



**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 checked="" type="checkbox"/> 14 days before election (10/19/99) (City of Fort Collins only)	<input type="checkbox"/> Annual (November 1 of each year)
<input 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
10/13/99 THRU 10/18/99		
7. FUNDS ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 5,661.04	XXXXXXXXXXXX
8. TOTAL CONTRIBUTIONS (from Line 16)	\$ 6,660.00	\$ 13,059.00
9. TOTAL EXPENDITURES (from Line 21)	\$ 2,294.57	\$ 3,032.53
10. FUNDS ON HAND AT CLOSE OF REPORTING PERIOD	\$ 10,026.47	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 10/19/99

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>	\$ 6,615.00	\$ 12,999.00
a. <i>Total of Non-Itemized Contributions (Under \$20)</i>	\$ 45.00	\$ 60.00
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)	\$ 6,660.00	\$ 13,059.00

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>	\$ 2,294.57	\$ 3,032.53
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)	\$ 2,294.57	\$ 3,032.53

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
FIRST NATIONAL BANK POST OFFICE BOX 578 FORT COLLINS, CO 80522		10/13/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 5,000	Aggregate Year to Date \$ <u>5,000</u>
B. Full Name of Contributor, Address and Zip THOMAS G. HAYNIE, III BARBARA J. HAYNIE 1224 NORTH SHIELDS STREET FORT COLLINS, CO 80524		10/15/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 50	Aggregate Year to Date \$ <u>50</u>
C. Full Name of Contributor, Address and Zip DON OR BETTY J. NIEWALD 1817 COTTONWOOD POINT DRIVE FORT COLLINS, CO 80524		10/15/99
Contribution For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 100	Aggregate Year to Date \$ <u>100</u>
D. Full Name of Contributor, Address and Zip SUSAN M. OR PHILIP J. JAMES 1613 COTTONWOOD POINT DRIVE FORT COLLINS, CO 80524		10/15/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 300	Aggregate Year to Date \$ <u>300</u>

SUBTOTAL - THIS PAGE

\$ 5,450

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
HARRY C. ROBERTS JACQUELYN A. ROBERTS 1300 STEEPLE CHASE DRIVE FORT COLLINS, CO 80524	\$ 25	10/15/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>25</u>
B. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
GARDNER SIGNS 8101 SOUTHWEST FRONTAGE ROAD FORT COLLINS, CO 80528	\$ 200	10/15/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>200</u>
C. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
JOYCE DINGMAN KELLEY 3500 TERRY LAKE ROAD FORT COLLINS, CO 80524	\$ 20	10/15/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>20</u>
D. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
DAN V. OR NANCY A. WESTERVELT 1913 COTTONWOOD POINT DRIVE FORT COLLINS, CO 80524	\$ 50	10/15/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year to Date \$ <u>50</u>

SUBTOTAL - THIS PAGE

\$ 295

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
MARK D. BURKE 4264 SOUTHSORE COURT FORT COLLINS, CO 80525 Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 40	10/15/99 Aggregate Year to Date \$ <u>40</u>
B. Full Name of Contributor, Address and Zip GREG MOKLER 6319 FALCON RIDGE COURT FORT COLLINS, CO 80525 Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 50	10/15/99 Aggregate Year to Date \$ <u>50</u>
C. Full Name of Contributor, Address and Zip J. ROBERT WILSON 947 WORTHINGTON CIRCLE FORT COLLINS, CO 80526 Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 100	10/15/99 Aggregate Year to Date \$ <u>100</u>
D. Full Name of Contributor, Address and Zip GARY SCHNORR 617 NORTH SUMMITVIEW DRIVE FORT COLLINS, CO 80524 Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 50	10/18/99 Aggregate Year to Date \$ <u>50</u>

SUBTOTAL - THIS PAGE

\$ 240

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)]

<p>A. Full Name of Contributor, Address and Zip HOUSLEY ENTERPRISES LARRY J. OR PATRICIA C. HOUSLEY 1120 LINDENWOOD DRIVE 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>\$ 30</p>	<p>Date Contribution Received</p> <p>10/18/99</p> <p>Aggregate Year to Date \$ 30</p>
<p>B. Full Name of Contributor, Address and Zip FRANK P. BRENNIMAN PATRICIA L. BRENNIMAN 3024 EAST VINE DRIVE 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>\$ 50</p>	<p>Date Contribution Received</p> <p>10/18/99</p> <p>Aggregate Year to Date \$ 50</p>
<p>C. Full Name of Contributor, Address and Zip LINDA K. BUDERUS 2932 EAST VINE DRIVE 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>\$ 50</p>	<p>Date Contribution Received</p> <p>10/18/99</p> <p>Aggregate Year to Date \$ 50</p>
<p>D. Full Name of Contributor, Address and Zip SUSAN DYJAK HENRY DYJAK 2071 ADRIEL DRIVE 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>\$ 100</p>	<p>Date Contribution Received</p> <p>10/18/99</p> <p>Aggregate Year to Date \$ 100</p>

SUBTOTAL - THIS PAGE

\$ 230

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
DONALD WEISS BEVERLY A. WEISS 1924 EAST VINE DRIVE FORT COLLINS, CO 80524		10/18/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 50	Aggregate Year to Date \$ 50
B. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
GARY D. BURGE AND CHRISTINE J. BURGE 418 SPINNAKER LANE FORT COLLINS, CO 80525		10/18/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 100	Aggregate Year to Date \$ 100
C. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
MARK GOLDRICH PRUDENCE KALEY 1212 CLARK STREET FORT COLLINS, CO 80524		10/18/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 50	Aggregate Year to Date \$ 50
D. Full Name of Contributor, Address and Zip	Amount of Contribution This Report Period	Date Contribution Received
SCHAMBERGER TRUST CLAIRE SCHAMBERGER, TRUSTEE 1 STEEPLE CHASE COURT FORT COLLINS, CO 80524		10/18/99
Contribution For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	\$ 200	Aggregate Year to Date \$ 200

SUBTOTAL - THIS PAGE

\$ 400

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)

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 SIGNS BY TOMORROW 3525 SOUTH MASON FORT COLLINS, CO 80525	Date 10/13/99	Amount of Expenditure This Reporting Period \$ <u>737.75</u>
Expenditure For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Purpose of Expenditure SIGNS
B. Full Name, Address and Zip LINDEN PRESS 223 SOUTH HOWES STREET FORT COLLINS, CO 80525	Date 10/13/99	Amount of Expenditure This Reporting Period \$ <u>281.82</u>
Expenditure For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Purpose of Expenditure CIRCLE LABELS
C. Full Name, Address and Zip CSU STUDENT MARKETING CLUB MARKETING DEPARTMENT CSU COLLEGE OF BUSINESS FORT COLLINS, CO 80523	Date 10/15/99	Amount of Expenditure This Reporting Period \$ <u>1,275.00</u>
Expenditure For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Purpose of Expenditure TELEPHONE SURVEY
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

\$ 2,294.57

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.