

City Clerk's Office
749 Main Street, Louisville, CO 80027
303.335.4536
MeredythM@LouisvilleCO.gov

REPORT OF CONTRIBUTIONS AND EXPENDITURES
(§1-45-108, C.R.S.)

Full Name of Committee/Person: Most4Louisville
As shown on Registration
Full Address of Committee/Person: 640 W Linden St Louisville, CO 80027
Name/Address of Financial Institution: First Bank, 500 S. McCaslin Blvd, Louisville, CO 80027

Type of Report

- ☒ Regularly Scheduled Filing ☐ Amended Filing for report filed on: _____
☐ Termination Report (Termination Report Must Have a Monetary Balance of Zero in Line 5)

Reporting Period Covered: 9/13/23 through: 9/29/23
Declared Total Spending (if applicable): \$0

TOTALS DETAILED SUMMARY PAGE

1. Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ <u>0</u> <u>889.40</u>
2. Total Monetary Contributions (line 11)	\$ <u>0</u> <u>100.00</u>
3. Total Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ <u>0</u> <u>989.40</u>
4. Total Monetary Expenditure (line 19)	\$ <u>0</u> <u>761.59</u>
5. Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ <u>0</u> <u>227.81</u>

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.

The City's Election Official may impose a penalty of \$50.00 per day for each day that a report is filed late.

Print Registered Agent's Name: Carolyn Maxine Most

☒ By checking this box, I am confirming that my typed name below is my legal name and serves as my electronic signature. I agree that my electronic signature is the legal equivalent of my manual signature on this document.

Signature: [Signature] Date: 9/29/23

Print Candidate Name: Maxine Most

☒ By checking this box, I am confirming that my typed name below is my legal name and serves as my electronic signature. I agree that my electronic signature is the legal equivalent of my manual signature on this document.

Signature: [Signature] Date: 9/29/23

DETAILED SUMMARY

Full Name of Committee/Person: Most4Louisvle

Current Reporting Period: 9/13/23 through 9/29/23

Funds on hand at the beginning of reporting period (Monetary Only)	\$ <u>889.40</u>
6. Itemized Contributions \$20 or More (Please list on Schedule "A")	\$ <u>100.00</u>
7. Total of Non-Itemized Contributions (\$19.99 or less)	\$ <u>0</u>
8. Loans Received (Please list on Schedule "C")	\$ <u>0</u>
9. Total of Other Receipts (Interest, etc.)	\$ <u>0</u>
10. Returned Expenditures (From recipient) (Please list on Schedule "D")	\$ <u>0</u>
11. Total Monetary Contributions (Total of lines 6 - 10)	\$ <u>0</u>
12. Total Non-Monetary Contributions (Statement of Non-Monetary Contributions)	\$ _____
13. Total Contributions (Line 11 + line 12)	\$ <u>100</u>
14. Itemized Expenditures \$20 or More (Please list on Schedule "B")	\$ <u>721.59</u>
15. Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ <u>40</u>
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)	\$ <u>0</u>
19. Total Monetary Expenditures (Total of Lines 14 -17)	\$ <u>761.59</u>
20. Total Spending (Line 18 + line 19)	\$ <u>761.59</u>

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

Candidate/Issues Committees are required to disclose occupation and employer for all contributions of \$

Full Name of Committee / Person: Most4Louisville

Reporting Period: 9/13 - 9/29 **Total Contributions this reporting period:**

Contributor (Individual / Entity)	Address (include City, State, Zip)	Occupation & Employer (required for all contributions of \$100 or more)	Date Contribution Accepted
Tamar Krantz	691 West St, Louisville CO 80027	retired	9/18/2023

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

Full Name of Committee / Person: _____

Reporting Period: _____ Total Expenditures this reporting period: **\$721.59**

Person/Entity (to whom expenditure was made)	Address (include City, State, Zip)	Purpose	Date Expenditure Made	Amount of Expenditure
Amazon	online	ink	9/15/2023	\$70.71
Fedex	McCaslin BLVD, Louisville, CO 80027	cutting	9/16/2023	\$6.25
Fedex	McCaslin BLVD, Louisville, CO 80027	cutting	9/18/2023	\$4.63
Prairie Mountain Media		Digital Ads	9/20/2023	\$290.00
Prairie Mountain Media		Digital Ads	9/25/2023	\$350.00