

2nd Rpt

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OFFICE

REPORT OF CONTRIBUTIONS AND EXPENDITURES  
(1-45-108, C.R.S.)

Full Name of Committee/Person:	MARC WILLIAMS FOR MAYOR <small>As Shown On Registration</small>
Address of Committee/Person:	6989 POPPY CT
City, State & Zip Code:	ARAPAHO, CO 80007
Committee Type:	INDIVIDUAL CANDIDATE
Name and Address of Financial Institution	WELLS FARGO - 6330 McINTYRE WAY, ARAPAHO CO

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:  Date Through  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)	\$ 15,571.66
2 Total Monetary Contributions (line 11)	\$ 2,940.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 18,511.66
4 Total Monetary Expenditures (line 19)	\$ 7,933.87
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 10,577.79

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: 10.10.11

**DETAILED SUMMARY**

Full Name of Committee/Person: MARC WILLIAMS FOR MAYOR

Current Reporting Period: 9.15.11 Through 12.10.11

	<b>Funds on hand at the beginning of reporting period (Monetary Only)</b>	\$	15,571.66
6	<b>Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "A")	\$	2920.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$	20-
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)	\$	2940.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$	-
13	<b>Total Contributions</b> (Line 11 + line 12)	\$	2940.00
14	<b>Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)]</b> (Please list on Schedule "B")	\$	7933.87
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$	-
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$	-
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$	-
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$	-
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$	7933.87
20	<b>Total Spending</b> (Line 18 + line 19)	\$	7933.87

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

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

Full Name of Committee/Person: MORE WILLIAMS FOR MAYOR

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

PLEASE PRINT/TYPE

1. Date Accepted <u>9.16</u>	4. Name (Last, First): <u>MORGAN DESIGN ASSOCIATES</u>
2. Contribution Amt. \$ <u>350-</u>	5. Address: <u>1055 Indian Peak Rd</u>
3. Aggregate Amt. * \$ <u>350-</u>	6. City/State/Zip: <u>Golden Co 80402</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>Interior Architecture</u>

1. Date Accepted <u>9.16</u>	4. Name (Last, First): <u>Pulliam, Wallace &amp; Juliann</u>
2. Contribution Amt. \$ <u>50-</u>	5. Address: <u>6622 Solvik Ct.</u>
3. Aggregate Amt. * \$ <u>50</u>	6. City/State/Zip: <u>Arundel, Co 80007</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. Date Accepted <u>9.26.11</u>	4. Name (Last, First): <u>ANKOVIAK, STANLEY</u>
2. Contribution Amt. \$ <u>50-</u>	5. Address: <u>12141 W. 32nd Drive</u>
3. Aggregate Amt. * \$ <u>50-</u>	6. City/State/Zip: <u>Wheat-Ridge, Co 80033</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Wastegrip</u>
	9. Occupation (if applicable, mandatory): <u>Waste Hauling Equipment</u>

1. Date Accepted <u>9/25/11</u>	4. Name (Last, First): <u>Dawkins, C.J.</u>
2. Contribution Amt. \$ <u>100-</u>	5. Address: <u>15128 W. 75th Place</u>
3. Aggregate Amt. * \$ <u>100-</u>	6. City/State/Zip: <u>Arundel, Co 80007</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Auxilium Pharmaceuticals</u>
	9. Occupation (if applicable, mandatory): <u>Account Manager</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 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> 10.1.11	4. Name (Last, First): <u>Davilio, ANGELA &amp; Louis</u>
2. <u>Contribution Amt.</u> \$ <u>150-</u>	5. Address: <u>8421 S. OAK ST.</u>
3. <u>Aggregate Amt. *</u> \$ <u>150-</u>	6. City/State/Zip: <u>LITTLETON, CO 80127</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>JACKSON COUNTY</u>
	9. Occupation (if applicable, mandatory): <u>ASSISTANT to D.A.</u>

