _____ 19__ 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.