



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) <i>Le Roy A. Gomez for Mayor</i> | 2. NAME OF FINANCIAL INSTITUTION <i>personal checking</i> |
| ADDRESS <input type="checkbox"/> check if different than previously reported <i>3213 Sharps St.</i> | ADDRESS _____ |
| CITY, STATE and ZIP CODE <i>Ft. Collins, CO 80526</i> | 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 (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 checked="" 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 |
|---|-------------------------------|-----------------------------------|
| <i>3/23/99</i> THRU <i>4/2/99</i> | | |
| 7. FUNDS ON HAND AT BEGINNING OF REPORTING PERIOD | \$ | XXXXXXXXXXXX |
| 8. TOTAL CONTRIBUTIONS (from Line 16) | \$ | \$ |
| 9. TOTAL EXPENDITURES (from Line 21) | \$ <i>00.00</i> | \$ <i>86.00</i> |
| 10. FUNDS ON HAND AT CLOSE OF REPORTING PERIOD | \$ <i>00.00</i> | XXXXXXXXXXXX |
| 11. Debt and Obligations Owed BY the Committee | \$ <i>-0-</i> | XXXXXXXXXXXX |
| 12. Pledges Owed TO the Committee | \$ <i>-0-</i> | 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: _____ AGENT SIGNATURE _____ DATE _____

