



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) Le Roy A Gomez for Mayor	2. NAME OF FINANCIAL INSTITUTION personal checking not new
ADDRESS <input type="checkbox"/> check if different than previously reported 3213 Sharps St.	ADDRESS N/A
CITY, STATE and ZIP CODE Ft. Collins CO 80526	3. SECRETARY OF STATE I.D. NUMBER N/A

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
2/6 99 THRU 3/16/99		
7. FUNDS ON HAND AT BEGINNING OF REPORTING PERIOD	\$ 00.00	XXXXXXXXXXXX
8. TOTAL CONTRIBUTIONS (from Line 16)	\$ 65.00	\$ 65.00
9. TOTAL EXPENDITURES (from Line 21)	\$ 65.00	\$ 65.00
10. FUNDS ON HAND AT CLOSE OF REPORTING PERIOD	\$ 00.00	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: **Le Roy A Gomez** AGENT SIGNATURE: *[Signature]* DATE: **3-16-99**

