

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Gerald R. Montgomery

Name

(2) PO Box 1203

Address (number and street)

Old Town, FL 32680

City, State, Zip Code

Check here if address has changed

(3) ID Number: 193

(4) Check appropriate box(es):

Candidate Office Sought: County Commissioner - District 1

Political Committee (PC)

Electioneering Communications Org. (ECO)

Party Executive Committee (PTY)

Independent Expenditure (IE) (also covers an individual making electioneering communications)

Check here if PC or ECO has disbanded

Check here if PTY has disbanded

Check here if no other IE or EC reports will be filed

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ONLINE SUBMISSION
[1242770]

Submitted on:
2/1/2021 10:05:52 (eastern)

(5) Report Identifiers

Cover Period: From 10 / 30 / 2020 To 2 / 1 / 2021 Report Type: TR4

Original Amendment Special Election Report

(6) Contributions This Report

Cash & Checks \$, , 0 . 00

Loans \$, , 0 . 00

Total Monetary \$, , 0 . 00

In-Kind \$, , 0 . 00

(7) Expenditures This Report

Monetary Expenditures \$, , 67 . 95

Transfers to Office Account \$, , 0 . 00

Total Monetary \$, , 67 . 95

(8) Other Distributions

\$, , 0 . 00

(9) TOTAL Monetary Contributions To Date

\$, , 740 . 00

(10) TOTAL Monetary Expenditures To Date

\$, , 740 . 00

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name)

Individual (only for IE or electioneering comm.) Treasurer Deputy Treasurer

X

Signature

(Type name)

Candidate Chairperson (only for PC and PTY)

X

Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Gerald R. Montgomery (2) I.D. Number 193

10/30/2020 through 2/1/2021

(3) Cover Period _____ / _____ / _____ through _____ / _____ / _____ (4) Page 1 of 0

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
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CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name Gerald R. Montgomery

(2) I.D. Number 193

(3) Cover Period 10/30/2020 through 2/1/2021

(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11/16/2020 / /	Montgomery, Gerald R PO Box 1203 Old Town, FL 32680	closing account	MO		\$7.95
1					
11/16/2020 / /	Captial City Bank, 294 Ne 210th Avenue Cross City, FL 32628	serivce charge may-oct	MO		\$60.00
2					
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