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Colorado Secretary of State  
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### REPORT OF CONTRIBUTIONS AND EXPENDITURES

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

Full Name of Committee/Person:	MARC WILLIAMS FOR MAYOR
As Shown On Registration	
Address of Committee/Person:	6781 LUPINE CIRCLE
City, State & Zip Code:	ARUNDA, CO 80007
Committee Type:	CANDIDATE
Name and Address of Financial Institution:	WELLS FARGO

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:  Through   
Date 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)	\$ 18,382.70
2	Total Monetary Contributions (line 11)	\$ 4,125.30
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 22,508.00
4	Total Monetary Expenditures (line 19)	\$ 12,997.53
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 9,510.47

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: MARC WILLIAMS

Candidates Signature: [Signature] Date: 10.10.15

**DETAILED SUMMARY**

**Full Name of Committee/Person:** Marc Williams For Mayor

**Current Reporting Period:** 9.15.15 **Through** 10.8.15

	<b>Funds on hand at the beginning of reporting period</b> (Monetary Only)	\$	18,382.70
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	4125.30
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	- 0 -
8	<b>Loans Received</b> (Please list on Schedule "C")	\$	- 0 -
9	<b>Total of Other Receipts</b> (Interest, Dividends, etc.)	\$	- 0 -
10	<b>Returned Expenditures (from recipient)</b> (Please list on Schedule "D")	\$	- 0 -
11	<b>Total Monetary Contributions</b> (Total of lines 6 through 10)	\$	4125.30
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	- 0 -
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	4125.30
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	12,747.53
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	- 0 -
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	- 0 -
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	250.00
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	- 0 -
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	12,997.53
20	<b>Total Spending</b> (Line 18 + line 19)	\$	12,997.53

**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> 9/20/15	4. Name (Last, First): <u>FLANN, MARY</u>
2. <u>Contribution Amt.</u> \$ <u>200-</u>	5. Address: <u>10023 IRVING ST</u>
3. <u>Aggregate Amt. *</u> \$ <u>200-</u>	6. City/State/Zip: <u>WESTMINSTER, CO 80031</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>FLANN ASSOCIATES</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>GOVERNMENT AFFAIRS</u>

1. <u>Date Accepted</u> 9/20/15	4. Name (Last, First): <u>THOMPSON, SARA</u>
2. <u>Contribution Amt.</u> \$ <u>250-</u>	5. Address: <u>6411 VANDERLICE LANE</u>
3. <u>Aggregate Amt. *</u> \$ <u>250-</u>	6. City/State/Zip: <u>LINCOLN, NE 68576</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>SELF</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>PROPERTY MANAGEMENT</u>

1. <u>Date Accepted</u> 9.23.15	4. Name (Last, First): <u>MOSHON, WILLIAM</u>
2. <u>Contribution Amt.</u> \$ <u>1000-*</u>	5. Address: <u>791 <del>DE</del> ST. PAUL ST</u>
3. <u>Aggregate Amt. *</u> \$ <u>250-*</u>	6. City/State/Zip: <u>DENVER, CO 80206</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>TRAMMER CROW</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>R.E. DEVELOPMENT</u>

1. <u>Date Accepted</u> 9.19.15	4. Name (Last, First): <u>MCCASKY, MICHAEL</u>
2. <u>Contribution Amt.</u> \$ <u>193.90</u>	5. Address: <u>6307 HOLMES ST</u>
3. <u>Aggregate Amt. *</u> \$ <u>193.90</u>	6. City/State/Zip: <u>ARVADA, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAY-PER</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>UNITED AIRLINES</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>CUSTOMER SERVICE</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).

