Colorado Secretary of State
Elections Division
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Space Below For Office Use Only

DEC 12 2023

REPORT OF CONTRIBUTIONS AND EXPENDITURITY Clerk's Office

	(1-45-108, C.R.S.)	City of Westminster
Full Name of Committee/Person:	William Scott S	
Address of Committee/Person:	As Shown On Registration	hilling
City, State & Zip Code:	11656 Decatur)r
Committee Type:	Westminster CO	80234
Name and Address of Financial	Election	
Institution	1st Bank 5130 12120	th Ave Rosenfield 8000
SOS ID NUMBER	(state and county committees):	Ave Broomtield 8000
Type of Report	INB	
Regularly Scheduled Filing		
Amended Filing. This amends Submit changes or new information	previous report filed on (date)	
4 1	ation Reports MUST Have a Monetary Balance of	
Check this how if this D	Reports 191031 Have a Monetary Balance of	FZero in Line 5)
Check this box if this Report	Contains Electioneering Communication	ns Information
Reporting Period Covered: Declared Total Spending (if applied [Art. XXVIII, Sec. 4(1)]	Through Date \$ 119.88	Date
Funds on Hand at the Beginning of	f Reporting Period	Totals Detailed Summary Page
2 Total Molicial y Contributions /line	11)	\$ -0 -
3 Total of Monetary Contributions &	Beginning Amount ding 1 . 1. 2	\$ 116.00
- Total Modelary Expenditures fline	(0)	\$ 116.00
5 Funds on Hand at the End of Report	rting Period (monetary) (line 3 – line 4)	\$ -3.88
The appropriate officer shal	Il impose a penalty of \$50 per day for each [Art. XXVIII Sec. 10(2)(a)]	day that a report is filed late.
penalty of perjury, that to the best of my including any contributions received in t permissible sources.	either the Registered Agent OR the Candidate): I knowledge or belief all contributions receive the form of membership dues transferred by a	hereby certify and declare, under d during this reporting period, membership organization, are from
Print Registered Agent's Name:	Jillian, Sest Shill	ling
Registered Agent's Signature:	2 Sept Stilly.	Date: 12/12/2023
Print Candidate Name:	am Scott Shilling	
Candidates Signature:	At Stulling	Date: 12/12/2023
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DETAILED SUMMARY

Full Name of Committee/Person:

Current Reporting Period: Through Thro

	Current Reporting Period: Any 01 2023	Through Dec 12 2023
Fu	nds on hand at the beginning of reporting period (Monetary Only)	\$
6	Itemized Contributions \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "A")	\$ -100.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 16.00
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)	\$ //6,00
12	Total Non-Monetary Contributions (From Statement of Non-Monetary Contributions)	\$ _0-
13	Total Contributions (Line 11 + line 12)	\$ 116.00
14	Itemized Expenditures \$20 or More [C.R.S. 1-45-108(1)(a)] (Please list on Schedule "B")	\$ 119.88
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")	\$ - D-
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ - 0-
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 119.88
20	Total Spending (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: WARNING: Please read the instruction page for Schedule "A" before completing! PLEASE PRINT/TYPE 1. Date Accepted 4. Name (Last, First): Mary Con 024 2023 2. Contribution Amt. 5. Address: 6. City/State/Zip: 3. Aggregate Amt. 7. Description: __ 8. Employer (if applicable, mandatory): ☐ Check box if Electioneering Occupation (if applicable, mandatory): ____ Communication 1. Date Accepted 4. Name (Last, First): 2. Contribution Amt. Address: 6. City/State/Zip: 3. Aggregate Amt. * 7. Description: ____ 8. Employer (if applicable, mandatory): ☐ Check box if 9. Occupation (if applicable, mandatory): Electioneering Communication 1. Date Accepted 4. Name (Last, First): 2. Contribution Amt. Address: 6. City/State/Zip: 3. Aggregate Amt. * 7. Description: 8. Employer (if applicable, mandatory): Check box if Occupation (if applicable, mandatory): Electioneering Communication I. Date Accepted 4. Name (Last, First): 2. Contribution Amt. Address: 6. City/State/Zip: 3. Aggregate Amt. * 7. Description: _____ 8. Employer (if applicable, mandatory): ☐ Check box if 9. Occupation (if applicable, mandatory): Electioneering

* 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).

