



REPORT OF CONTRIBUTIONS AND EXPENDITURES

(1-45-108, C.R.S.)

Full Name of Committee/Person:	Gerald Montour
As Shown On Registration	
Address of Committee/Person:	2142 E 116th Pl
City, State & Zip Code:	Northglenn Colorado 80233
Committee Type:	
Name and Address of Financial Institution:	Key Bank 3505 E 104th Ave Thornton Co 80233

SOS ID NUMBER (state and county committees):

Type of Report

- Regularly Scheduled Filing.
- Amended Filing. This amends previous report filed on (date)
Submit changes or new information ONLY
- Termination Report. (Termination Reports MUST Have a Monetary Balance of Zero in Line 5)
- Check this box if this Report Contains Electioneering Communications Information

Reporting Period Covered: Date Through Date

Declared Total Spending (if applicable) [Art. XXVIII, Sec. 4(1)]

		Totals Detailed Summary Page
1	Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 1000 ⁰⁰ / _{XX}
2	Total Monetary Contributions (line 11)	\$ 200 ⁰⁰ / _{XX}
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$
4	Total Monetary Expenditures (line 19)	\$ 1310 ⁹⁷ / _{XX}
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 0

**The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.
[Art. XXVIII Sec. 10(2)(a)]**

Authorization (Must be completed by either the Registered Agent OR the Candidate): I hereby certify and declare, under penalty of perjury, that to the best of my knowledge or belief all contributions received during this reporting period, including any contributions received in the form of membership dues transferred by a membership organization, are from permissible sources.

Print Registered Agent's Name: _____

Registered Agent's Signature: _____ Date: _____

Print Candidate Name: Gerald Montour

Candidates Signature: [Signature] Date: 10/12/2021

Schedule A – Itemized Contributions Statement (\$20 or more)

[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: _____

WARNING: Please read the instruction page for Schedule “A” before completing!

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10/5/2021	4. Name (Last, First): Pound Wayne
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: 443 Leonard Lane
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: Northglenn Co 80233
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: \$100.00
	8. Employer (if applicable, <u>mandatory</u>): Not Employed
	9. Occupation (if applicable, <u>mandatory</u>): Not employed

1. <u>Date Accepted</u> 10/1/2021	4. Name (Last, First): Weatherly, Lauren
2. <u>Contribution Amt.</u> \$ 100.00	5. Address: 1160 W 99th Ave
3. <u>Aggregate Amt. *</u> \$ 100.00	6. City/State/Zip: Northglenn Co 80260
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: Educator \$100.00
	8. Employer (if applicable, <u>mandatory</u>): Boulder Journey School
	9. Occupation (if applicable, <u>mandatory</u>): Educator

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Contribution Amt.</u> \$	5. Address: _____
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: _____
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: _____
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

* For contribution limits within a committee's election cycle or contribution cycle, please refer to the following Colorado Constitutional cites: Candidate Committee Art. XXVIII, Sec. 2(6); Political Party Art. XXVIII, Sec. 3(3); Political Committee Art. XXVIII, Sec 3(5); Small Donor Committee Art. XXVIII, Sec. 2(14).

DETAILED SUMMARY

Full Name of Committee/Person: Gerald Montour

Current Reporting Period: 8/1/2021

Through 10/12/2021

Funds on hand at the beginning of reporting period (Monetary Only)		\$	1000. ⁰⁰ / _{XX}
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	
8	Loans Received (Please list on Schedule "C")	\$	
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	
10	Returned Expenditures (from recipient) (Please list on Schedule "D")	\$	
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	200. ⁰⁰ / _{XX}
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	
13	Total Contributions (Line 11 + line 12)	\$	200. ⁰⁰ / _{XX}
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	1310. ⁹⁷ / _{XX}
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	—
16	Loan Repayments Made (Please list on Schedule "C")	\$	—
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	—
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	1310. ⁹⁷ / _{XX}
20	Total Spending (Line 18 + line 19)	\$	1310. ⁹⁷ / _{XX}

Schedule B – Itemized Expenditures Statement (\$20 or more)
[1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: _____

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>9/16/2021</u>	4. Name: <u>Signs on the Cheap</u>
2. <u>Amount</u> \$ <u>535.89</u> <u>xx</u>	5. Address: <u>11525A Stonehollow Dr, Suite 100 Austin tx</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Austin Tx 78758</u>
	7. Purpose of Expenditure: <u>yard signs</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/8/2021</u>	4. Name: <u>Target</u>
2. <u>Amount</u> \$ <u>6.07</u>	5. Address: <u>1001 E 120th Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Thornton, Colorado 80233</u>
	7. Purpose of Expenditure: <u>Envelopes</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/4/2021</u>	4. Name: <u>United States Postal Service</u>
2. <u>Amount</u> \$ <u>580.00</u>	5. Address: <u>11887 Washington st.</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Northglenn Colorado 80233</u>
	7. Purpose of Expenditure: <u>postage</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/6/2021</u>	4. Name: <u>Office Depot / Office Max</u>
2. <u>Amount</u> \$ <u>130.47</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Labels and Envelopes</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> <u>10/8/2021</u>	4. Name: <u>United States Postal Service</u>
2. <u>Amount</u> \$ <u>58.00</u> <u>xx</u>	5. Address: <u>11887 Washington St</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Northglenn Colorado 80233</u>
	7. Purpose of Expenditure: <u>postage</u> <input type="checkbox"/> Check box if Electioneering Communication