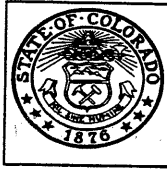


Colorado Secretary of State
 1560 Broadway, Suite 200
 Denver, CO 80202
 (303) 894-2680
 (303) 894-7732
 www.state.co.us/dir_gov/sos/



DETAILED SUMMARY REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee:	CITIZENS FOR A TRUE BYPASS, INC. <small>As Shown on Committee Registration</small>
Address of Committee:	215 WEST OAK STREET - 10TH FLOOR
City, State & Zip Code:	FORT COLLINS, COLORADO 80521
Name of Financial Institution:	FIRST NATIONAL BANK
Address of Financial Institution:	P.O. BOX 57B
City, State & Zip Code:	FORT COLLINS, CO 80522

Secretary of State Issued Committee Number: NA
If filed with SOS

Type of Report

- This is a Regularly Scheduled Filing.
- This is an Amended Filing. This amends the filing of (date) 11-1-2000
Submit only those forms which have been altered, amended or changed.
- This is a Termination Report. (Termination Reports **MUST** Have a Monetary Balance of Zero in Line 5)

Reporting Period Covered: 12-2-1999 Through 11-27-2000
date date

FINAL

		Reporting For Current Period
1	Funds on Hand at Beginning of Reporting Period (monetary)	\$ 1,443.56
2	Total Monetary Contributions (line 11)	\$ 0.
3	Total of Monetary Contributions & Beginning Amount (line 1+ line 2)	\$ 1,443.56
4	Total Monetary Expenditures (line 18)	\$ 1,443.56
5	Funds on Hand at End of Reporting Period (monetary) (line 3 - line 4)	\$ -0-

I certify to the best of my knowledge and belief this is a true and correct filing. I understand the submission of false, erroneous or incomplete information may be subject to sanctions in accordance with CRS 1-45-113.

Printed Name: DAVID E. DWYER
Name of Person Completing Form

Signature: David E. Dwyer

Date: 11-27-2000

Instruction for

DETAILED SUMMARY REPORT OF CONTRIBUTIONS AND EXPENDITURES

Reference Colorado Revised Statute: CRS 1-45-108

Who uses this form? All Committees

Purpose of form: This Form is used to summarize the information from all other forms.

Is this form required? Yes

When do I file this form? This form must be received on or before the filing due date for the reporting period.

COMPLETING THE FORM

STEPS

1. This uses information contained on other forms, all other applicable forms must be completed prior to filing this summary form.
2. Print or type the full name of the committee.
3. Print or type the address of your committee. Print or type the city, state and zip code of your committee.
4. Print or type the name of the financial institution where the committee funds are deposited. (CRS 1-45-104(10))
5. Print or type the address of the financial institution.
6. Print or type the city, state and zip code of the financial institution.
7. Print or type the Secretary of State issued committee number. This is the committee ID number that was mailed to State committees only, shortly after registering with the SOS. If you registered with an election official other than the Secretary of State, Leave Blank.
8. Determine what type of report is being filed.
Regularly Scheduled filings are normal reporting periods as required in CRS 1-45-108 & CRS 1-45-109 (These dates are available through your election official)
Amended filings are reports that would correct a previously filed report.
Termination reports are filings that close a committee, indicating the committee is no longer in existence. You **must** report a zero balance on line #5. (See CRS 1-45-106 for guidance)
9. Check (X) the appropriate box next to the type of report filed. If this report is an *amended filing*, print or type the date of the originally filed report being amended.
10. Print or type the Reporting Period being covered. (The beginning and ending dates)
11. Line #1 – If this is your first contribution and expenditure filing; as a committee enter zero (0). If you have previously filed; enter the ending balance from line #5 of your most recently filed report.
12. Print or type the amount on Line #1 from step 11.
13. Line #7 – Enter the total amount from Schedule A.
14. Line #8 – Enter the total amount of contributions received this reporting period that were \$19.99 or less.
15. Line #9 – Enter the total amount of all loans received this reporting period.
16. Line #10 – Enter the total amount of all other receipts.
17. Line #11 – Enter the sum of Lines 7 through 10.
18. Line #12 – Enter the total amount of all In-Kind contributions.
19. Line #13 – Enter the sum of Line 11 and Line 12.
20. Line #14 – Enter the total amount from Schedule B.
21. Line #15 – Enter the total amount of all expenditures \$19.99 or less.
22. Line #16 – Enter the total amount of all loan payments paid this reporting period.
23. Line #17 – Enter the total amount of all contributions returned this reporting period.
24. Line #18 – Enter the sum of Lines 14 through 17.
25. Line #2 – Enter the total amount from Line 11.
26. Line #3 – Enter the sum of Line 1 and Line 2.
27. Line #4 – Enter the total amount from Line 18
28. Line #5 – Enter the difference of Line 3 minus Line 4.
29. Print the name of the registered agent of the committee.
30. **Sign the form.**
31. **Date the form was completed and signed.**

Schedule A

[CRS 1-45-103(a), 1-45-103(4)(a) and 1-45-108(1)]

Add up the total of all contributions reported in Net Dollar Contribution Column. Include all pages. Print or type total amount on front page next to TOTAL box. Please do not enter data here via computer.	Enter on line 7 of Detailed Summary	TOTAL	\$ <u>0</u> .
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Full Name of Committee: CITIZENS FOR A TRUE BYPASS, INC