\* REFUNDED EXCESS CONTRIBUTIONS

**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> 9.19.15	4. Name (Last, First): <u>ORCHARD, William.</u>
2. <u>Contribution Amt.</u> \$ 48.25	5. Address: <u>10600 W. 66th Ave</u>
3. <u>Aggregate Amt. *</u> \$ 48.25	6. City/State/Zip: <u>ARVADA Co 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Pay Pmt</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>RETIREM</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 9.19.15	4. Name (Last, First): <u>WILSON, STEVE</u>
2. <u>Contribution Amt.</u> \$ 193.90	5. Address: <u>162 S. CROWN ST</u>
3. <u>Aggregate Amt. *</u> \$ 193.90	6. City/State/Zip: <u>DENVER, CO 80209</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Pay Pal</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>RETIREM</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 9.19.15	4. Name (Last, First): <u>JONES, MICHAEL</u>
2. <u>Contribution Amt.</u> \$ 96.80	5. Address: <u>15802 W. 79th Pl</u>
3. <u>Aggregate Amt. *</u> \$ 96.80	6. City/State/Zip: <u>ARVADA Co 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Pay Pal</u>
	8. Employer (if applicable, <u>mandatory</u> ): _____
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 9.19.15	4. Name (Last, First): <u>DING, MICHAEL</u>
2. <u>Contribution Amt.</u> \$ 242.45	5. Address: <u>4601 W. 30th Ave</u>
3. <u>Aggregate Amt. *</u> \$ 242.45	6. City/State/Zip: <u>DENVER, CO 80212</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Pay Pal</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Squire, Patton, Boggs</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>Government Relations Advisor</u>

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**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> 9.17.15	4. Name (Last, First): <u>LANTZ, FRED</u>
2. <u>Contribution Amt.</u> \$ 100-	5. Address: <u>13335 W. 72<sup>nd</sup> CIR</u>
3. <u>Aggregate Amt. *</u> \$ 100-	6. City/State/Zip: <u>ARVAM, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>Retired</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 9.29.15	4. Name (Last, First): <u>Williams, JERRY</u>
2. <u>Contribution Amt.</u> \$ 50-	5. Address: <u>16489 W. 67<sup>th</sup> CIRCLE</u>
3. <u>Aggregate Amt. *</u> \$ 50-	6. City/State/Zip: <u>ARVAM, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>KIRW ASSOCIATES</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>SEARCH FIRM</u>

1. <u>Date Accepted</u> 9.17.15	4. Name (Last, First): <u>CIRL ASSOCIATES, INC</u>
2. <u>Contribution Amt.</u> \$ 500-	5. Address: <u>1625 BRADWAY, SUITE 700</u>
3. <u>Aggregate Amt. *</u> \$ 500-	6. City/State/Zip: <u>DENVER, CO 80202</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>GOVERNMENT RELATIONS</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

1. <u>Date Accepted</u> 9.25.15	4. Name (Last, First): <u>METRO HOUSING COALITION</u>
2. <u>Contribution Amt.</u> \$ 750-	5. Address: <u>9033 E. EASTER PLACE</u>
3. <u>Aggregate Amt. *</u> \$ 750-	6. City/State/Zip: <u>CENTENNIAL, CO 80112</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>HOME BUILDERS ASSOC.</u>
	9. Occupation (if applicable, <u>mandatory</u> ): _____

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

Full Name of Committee/Person: MARC WILLIAMS FOR MAYOR

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

PLEASE PRINT/TYPE

1. Date Accepted <u>10.07.15</u>	4. Name (Last, First): <u>SWAIM, LISA</u>
2. Contribution Amt. \$ <u>50<sup>00</sup></u>	5. Address: <u>540 DUNDLEY ST.</u>
3. Aggregate Amt. * \$ <u>50<sup>00</sup></u>	6. City/State/Zip: <u>LENEXA, CO 60226</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>SWAIM REMEDY, INC</u>
	9. Occupation (if applicable, mandatory): <u>REACTOR</u>

1. Date Accepted <u>10.07.15</u>	4. Name (Last, First): <u>Walsh, SEAN</u>
2. Contribution Amt. \$ <u>250<sup>00</sup></u>	5. Address: <u>1065 EMERSON ST #2</u>
3. Aggregate Amt. * \$ <u>250<sup>00</sup></u>	6. City/State/Zip: <u>DENVER, CO 80218</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>SEAN WALSH CONSULTING, LLC</u>
	9. Occupation (if applicable, mandatory): <u>CONSULTANT</u>

