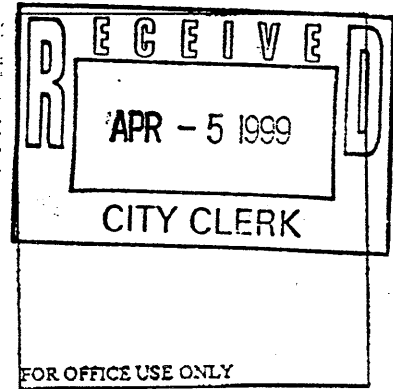


Post-it* Fax Note	7671	Date	4/5/99	# of pages	8
To	Amy Jensen		From	S. Kirkpatrick	
Co./Dept.	City Clerk		Co.	Greenlight	
Phone #	470-472-3002	Phone #	970-472-9448		
Fax #	970-472-3002	Fax #	303-415-0125		



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) <u>Give Yourself a Green Light</u>	2. NAME OF FINANCIAL INSTITUTION <u>Home State Bank</u>
ADDRESS <input type="checkbox"/> check if different than previously reported <u>1027 W. Horsetooth Suite 200E</u>	ADDRESS <u>303 E. Mountain FC, 80504</u>
CITY, STATE and ZIP CODE <u>Fort Collins CO 80526</u>	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)

- | | |
|--|--|
| <u>Pre-election Reports</u> | <u>Post-election Reports</u> |
| <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) Resubmit Is this report an Amendment? Yes No

6. REPORTING PERIOD COVERED	COLUMN A This Rept. Period	COLUMN B Calendar Year-To-Date
<u>3/23/99</u> THRU <u>4/2/99</u>		
7. FUNDS ON HAND AT BEGINNING OF REPORTING PERIOD	\$ <u>65</u>	XXXXXXXXXXXX
8. TOTAL CONTRIBUTIONS (from Line 16)	\$ <u>4030.00</u>	\$ <u>11,045.00</u>
9. TOTAL EXPENDITURES (from Line 21)	\$ <u>2318.19</u>	\$ <u>9268.19</u>
10. FUNDS ON HAND AT CLOSE OF REPORTING PERIOD	\$ <u>1776.81</u>	XXXXXXXXXXXX
11. Debt and Obligations Owed BY the Committee	\$ <u>2750.00</u>	XXXXXXXXXXXX
12. Pledges Owed TO the Committee	\$ <u>0</u>	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 _____

