

Space Below For Office Use Only

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 LARKINS CIRCLE
City, State & Zip Code:	ARVADA 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)	\$ 8570.95
2	Total Monetary Contributions (line 11)	\$ 1500.-
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 10070.95
4	Total Monetary Expenditures (line 19)	\$ 2687.25
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 7383.70

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: 11/30/15

DETAILED SUMMARY

Full Name of Committee/Person: MARC WILLIAMS for mayor

Current Reporting Period: 10-26-2015 Through 11-28-2015

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	8570.95
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	1500 -
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)	\$	1500 -
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	- 0 -
13	Total Contributions (Line 11 + line 12)	\$	1500 -
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	2687.25
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)	\$	2687.25
20	Total Spending (Line 18 + line 19)	\$	2687.25

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. <u>Date Accepted</u> 10/28/15	4. Name (Last, First): Comcast, Inc.
2. <u>Contribution Amt.</u> \$ 750-	5. Address: 1601 Mile High Stadium Circle
3. <u>Aggregate Amt. *</u> \$ 750-	6. City/State/Zip: Denver, Co 80204
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: Check
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory): CABLE PROVIDER

1. <u>Date Accepted</u> 11/3/15	4. Name (Last, First): RRCA, LLC
2. <u>Contribution Amt.</u> \$ 750-	5. Address: 7353 S. ALTON WAY SUITE A-102
3. <u>Aggregate Amt. *</u> \$ 750-	6. City/State/Zip: Englewood, Co 80112
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: Check
	8. Employer (if applicable, mandatory):
	9. Occupation (if applicable, mandatory): RACE EVENT MANAGEMENT

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, mandatory):
	9. Occupation (if applicable, mandatory):

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, mandatory):
	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 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> 10/30/15	4. Name: <u>U.S. Post Office</u>
2. <u>Amount</u> \$ 490 -	5. Address: <u>14705 W. 64th Ave</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARUNDA, CO 80007</u>
	7. Purpose of Expenditure: <u>STAMPS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10/30/15	4. Name: <u>ARUNDA TAVORN</u>
2. <u>Amount</u> \$ 500 -	5. Address: <u>5707 OLDE WASSWAERT BLVD</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARUNDA, CO 80002</u>
	7. Purpose of Expenditure: <u>DEPOSIT - WATER PARTY</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/3/15	4. Name: <u>RHEINLANDER BAKERY</u>
2. <u>Amount</u> \$ 110 -	5. Address: <u>5721 OLDE WASSWAERT BLVD</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARUNDA, CO 80002</u>
	7. Purpose of Expenditure: <u>DEPOSITS - WATER PARTY</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/3/15	4. Name: <u>JOSEH GOUS</u>
2. <u>Amount</u> \$ 575 -	5. Address: <u>2524 S. NOME</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARAPA, CO 80014</u>
	7. Purpose of Expenditure: <u>WEBSITE/SOCIAL MEDIA</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 11/3/15	4. Name: <u>ARUNDA TAVORN</u>
2. <u>Amount</u> \$ 855.33	5. Address: <u>5707 OLDE WASSWAERT BLVD</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARUNDA, CO 80002</u>
	7. Purpose of Expenditure: <u>WATER PARTY</u>
	<input type="checkbox"/> Check box if Electioneering Communication

Schedule B – Itemized Expenditures Statement (\$20 or more)
 [1-45-108(1)(a), C.R.S.]

Full Name of Committee/Person: MARC WILLIAMS for HMOR

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>11/8/15</u>	4. Name: <u>LOWES</u>
2. <u>Amount</u> \$ <u>25.74</u>	5. Address: <u>5405 WASSICUM BYPASS</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARUNN CO 80502</u>
7. Purpose of Expenditure: <u>FENCE POSTS / CABLE MES</u> <input type="checkbox"/> Check box if Electioneering Communication	

1. <u>Date Expended</u> <u>11/4/15</u>	4. Name: <u>FACEBOOK</u>
2. <u>Amount</u> \$ <u>131.18</u>	5. Address: <u>1 HACKER WAY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>MENLO PARK, CA.</u>
7. Purpose of Expenditure: <u>FACEBOOK ADS</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	

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	