Communication

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

Full Name of Comm	ittee/Person: William Scatt Shilling		
PLEASE PRINT/TYPE	intel/Person: William Des ITO halling		
1. Date Expended			
08/21/2020	4. Name: Go Daddy		
2. Amount	5. Address:		
\$ 119.85 3.Recipient is (optional)	6. City/State/Zip:		
☐ Committee	Committee 7. Purpose of Expenditure. 1		
Non-Committee	☐ Check box if Electioneering Communication		
1. Date Expended	4. Name:		
2. Amount	5. Address:		
3. Recipient is (optional):			
Committee Non-Committee	7. Purpose of Expenditure:		
	☐ Check box if Electioneering Communication		
Date Expended	4. Name:		
2. Amount	5. Address:		
\$ 3.Recipient is (optional):	6. City/State/Zip:		
Committee	7. Purpose of Expenditure:		
☐ Non-Committee	☐ Check box if Electioneering Communication		
Date Expended	4. Name:		
2. Amount	5. Address:		
\$ 3.Recipient is (optional):	6. City/State/Zip:		
Committee	7. Purpose of Expenditure:		
	☐ Check box if Electioneering Communication		
1. Date Expended	4. Name:		
2. Amount	5. Address:		
Committee	6. City/State/Zip: 7. Purpose of Expenditure:		
☐ Non-Committee	7. Purpose of Expenditure: Check box if Electioneering Communication		

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Schedule C - Loans

Full Name of Committee/Person: 1 Jonu Scott Shi

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 Instit	tution): DA		
Address:			
			it Rate:
Loan Amount Received	l This Reporting Period: \$		Total of All Loans This Reporting Period; \$
Principal Amount Paid	This Reporting Period: \$		Campa on the of the period summary Report
Interest Amount Paid T	his Reporting Period: \$_		
Amount Repaid This R (Amount Repaid is sum of Princ	eporting Period: \$_ cipal & Interest entered on Detail Su	mmary)	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

	nmittee/Person:
(Pre	Returned Contributions viously reported on Schedule A – Contributions accepted and then returned to donors)
PLEASE PRINT/TY	PE
1. Date Accepted	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
1. Date Accepted	
_	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
LEASE PRINT/TYPE	Returned Expenditures usly reported on Schedule B – Expenditures returned or refunded to the committee)
LEASE PRINT/TYPE	assy reported on Schedule B – Expenditures returned or refunded to the committee)
LEASE PRINT/TYPE 1. <u>Date Expended</u>	4. Name (Last, First): 5. Address:
LEASE PRINT/TYPE 1. Date Expended 2. Date Returned	4. Name (Last, First):
LEASE PRINT/TYPE 1. Date Expended 2. Date Returned 3. Amount	4. Name (Last, First): 5. Address: 6. City/State/Zip:
LEASE PRINT/TYPE 1. Date Expended 2. Date Returned 3. Amount	4. Name (Last, First): 5. Address: 6. City/State/Zip: 7. Comment (Optional):
(Previous) LEASE PRINT/TYPE 1. Date Expended 2. Date Returned 3. Amount 5. Date Expended 4. Date Returned	4. Name (Last, First): 5. Address: 6. City/State/Zip:
LEASE PRINT/IYPE 1. Date Expended 2. Date Returned 3. Amount 6. Date Expended	4. Name (Last, First): 6. City/State/Zip: 7. Comment (Optional): 4. Name (Last, First): 4. Name (Last, First):

Colorado Secretary of State Form Rev. 12/09

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 Con	amittee/Person: William Scott Shilling
PLEASE PRINT/TYPE	
1. <u>Date Provided</u>	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10. Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. Date Provided	
	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10. ☐ Check box if Coordinated with a Candidate/Candidate Committee or Political Party. *
1. Date Provided	
	4. Name (Last, First):
2. Fair Market Value	5. Address:
\$	6. City/State/Zip:
3. Aggregate Amt.	7. Description:
\$	8. Employer (if applicable, mandatory):
Check box if Electioneering	9. Occupation (if applicable, mandatory):
Communication	10. 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:

4. Name (Last, First):

PLEASE PRINT/TYPE 1. Date Accepted

Returned Contributions

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

2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
1 Data Assess 1	
Date Accepted	4. Name (Last, First):
2. Date Returned	5. Address:
3. Amount	6. City/State/Zip:
\$	7. Purpose:
PLEASE PRINT/TYPE	Returned Expenditures reported on Schedule B – Expenditures returned or refunded to the committee)
Date Expended	4. Name (Last Einst)
2. Date Returned	4. Name (Last, First): 5. Address:
3. Amount	6. City/State/Zip:
\$	7. Comment (Optional):
- Dispositore	4. Name (Last, First):
2. Date Returned	5. Address:
	5. City/State/Zip:
\$ 7	7. Comment (Optional):

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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 electscottshilling.com	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.