1. <u>Date Accepted</u> 10/3	4. Name (Last, First): <u>Patterson, David</u>
2. <u>Contribution Amt.</u> \$ <u>350-</u>	5. Address: <u>3350 Perrin Suite 100</u>
3. <u>Aggregate Amt. *</u> \$ <u>350-</u>	6. City/State/Zip: <u>ARVOD, CO 80010</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>PAY PAL contribution.</u>
	8. Employer (if applicable, mandatory): <u>Rural Metro</u>
	9. Occupation (if applicable, mandatory): <u>Management</u>

1. <u>Date Accepted</u> 10/3	4. Name (Last, First): <u>Zenzinger, Rebel</u>
2. <u>Contribution Amt.</u> \$ <u>20-</u>	5. Address: <u>7725 Marshall St.</u>
3. <u>Aggregate Amt. *</u> \$ <u>40-</u>	6. City/State/Zip: <u>ARVOD, CO 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): <u>Arvoda</u>
	9. Occupation (if applicable, mandatory): <u>Council member</u>

1. <u>Date Accepted</u> 10/3	4. Name (Last, First): <u>Waste Management</u>
2. <u>Contribution Amt.</u> \$ <u>750-</u>	5. Address: <u>P.O. Box 3027</u>
3. <u>Aggregate Amt. *</u> \$ <u>750-</u>	6. City/State/Zip: <u>Houston, TX 77253</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>Waste Management &amp; Recycling</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> 10.3.11	4. Name (Last, First): <u>Stiez, Richard ? Gallagher, Lucky</u>
2. <u>Contribution Amt.</u> \$ 50-	5. Address: <u>P.O. Box 24157</u>
3. <u>Aggregate Amt. *</u> \$ 50-	6. City/State/Zip: <u>Silverthorne, Co 80497</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>Newslogist.</u>

1. <u>Date Accepted</u> 10.4.11	4. Name (Last, First): <u>Valente, Stephen</u>
2. <u>Contribution Amt.</u> \$ 100-	5. Address: <u>P.O. Box 7279</u>
3. <u>Aggregate Amt. *</u> \$ 100-	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>Retired</u>
	9. Occupation (if applicable, mandatory): _____

1. <u>Date Accepted</u> 10.5.11	4. Name (Last, First): <u>Perthar Candidate Political Action Committee</u>
2. <u>Contribution Amt.</u> \$ 750-	5. Address: <u>309 Inverness Way South</u>
3. <u>Aggregate Amt. *</u> \$ 750-	6. City/State/Zip: <u>Englewood Co 80112</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>check</u>
	8. Employer (if applicable, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>Perthar Assoc</u>

1. <u>Date Accepted</u> 10.6.11	4. Name (Last, First): <u>CRL ASSOCIATES, INC.</u>
2. <u>Contribution Amt.</u> \$ 250-	5. Address: <u>1625 Broadway Suite 700</u>
3. <u>Aggregate Amt. *</u> \$ 250-	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, mandatory): _____
	9. Occupation (if applicable, mandatory): <u>Government Affairs</u>

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

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

Full Name of Committee/Person: MARC WILKINSON FOR MAYOR

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 9.21.11	4. Name: <u>Jefferson County Republican Women</u>
2. <u>Amount</u> \$ 45.00	5. Address: <u>13952 Denver West Parkway</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Golden CO 80401</u>
	7. Purpose of Expenditure: <u>Event Charas</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 9.28.11	4. Name: <u>Visa - Bank of America</u>
2. <u>Amount</u> \$ 643.50	5. Address: <u>P.O. Box 15019</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>Wilmington, DE 19850</u>
	7. Purpose of Expenditure: <u>Campaign Events Expenses</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10.3.11	4. Name: <u>Pay Pal</u>
2. <u>Amount</u> \$ 10.45	5. Address: <u>Paypal.com</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Fee on Paypal Contribution</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 10.6.11	4. Name: <u>MARKEE D. ZECZ MARIANE</u>
2. <u>Amount</u> \$ 7234.92	5. Address: <u>6494 W. 51st 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 on Mailing</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