1. Date Accepted <u>10.7.15</u>	4. Name (Last, First): <u>RICHARDS, COLIN</u>
2. Contribution Amt. \$ <u>50<sup>00</sup></u>	5. Address: <u>7343 BRAN ST</u>
3. Aggregate Amt. * \$ <u>50<sup>00</sup></u>	6. City/State/Zip: <u>ARUNDA, CO 80005</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>REMAX</u>
	9. Occupation (if applicable, mandatory): <u>REALTOR</u>

1. Date Accepted <u>10.7.15</u>	4. Name (Last, First): <u>SCHNEIDER, CATHERINE</u>
2. Contribution Amt. \$ <u>100-</u>	5. Address: <u>6497 QUAKER CT</u>
3. Aggregate Amt. * \$ <u>100-</u>	6. City/State/Zip: <u>ARUNDA, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>REMAX</u>
	9. Occupation (if applicable, mandatory): <u>REALTOR</u>

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

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

Full Name of Committee/Person: WMEC Williams for AMYR

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10.7.15	4. Name (Last, First): <u>PINKSSON, JAMES</u>
2. <u>Contribution Amt.</u> \$ 50 <sup>00</sup>	5. Address: <u>6761 WESTWOODS CIRCLE</u>
3. <u>Aggregate Amt. *</u> \$ 50 <sup>00</sup>	6. City/State/Zip: <u>ARUNDA, CO 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u> ): <u>REMY</u>
	9. Occupation (if applicable, <u>mandatory</u> ): <u>REACTOR</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> ): _____

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).

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

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

**Full Name of Committee/Person:** MARK WILLIAMS FOR MAYOR

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u> 9.29.15	4. Name: <u>COLORADO LITHO, INC.</u>
2. <u>Amount</u> \$ 2297.64	5. Address: <u>6494 W. 91ST AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WESTMINSTER, CO 80031</u>
	7. Purpose of Expenditure: <u>POSTCARD PRINTING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9.29.15	4. Name: <u>MARKET DIRECT, INC.</u>
2. <u>Amount</u> \$ 8555.89	5. Address: <u>6454 W. 91ST AVE</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>WESTMINSTER, CO 80031</u>
	7. Purpose of Expenditure: <u>POSTAGE</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10.2.15	4. Name: <u>COLORADO COMMUNITY MEDIA</u>
2. <u>Amount</u> \$ 1900-	5. Address: <u>9137 RIDGELINE BLVD # 210</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>HIGHLANDS RANCH, CO 80129</u>
	7. Purpose of Expenditure: <u>ADVERTISING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

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

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



**Schedule D – Returned Contributions & Expenditures**

**Full Name of Committee/Person:** MARC WILLIAMS for MYWR

**Returned Contributions**

*(Previously reported on Schedule A – Contributions accepted and then returned to donors)*

**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u> 9.23.15	4. Name (Last, First): <u>MOSEZ, WILLIAM</u>
2. <u>Date Returned</u> 9.23.15	5. Address: <u>791 St. Paul St.</u>
3. <u>Amount</u> \$ 250 <sup>00</sup>	6. City/State/Zip: <u>DENVER, CO 80206</u>
	7. Purpose: <u>REFUNDING CONTRIBUTION IN EXCESS OF LIMIT</u>

1. <u>Date Accepted</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Purpose: _____

**Returned Expenditures**

*(Previously reported on Schedule B – Expenditures returned or refunded to the committee)*

**PLEASE PRINT/TYPE**

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____

1. <u>Date Expended</u>	4. Name (Last, First): _____
2. <u>Date Returned</u>	5. Address: _____
3. <u>Amount</u>	6. City/State/Zip: _____
\$	7. Comment (Optional): _____