

City of Gunnison
P.O. Box 239
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Gunnison, CO 81230
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Space Below For Office Use Only



STATEMENT OF PERSONAL EXPENDITURES BY A CANDIDATE
[C.R.S. 1-45-108(1) & C.R.S. 1-45-109]

(For use by a candidate who has not received any contributions, but has made expenditures of personal funds.)

Name of Candidate: _____

Address of Candidate: _____

City, State, and Zip Code: _____

Office: _____ District No.: _____ Elec./Yr.: _____

Reporting Period: Beginning Date _____ Ending Date _____

1. <u>Date Expended</u>	3. Name: _____
	4. Address: _____
2. <u>Amount</u>	5. City, State, Zip: _____
\$	6. Purpose of Expense: _____

1. <u>Date Expended</u>	3. Name: _____
	4. Address: _____
2. <u>Amount</u>	5. City, State, Zip: _____
\$	6. Purpose of Expense: _____

1. <u>Date Expended</u>	3. Name: _____
	4. Address: _____
2. <u>Amount</u>	5. City, State, Zip: _____
\$	6. Purpose of Expense: _____

I certify to the best of my knowledge this Statement of Expenditures is true and correct.

Candidate Signature: _____ Date: _____