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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:	6989 PUPPY CT
City, State & Zip Code:	ARVADA, CO 80007
Committee Type:	INDIVIDUAL CANDIDATE
Name and Address of Financial Institution:	WELLS FARGO - 6330 McINTYRE WAY, ARVADA 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: 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)	\$ 10,577.79
2 Total Monetary Contributions (line 11)	\$ 3,600.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 14,177.79
4 Total Monetary Expenditures (line 19)	\$ 5,826.40
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 - line 4)	\$ 8,351.39

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: MARC WILLIAMS Date: _____

Print Candidate Name: _____

Candidates Signature: MARC WILLIAMS Date: 10.25.11

DETAILED SUMMARY

Full Name of Committee/Person: MACE William for mayor

Current Reporting Period: 10.11.11 Through 10.24.11

	Funds on hand at the beginning of reporting period (Monetary Only)	\$	10,577.79
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$	3600.00
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)	\$	3600.00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$	1700.00
13	Total Contributions (Line 11 + line 12)	\$	5300.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$	4126.40
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")	\$	1700.00
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$	N/A
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$	5826.40
20	Total Spending (Line 18 + line 19)	\$	5826.40

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

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

Full Name of Committee/Person: MARY WILLIAMS FOR MAYOR

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10.13.11	4. Name (Last, First): <u>STEWSON, GREG</u>
2. <u>Contribution Amt.</u> \$ 250-	5. Address: <u>17 TAMARAC DR.</u>
3. <u>Aggregate Amt. *</u> \$ 250-	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>self</u>
	9. Occupation (if applicable, mandatory): <u>Real Estate</u>

1. <u>Date Accepted</u> 10.13.11	4. Name (Last, First): <u>THREW, GEORGE</u>
2. <u>Contribution Amt.</u> \$ 250-	5. Address: <u>262 JACKSON ST</u>
3. <u>Aggregate Amt. *</u> \$ 250-	6. City/State/Zip: <u>DENVER, CO</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, mandatory): <u>MILE HIGH DEVELOPMENT</u>
	9. Occupation (if applicable, mandatory): <u>Real Estate</u>

1. <u>Date Accepted</u> 10.14.11	4. Name (Last, First): <u>KROTH, WILLIAM MARY</u>
2. <u>Contribution Amt.</u> \$ 50-	5. Address: <u>7380 TINA ST</u>
3. <u>Aggregate Amt. *</u> \$ 50-	6. City/State/Zip: <u>ARVOD, 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): <u>Former Area for Direct, Public Libraries</u>

1. <u>Date Accepted</u> 10.14.11	4. Name (Last, First): <u>METRO HUMAN CAPITAL</u>
2. <u>Contribution Amt.</u> \$ 500-	5. Address: <u>9033 E. EMERALD PLAZA, SUITE 200</u>
3. <u>Aggregate Amt. *</u> \$ 500-	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, mandatory): <u>Home BUILDERS ASSOC</u>
	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> 10.15.11	4. Name (Last, First): <u>Conerast</u>
2. <u>Contribution Amt.</u> \$ 750-	5. Address: <u>8000 E. I-ff Ave</u>
3. <u>Aggregate Amt. *</u> \$ 750-	6. City/State/Zip: <u>Denver, Co 80231</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>chuck</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>Cable Services</u>

1. <u>Date Accepted</u> 10.18.11	4. Name (Last, First): <u>Food City U.S.A.</u>
2. <u>Contribution Amt.</u> \$ 750-	5. Address: <u>4752 W. 60th Ave</u>
3. <u>Aggregate Amt. *</u> \$ 750-	6. City/State/Zip: <u>Arvuda, Co 80003</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>chuck</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 10.19.11	4. Name (Last, First): <u>MARTIN S Martin</u>
2. <u>Contribution Amt.</u> \$ 750-	5. Address: <u>12499 W. Colfax</u>
3. <u>Aggregate Amt. *</u> \$ 750-	6. City/State/Zip: <u>Lakewood, Co 80215</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>chuck</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): <u>Consulting Engineers</u>

1. <u>Date Accepted</u> 10.21.11	4. Name (Last, First): <u>Adon, John</u>
2. <u>Contribution Amt.</u> \$ 200-	5. Address: <u>4605 Balsam St</u>
3. <u>Aggregate Amt. *</u> \$	6. City/State/Zip: <u>Wheat Ridge, Co 80033</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>chuck</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>Jefferson County</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>County Commissioner</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> 10.18.11	4. Name (Last, First): <u>Shensey Steven</u>
2. <u>Contribution Amt.</u> \$ 100-	5. Address: <u>1509 S. York St.</u>
3. <u>Aggregate Amt. *</u> \$ 100-	6. City/State/Zip: <u>Denver Co 80210</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>Pay-Poc Contributor</u>
	8. Employer (if applicable, mandatory): <u>Retired</u>
	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): _____

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: Alfred Williams for Mayor

PLEASE PRINT/TYPE

1. Date Expended <u>10.18.11</u>	4. Name: <u>Johanna Cindy Carter</u>
2. Amount \$ <u>50-</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Computer Records</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10.20.11</u>	4. Name: <u>U.S. Postmaster</u>
2. Amount \$ <u>58-</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Stamps</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10.29.11</u>	4. Name: <u>Mastercard</u>
2. Amount \$ <u>28.88</u>	5. Address: _____
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: _____
	7. Purpose of Expenditure: <u>Post cards purchased at Office Depot</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10.29.11</u>	4. Name: <u>Market Direct Mailman</u>
2. Amount \$ <u>3987.12</u>	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>Postage on mailing</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. Date Expended <u>10.29.11</u>	4. Name: <u>Pay Pal</u>
2. Amount \$ <u>3.20</u>	5. Address: <u>Pay Pal. 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 Pay Pal Contribution</u>
	<input type="checkbox"/> Check box if Electioneering Communication

Statement of Non-Monetary Contributions
 [Art. XXVIII, Sec. 2(5)(a)(II)(III) & Sec. 5(3) & 1-45-108(1), C.R.S.]

Full Name of Committee/Person: Marc Williams For Mayor

PLEASE PRINT/TYPE

1. <u>Date Provided</u> 10.17.11	4. Name (Last, First): <u>TERRANON, TED</u>
2. <u>Fair Market Value</u> \$ 1700-	5. Address: <u>5373 Parker St</u>
3. <u>Aggregate Amt.</u> \$ 2450-	6. City/State/Zip: <u>Arundel, Co 80002</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>In kind donation of ARUNDEL PRESS ADS</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>AAARIC</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>Owner</u>
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

1. <u>Date Provided</u>	4. Name (Last, First): _____
2. <u>Fair Market Value</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>): _____
	10. <input type="checkbox"/> Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *

* Note: If coordinated, then contribution must also be reported as a non-monetary expenditure on Detailed Summary. Art. XXVIII, Sec. 2(9) states: "...Expenditures that are controlled by or coordinated with a candidate or candidate's agent are deemed to be both contributions by the maker of the expenditures, and expenditures by the candidate committee."

Schedule D – Returned Contributions & Expenditures

Full Name of Committee/Person: MARC WILLIAMS FOR MARIAN

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 10.17.11	4. Name (Last, First): <u>TERRANUM, TAD</u>
2. <u>Date Returned</u> 10.17.11	5. Address: <u>5373 PARDEE ST.</u>
3. <u>Amount</u> \$ 1700-	6. City/State/Zip: <u>ARMER, CO 80022</u>
	7. Purpose: <u>RETURN of IN-KIND Contribution for ADS</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): _____