

Space Below For Office Use Only

Colorado Secretary of State
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REPORT OF CONTRIBUTIONS AND EXPENDITURES

Article XXVIII of the Colorado Constitution and Tital 1, Article 45 of the Colorado Revised Statute (C.R.S.)

Full Name of Committee/Person:	MARC WILLIAMS FOR MAYOR <small>As Shown On Registration</small>
Address of Committee/Person:	6781 LUPINE CIR
City, State & Zip Code:	ARVADA, CO 80007
Committee Type:	CANDIDATE
Name and Address of Financial Institution	WELLS FARGO P.O. Box 6995 PORTLAND, OR

COMMITTEE ID NUMBER

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)	\$ 2387.41
2	Total Monetary Contributions (line 11)	\$ -0-
3	Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 2387.41
4	Total Monetary Expenditures (line 19)	\$ 2387.41
5	Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ -0-

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: 9.12.20

DETAILED SUMMARY

Full Name of Committee/Person: MARC WILLIAMS FOR MAYOR

Current Reporting Period: 11.3.19 Through 9.12.20

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	2387.41
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "A")	\$	- 0 -
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$	- 0 -
8	Loans Received (From Schedule "C")	\$	- 0 -
9	Total of Other Receipts (Interest, Dividends, etc.)	\$	- 0 -
10	Returned Expenditures (from recipient) (From Schedule "D")	\$	- 0 -
11	Total Monetary Contributions (Total of lines 6 through 10)	\$	- 0 -
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	- 0 -
13	Total Contributions (Line 11 + line 12)	\$	- 0 -
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (From Schedule "B")	\$	2387.41
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$	- 0 -
16	Loan Repayments Made (From Schedule "C")	\$	- 0 -
17	Returned Contributions (To donor) (Please list on Schedule "D")	\$	- 0 -
18	Total Coordinated Non-Monetary (in-kind) Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	- 0 -
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	2387.41
20	Total Spending (Line 18 + line 19)	\$	2387.41

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> 12.29.19	4. Name: <u>COSTCO</u>
2. <u>Amount</u> \$ 714.56	5. Address: <u>5195 WADSWORTH 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>DONOR APPRECIATION EVENT</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 12.31.19	4. Name: <u>KING SOUVENIRS</u>
2. <u>Amount</u> \$ 190.82	5. Address: <u>6400 MacArthur BLVD</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>DONOR APPRECIATION EVENT</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 1.2.20	4. Name: <u>TORI GURLEY</u>
2. <u>Amount</u> \$ 120-	5. Address: <u>C/O 6142 BIRCH ST</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARUNDA, CO 80004</u>
	7. Purpose of Expenditure: <u>CATERING - DONOR APPRECIATION EVENT</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 1.2.20	4. Name: <u>REBECCA KOCH</u>
2. <u>Amount</u> \$ 130-	5. Address: <u>6142 BIRCH ST</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARUNDA, CO 80004</u>
	7. Purpose of Expenditure: <u>CATERING, DONOR APPRECIATION EVENT</u> <input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9.12.20	4. Name: <u>ARUNDA CENTER FOR THE ARTS FOUNDATION</u>
2. <u>Amount</u> \$ 1232.03	5. Address: <u>6901 WADSWORTH</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>ARUNDA, CO - 80003</u>
	7. Purpose of Expenditure: <u>CHARITABLE CONTRIBUTION</u> <input type="checkbox"/> Check box if Electioneering Communication