ITEMIZED CONTRIBUTIONS - \$ 20.00 or more

[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))]

Contributor							Enter Data in Both Columns for Each Entry	
Last Name or Name of Entity	First Name	Address	City & State	ZIP	Date Contribution Accepted mm/dd/yy	Aggregate Total of Contributions, Monetary & In-Kind, Accepted After March 15, 2000	Amount of Contribution	Net Dollar Contribution Less Expense (if applicable)
ABC Company (Sample)		301 Beale Street	Denver, CO	80202	4/4/00	\$1,000.00	\$1,000.00	\$ 1,000.00
James (Sample)	Walter	7248 Eaton Cr	Westminster, CO	80003	2/2/00		\$25.00	\$ 25.00
Everett (Sample)	Edwin	1400 Jasper	Englewood, CO	80011	3/22/00	\$25.00	\$30.00	\$ 25.00
<i>NONE</i>								

Statement of Contributions In-Kind

[CRS 1-45-103(4.5), CRS 1-45-108(1) 1-45-103(a)]

(Enter on line 12 Detailed Summary)
TOTAL \$ 0 -

Full Name of Committee: CITIZENS FOR A TRUE BYPASS, INC.

Name & Address of Contributor	Contributor's Aggregate Total of Monetary and In-Kind	Date Provided	Brief Description	Fair Market Value
Jane Doe, 22 2nd St. Denver, CO 80202	\$ 2,500.00	mm/dd/yy	Computer Terminal (Sample Only)	\$ 2,500.00
NONE				

Return of Contributions

[CRS 1-45-103(4)(a) 1-45-106]

Full Name of Committee: CITIZENS FOR A TRUE BYPASS, INC.

Returns of Contributions

Name & Full Address of Person or Entity Whose Contribution was Returned	Date Accepted mm/dd/yy	Date Returned mm/dd/yy	Amount
Lee B. Grant, Jr., M.D. Patricia H. Grant 1729 Linden Lake Road Fort Collins CO 80524	9-17-99	11-27-00	250.00
Steve Stoltz 4430 Innovation Drive Fort Collins CO 80525	9-15-99	11-27-00	400.00
BUCKINGHAM & ALTA VISTA NEIGHBORHOOD ASS Julie Jimenez & Cathy Velasquez 204 1st Street Fort Collins, CO 80524	10-28-99	11-27-00	52.65
David E & Sandra M. Carson 8 Forest Hills Lane Fort Collins, CO 80524	10-20-99	11-27-00	150.00
Robert V & Virginia M. Johnson 2 Forest Hills Lane Fort Collins, CO 80524	10-20-99	11-27-00	100.00
Joseph J Dumais 1712 Westview Road Fort Collins CO 80524	10-6-99	11-27-00	150.00
(Enter on line 17 Detailed Summary) Total Of Contributions Returned			\$1,102.56

Schedule B

[CRS 1-45-103(6) 1-45-108(1)]

Add up the total of all expenditures reported on Schedule B. Include all pages. Print or type total amount on front page next to TOTAL box. Please do not enter data here via computer.	Enter on line 14 of Detailed Summary	TOTAL	\$ 340.91
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Full Name of Committee: CITIZENS FOR A TRUE BYPASS, INC

ITEMIZED EXPENDITURES - \$ 20.00 or more

[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))]

Expenditures							
Last Name or Entity	First Name	Address	City & State	ZIP	Date Expenditure Made mm/dd/yy	Purpose of Expenditure	Amount of Expenditure This Period
ABC Printing Inc. (Sample)		123 Main	Denver, CO	80620	04/01/00	Printing of Cinco de Mayo Flyer	\$ 1,000.00
1. Soukup, Bush & Assocs, P.C.		2850 McClelland Dr.	Fort Collins CO 80525	80525	01/11/00	Accounting Services Prior to 11/1/99	180.00
2. Jacor		1612 LaPorte	Fort Collins, CO	80521	01/11/00	Radio Spots Adjustmt	< 80.50 >
3. Dwyer Huddleston & Ray, P.C.		P.O. Drawer J	Fort Collins CO	80522	5/10/00	Postage and expenses Prior to 11/1/99	241.41

Schedule C

Full Name of Committee: CITIZENS FOR A TRUE BYPASS, INC.

LOANS - Loans Owed by the Committee

(Use a separate schedule for each loan. This form is for line item 9 and 16 of the Detailed Summary Report.)
 [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)] 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 CRS 1-45-105.3(7).

Full Name, Address, City, ST, Zip Code of Loan Source	Original Amount of Loan	Interest Rate
NONE		

Loan Amount Received This Reporting Period: _____

Total of All Loans This Reporting Period: \$ 0 -
(Place on line 9 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: _____

Interest Amount Paid This Reporting Period: \$ _____ -

Amount Repaid This Reporting Period: \$ _____ -
(Amount Repaid is sum of Principal & Interest enter at Total Repayments Made box)

Total Repayments Made: \$ 0 -
Sum of All Pages, Place on line 16 of Detailed Summary Report

Outstanding Balance: \$ _____ -

TERMS OF LOAN: _____
Date Loan Received

_____ Due Date for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Full Name	Address	City, ST	Zip Code	Amount Guaranteed