



**DETAILED SUMMARY**

Full Name of Committee/Person: \_\_\_\_\_

Current Reporting Period:

Aug 01 2023

Through

Dec 12 2023

Funds on hand at the beginning of reporting period (Monetary Only)		\$
6	<b>Itemized Contributions \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ -100.00
7	<b>Total of Non-Itemized Contributions</b> (Contributions of \$19.99 and Less)	\$ 16.00
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)	\$ 116.00
12	<b>Total Non-Monetary Contributions</b> (From Statement of Non-Monetary Contributions)	\$ -0-
13	<b>Total Contributions</b> (Line 11 + line 12)	\$ 116.00
14	<b>Itemized Expenditures \$20 or More</b> [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 119.88
15	<b>Total of Non-Itemized Expenditures</b> (Expenditures of \$19.99 or Less)	\$ -0-
16	<b>Loan Repayments Made</b> (Please list on Schedule "C")	\$ -0-
17	<b>Returned Contributions (To donor)</b> (Please list on Schedule "D")	\$ -0-
18	<b>Total Coordinated Non-Monetary Expenditures</b> (Candidate/Candidate Committee & Political Parties only)	\$ -0-
19	<b>Total Monetary Expenditures</b> (Total of lines 14 through 17)	\$ 119.88
20	<b>Total Spending</b> (Line 18 + line 19)	\$ 119.88

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

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

Full Name of Committee/Person: William Scott Shilling

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

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> <u>Sep 28 2023</u>	4. Name (Last, First): <u>Mary Mont</u>
2. <u>Contribution Amt.</u> \$ <u>100</u>	5. Address: _____
3. <u>Aggregate Amt. *</u> \$ <u>100</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> ): _____

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: William Scott Shilling

PLEASE PRINT/TYPE

1. <u>Date Expended</u> <u>08/21/2023</u>	4. Name: <u>GoDaddy</u>
2. <u>Amount</u> <u>\$ 119.88</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>Website Fee</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

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

**Schedule C - Loans**

Full Name of Committee/Person:

William Scott Shilling

**LOANS - Loans Owed by the Committee**

(Use a separate schedule for each loan. This form is for line item 8 and 16 of the Detailed Summary Report.)  
[No information copied from such reports shall be sold or used by any person for the purpose of soliciting contributions or for any commercial purpose. [Art. XXVIII, Sec. 9(e)] Notwithstanding any other section of this article to the contrary, a candidate's candidate committee may receive a loan from a financial institution organized under state or federal law if the loan bears the usual and customary interest rate, is made on a basis that assures repayment, is evidenced by a written instrument, and is subject to a due date or amortization schedule [Art. XXVIII, Sec. 3(8)]

**LOAN SOURCE**

Name (Last, First or Institution):

NA

Address:

City/State/Zip:

Original Amount of Loan: \$

Interest Rate:

Loan Amount Received This Reporting Period: \$

Total of All Loans This Reporting Period: \$

(Place on line 8 of Detailed Summary Report)

Principal Amount Paid This Reporting Period: \$

Interest Amount Paid This Reporting Period: \$

Amount Repaid This Reporting Period: \$

(Amount Repaid is sum of Principal & Interest entered on Detail Summary)

Total Repayments Made: \$

(Sum of Schedule C pages, Place on line 16 of Detailed Summary)

Outstanding Balance: \$

TERMS OF LOAN:

Date Loan Received

Due Date for Final Payment

**LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN**

Full Name	Address, City, State, Zip	Amount Guaranteed
/	/	/
/	/	/
/	/	/
/	/	/

**Schedule D – Returned Contributions & Expenditures**

Full Name of Committee/Person: \_\_\_\_\_

**Returned Contributions**

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

**PLEASE PRINT/TYPE**

1. <u>Date Accepted</u>	4. Name (Last, First): _____ 5. Address: _____ 6. City/State/Zip: _____ 7. Purpose: _____
2. <u>Date Returned</u>	
3. <u>Amount</u>	
\$	

1. <u>Date Accepted</u>	4. Name (Last, First): _____ 5. Address: _____ 6. City/State/Zip: _____ 7. Purpose: _____
2. <u>Date Returned</u>	
3. <u>Amount</u>	
\$	

**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): _____ 5. Address: _____ 6. City/State/Zip: _____ 7. Comment (Optional): _____
2. <u>Date Returned</u>	
3. <u>Amount</u>	
\$	

1. <u>Date Expended</u>	4. Name (Last, First): _____ 5. Address: _____ 6. City/State/Zip: _____ 7. Comment (Optional): _____
2. <u>Date Returned</u>	
3. <u>Amount</u>	
\$	

**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: William Scott Shilling

PLEASE PRINT/TYPE

1. <u>Date Provided</u>	4. Name (Last, First): <u>NA</u>
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. *

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: William Scott Shilling

**Returned Contributions**

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

N A

PLEASE PRINT/TYPE

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: _____

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): _____



Renewal receipt for order #2692874896.

GoDaddy <donotreply@godaddy.com>

Mon 8/21/2023 6:53 AM

To:Brad Shilling <brad@workweb.io>

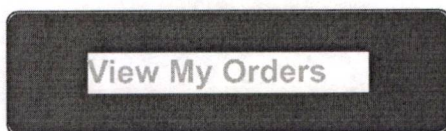


Need help? [Contact us.](#)  
Customer Number: 96612163

**✔ Renewal Success!**

## Sign in to see what's new.

Product	Quantity	Term	Price
Websites + Marketing Basic Renewal <a href="http://electscottshilling.com">electscottshilling.com</a>	1 Plan	1 Year	\$119.88
Subtotal:			\$119.88
Tax:			\$0.00
Total:			\$119.88



We have billed your AMEX card ending with the last two digits: 10 for the amount of \$119.88.

To review all your products and services, [sign in to your account.](#)

If your products are on a 1 month subscription term, they will automatically renew next month at the same price listed here, unless otherwise indicated.