

Colorado Secretary of State
 Elections Division
 1700 Broadway, Ste. 200
 Denver, CO 80290
 Ph: (303) 894-2200 ext. 6383
 Fax: (303) 869-4861
 Email: cpfhelp@sos.state.co.us
 www.sos.state.co.us



Space Below For Office Use Only

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)	\$ 9510.47
2	Total Monetary Contributions (line 11)	\$ 1505.70
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 11016.17
4	Total Monetary Expenditures (line 19)	\$ 2445.42
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 8570.95

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: 10.30.15

DETAILED SUMMARY

Full Name of Committee/Person: NANCY WILLIAMS FOR MAYOR

Current Reporting Period: 10.9.15 Through 12.26.15

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	9510.47
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	1505.70
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)	\$	1505.70
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	- 0 -
13	Total Contributions (Line 11 + line 12)	\$	1505.70
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	2445.22
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)	\$	2445.22
20	Total Spending (Line 18 + line 19)	\$	2445.22

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. Date Accepted 10.10.15	4. Name (Last, First): REACTOR CANDIDATE POLITICAL ACTION COMMITTEE
2. Contribution Amt. \$ 250.00	5. Address: 309 Inwoodway Way S.
3. Aggregate Amt. * \$ 250.00	6. City/State/Zip: ENGLEWOOD, CO 80112
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: CHECK
	8. Employer (if applicable, mandatory): REACTOR GROUP
	9. Occupation (if applicable, mandatory): _____

1. Date Accepted 10.17.15	4. Name (Last, First): SHERMAN, ROGER
2. Contribution Amt. \$ 250.00	5. Address: 3530 E. 8th AVE
3. Aggregate Amt. * \$ 250.00	6. City/State/Zip: DENVER, CO 80206
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: CHECK
	8. Employer (if applicable, mandatory): CRL
	9. Occupation (if applicable, mandatory): CONSULTANT

1. Date Accepted 10.19.15	4. Name (Last, First): FEFER, ROBERT
2. Contribution Amt. \$ 100.00	5. Address: 11762 W. 56th Cir
3. Aggregate Amt. * \$ 100.00	6. City/State/Zip: ARUNDA, CO 80002
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: CHECK
	8. Employer (if applicable, mandatory): SUNGARD
	9. Occupation (if applicable, mandatory): MANAGER

1. Date Accepted 10.12.15	4. Name (Last, First): WAPENSKY, LAWRENCE
2. Contribution Amt. \$ 15.00	5. Address: 6685 KENDRICK DR.
3. Aggregate Amt. * \$ 15.00	6. City/State/Zip: ARUNDA, CO 80007
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: CHECK
	8. Employer (if applicable, mandatory): RETIRED
	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 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> 10.10.15	4. Name (Last, First): <u>VALANTE, STEPHEN</u>
2. <u>Contribution Amt.</u> \$ 300-	5. Address: <u>P.O. Box 7279</u>
3. <u>Aggregate Amt. *</u> \$ 300-	6. City/State/Zip: <u>DENVER CO 80207</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>SELF</u>
	9. Occupation (if applicable, mandatory): <u>Real Estate/RESTAURANTS</u>

1. <u>Date Accepted</u> 10.11.15	4. Name (Last, First): <u>MARR, OTT, JOHN</u>
2. <u>Contribution Amt.</u> \$ 250-	5. Address: <u>5555 Carr St</u>
3. <u>Aggregate Amt. *</u> \$ 250-	6. City/State/Zip: <u>ARUNDA, CO 80012</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>SELF</u>
	9. Occupation (if applicable, mandatory): <u>OWNER SKI STAFF</u>

1. <u>Date Accepted</u> 10.15.15	4. Name (Last, First): <u>FERDINANDSON, RICHARD</u>
2. <u>Contribution Amt.</u> \$ 50-	5. Address: <u>8023 W. 76th Pl.</u>
3. <u>Aggregate Amt. *</u> \$ 50-	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>RETIRED</u>
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 10.17.15	4. Name (Last, First): <u>KILGAN, JOHN</u>
2. <u>Contribution Amt.</u> \$ 193.50	5. Address: <u>6185 Fern St.</u>
3. <u>Aggregate Amt. *</u> \$ 193.50	6. City/State/Zip: <u>ARUNDA CO 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Am Pm</u>
	8. Employer (if applicable, mandatory): <u>RETIRED</u>
	9. Occupation (if applicable, mandatory): _____

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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> 10.11.15	4. Name (Last, First): <u>SULLIVAN, JOHN</u>
2. <u>Contribution Amt.</u> \$ 96.50	5. Address: <u>5916 BRAUN WAY</u>
3. <u>Aggregate Amt. *</u> \$ 96.50	6. City/State/Zip: <u>ARVADA, CO 80004</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Pay for</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>HEWLETT-PACKARD</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>MANAGER</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: MARC WILLIAMS FOR MAYOR

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 10.13.15	4. Name: <u>MARKET DIRECT</u>
2. <u>Amount</u> \$ 229.58	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> 10.13.15	4. Name: <u>COLORADO COMMUNITY MEDIA</u>
2. <u>Amount</u> \$ 1800-	5. Address: <u>9137 RINGELINE BLVD</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> 10.24.15	4. Name: <u>OFFICE MAY</u>
2. <u>Amount</u> \$ 22.64	5. Address: <u>5275 WASSWAH BLVD</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARVING, CO 80002</u>
	7. Purpose of Expenditure: <u>STATIONARY/MAILING</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10.25.15	4. Name: <u>COLORADO COMMUNITY MEDIA</u>
2. <u>Amount</u> \$ 393-	5. Address: <u>9137 RINGELINE BLVD</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