Space Below For Office Use Only

Colorado Secretary of State
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REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person: (As Shown On Registration)	COMMITTEE TO ELECT JOHN GATES
Address of Committee/Person:	1359 93 Ave, UNIT 62
City, State & Zip Code:	GREELEY, CO 80634
Committee Type:	MUNICIPAL
Name and Address of Financial Institution	FMS BANK, 2425 35 Ave., GREELEY, CO

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: 10-12-2021 (Date) **Through** 10-24-2021 (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)	$ 7,253.87
2	Total Monetary Contributions (line 11)	$ 1,450.00
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	$ 8,703.87
4	Total Monetary Expenditures (line 19)	$ 378.00
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	$ 8,325.87

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: JOHN D. GATES

Candidates Signature: J D. Ac Date: 10-29-21

DETAILED SUMMARY

Full Name of Committee/Person: COMMITTEE TO ELECT JOHN GATES

Current Reporting Period: 10-12-2021 **Through** 10-24-2021

Funds on hand at the beginning of reporting period (Monetary Only)		$ 7,253.87
6	**Itemized Contributions $20 or More** [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	$ 1,450.00
7	**Total of Non-Itemized Contributions** (Contributions of $19.99 and Less)	$ -0-
8	**Loans Received** (Please list on Schedule "C")	$ -0-
9	**Total of Other Receipts** (Interest, Dividends, etc.)	$ -0-
10	**Returned Expenditures (from recipient)** (Please list on Schedule "D")	$ -0-
11	**Total Monetary Contributions** (Total of lines 6 through 10)	$ 1,450.00
12	**Total Non-Monetary Contributions** (From Statement of Non-Monetary Contributions)	$ -0-
13	**Total Contributions** (Line 11 + line 12)	$ 1,450.00
14	**Itemized Expenditures $20 or More** [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	$ 378.00
15	**Total of Non-Itemized Expenditures** (Expenditures of $19.99 or Less)	$ -0-
16	**Loan Repayments Made** (Please list on Schedule "C")	$ -0-
17	**Returned Contributions (To donor)** (Please list on Schedule "D")	$ -0-
18	**Total Coordinated Non-Monetary Expenditures** (Candidate/Candidate Committee & Political Parties **only**)	$ -0-
19	**Total Monetary Expenditures** (Total of lines 14 through 17)	$ 378.00
20	**Total Spending** (Line 18 + line 19)	$ 378.00

Schedule A – Itemized Contributions Statement ($20 or more)
[C.R.S. 1-45-108(1)(a)]

Full Name of Committee/Person: COMMITTEE TO ELECT JOHN GATES

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

PLEASE PRINT/TYPE

1. Date Accepted: 10-12-21	4. Name (Last, First): LARSON, KIM AND BRIAN
2. Contribution Amt. $: 500.00	5. Address: 6600 W. 20 STREET, UNIT 39
3. Aggregate Amt. * $:	6. City/State/Zip: GREELEY, CO 80634
☐ Check box if Electioneering Communication	7. Description: CASH-CONTRIBUTION (CHECK)
	8. Employer (if applicable, mandatory): EDWARD JONES
	9. Occupation (if applicable, mandatory): FINANCIAL ADVISORS

1. Date Accepted: 10-12-21	4. Name (Last, First): NOFFSINGER, JAMES AND BONNIE
2. Contribution Amt. $: 100.00	5. Address: 2120 45 AVENUE
3. Aggregate Amt. * $:	6. City/State/Zip: GREELEY, CO 80634
☐ Check box if Electioneering Communication	7. Description: RETIRED CASH (CHECK)
	8. Employer (if applicable, mandatory): N/A
	9. Occupation (if applicable, mandatory):

1. Date Accepted: 10-14-21	4. Name (Last, First): RUTH, BILL AND CHRIS
2. Contribution Amt. $: 100.00	5. Address: 708 RIVER VIEW DRIVE
3. Aggregate Amt. * $:	6. City/State/Zip: GREELEY, CO 80634
☐ Check box if Electioneering Communication	7. Description: CASH CONTRIBUTION (CHECK)
	8. Employer (if applicable, mandatory): RETIRED
	9. Occupation (if applicable, mandatory):

1. Date Accepted: 10-20-21	4. Name (Last, First): IAFF LOCAL 888
2. Contribution Amt. $: 500.00	5. Address: 804 23 AVENUE
3. Aggregate Amt. * $:	6. City/State/Zip: GREELEY, CO 80634
☐ Check box if Electioneering Communication	7. Description: CASH CONTRIBUTION (CHECK)
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory): FIREFIGHTERS ASSOCIATION

* 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).

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

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

Full Name of Committee/Person: COMMITTEE TO ELECT JOHN GATES

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

PLEASE PRINT/TYPE

1. Date Accepted: 10-23-21	4. Name (Last, First): OCCIDENTAL PETROLEUM
2. Contribution Amt. $ $250.00	5. Address: 1701 PENNSYLVANIA AVENUE NW, SUITE 800
	6. City/State/Zip: WASHINGTON, DC 20006
3. Aggregate Amt. * $	7. Description: CASH CONTRIBUTION (CHECK)
	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory): OIL AND GAS

1. Date Accepted	4. Name (Last, First):
2. Contribution Amt. $	5. Address:
	6. City/State/Zip:
3. Aggregate Amt. * $	7. Description:
	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):

1. Date Accepted	4. Name (Last, First):
2. Contribution Amt. $	5. Address:
	6. City/State/Zip:
3. Aggregate Amt. * $	7. Description:
	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):

1. Date Accepted	4. Name (Last, First):
2. Contribution Amt. $	5. Address:
	6. City/State/Zip:
3. Aggregate Amt. * $	7. Description:
	8. Employer (if applicable, mandatory):
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):

* 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).

Schedule B – Itemized Expenditures Statement ($20 or more)

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

Full Name of Committee/Person: COMMITTEE TO ELECT JOHN GATES

PLEASE PRINT/TYPE

1. Date Expended 10-13-21	4. Name: UNITED STATES POSTAL SERVICE
2. Amount $ 378.00	5. Address: 930 39 AVENUE
3.Recipient is (optional):	6. City/State/Zip: GREELEY, CO 80634
☐ Committee	7. Purpose of Expenditure: P.O. BOX RENEWAL / STAMPS
☐ Non-Committee	☐ Check box if Electioneering Communication

1. Date Expended	4. Name:
2. Amount $	5. Address:
3.Recipient is (optional):	6. City/State/Zip:
☐ Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication

1. Date Expended	4. Name:
2. Amount $	5. Address:
3.Recipient is (optional):	6. City/State/Zip:
☐ Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication

1. Date Expended	4. Name:
2. Amount $	5. Address:
3.Recipient is (optional):	6. City/State/Zip:
☐ Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication

1. Date Expended	4. Name:
2. Amount $	5. Address:
3.Recipient is (optional):	6. City/State/Zip:
☐ Committee	7. Purpose of Expenditure:
☐ Non-Committee	☐ Check box if Electioneering Communication