

Town of Timnath
 4750 Signal Tree Drive
 Timnath, CO 80547
 Ph: (970) 224-3211
 Fax: (970) 224-3218
 mpeters@timnathgov.com



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person:	Vote For Bill/William Michael Jenkins
	<small>As Shown On Registration</small>
Address of Committee/Person:	5507 Sugar Loaf Court
City, State & Zip Code:	Timnath, CO 80547
Committee Type:	candidate
Name and Address of Financial Institution	1 st Bank 1510 Main St., Windsor, CO 80550

Type of Report

- Regularly Scheduled Filing.
 60 days before election
 15 days before election
 30 days before election
 30 days after Election

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: 3/3/24 Date Through 3/18/24 Date

Declared Total Spending (if applicable) \$

	Totals Detailed Summary Page
1 Funds on Hand at the Beginning of Reporting Period (monetary only)	\$ 1171.75
2 Total Monetary Contributions (line 11)	\$ 3510.00
3 Total of Monetary Contributions & Beginning Amount (line 1 + line 2)	\$ 4681.75
4 Total Monetary Expenditures (line 19)	\$ 2739.54
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4)	\$ 1942.21

The appropriate officer shall impose a penalty of \$50 per day for each day that a report is filed late.

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: William Michael Jenkins

Registered Agent's Signature: William Michael Jenkins Date: 3/18/24

DETAILED SUMMARY

Full Name of Committee/Person: VOTE FOR Bill/William Michael JENKINS

Current Reporting Period: 3/3/24 Through 3/18/24

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 1171.75
6	Itemized Contributions \$20 or More	\$ 3500.00
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 10.00
8	Loans Received	\$ 0
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient)	\$ 0
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 3510.00
12	Total Non-Monetary Contributions	\$ 0
13	Total Contributions (Line 11 + line 12)	\$ 3510.00
14	Itemized Expenditures \$20 or More	\$ 2739.54
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	\$ 0
16	Loan Repayments Made	\$ 0
17	Returned Contributions (To donor)	\$ 0
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 2739.54
20	Total Spending (Line 18 + line 19)	\$ 2739.54

Itemized Contributions Statement (\$20 or more)

Full Name of Committee/Person: Vote For Bill/William Michael Jenkins

PLEASE PRINT/TYPE

1. <u>Date Accepted</u> 3/5/24	4. Name (Last, First): <u>OSBORN, DAVID</u>
2. <u>Contribution Amt.</u> \$ <u>1250.00</u>	5. Address: <u>3577 DORSHIRE LANE</u>
3. <u>Aggregate Amt. *</u> \$ <u>1250.00</u>	6. City/State/Zip: <u>TIMNATH, CO 80547</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</u>

1. <u>Date Accepted</u> 3/5/24	4. Name (Last, First): <u>OSBORN, GRETCHEN</u>
2. <u>Contribution Amt.</u> \$ <u>1250.00</u>	5. Address: <u>3577 DORSHIRE LANE</u>
3. <u>Aggregate Amt. *</u> \$ <u>1250.00</u>	6. City/State/Zip: <u>TIMNATH, CO 80547</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u>): _____
	9. Occupation (if applicable, <u>mandatory</u>): _____

1. <u>Date Accepted</u> 3/15/24	4. Name (Last, First): <u>DEVEREAUX, DEBRA</u>
2. <u>Contribution Amt.</u> \$ <u>1000.00</u>	5. Address: <u>6603 RIDGELINE DR.</u>
3. <u>Aggregate Amt. *</u> \$ <u>1000.00</u>	6. City/State/Zip: <u>TIMNATH, CO 80547</u>
<input type="checkbox"/> Check box if Electioneering Communication	7. Description: <u>CHECK</u>
	8. Employer (if applicable, <u>mandatory</u>): <u>RETIRED</u>
	9. Occupation (if applicable, <u>mandatory</u>): <u>RETIRED</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>): _____

Itemized Expenditures Statement (\$20 or more)

Full Name of Committee/Person: VOTE FOR BILL / William Michael Jenkins

PLEASE PRINT/TYPE

1. <u>Date Expended</u> 3/3/24	4. Name: <u>META FOR BUSINESS</u>
2. <u>Amount</u> \$ 125.00	5. Address: <u>1 HACKER WAY</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>MENLO PARK, CA 94025</u>
	7. Purpose of Expenditure: <u>FACEBOOK ADS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 3/4/24	4. Name: <u>MINUTEMAN PRESS</u>
2. <u>Amount</u> \$ 537.75	5. Address: <u>755 S. LEMAY AVE, STE. D4</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>FT. COLLINS, CO 80524</u>
	7. Purpose of Expenditure: <u>FLYERS</u>
	<input type="checkbox"/> Check box if Electioneering Communication

1. <u>Date Expended</u> 3/14/24	4. Name: <u>MINUTEMAN PRESS</u>
2. <u>Amount</u> \$ 2076.79	5. Address: <u>755 S. LEMAY AVE, STE D4</u>
3. Recipient is (optional): <input type="checkbox"/> Committee <input type="checkbox"/> Non-Committee	6. City/State/Zip: <u>FT. COLLINS, CO 80524</u>
	7. Purpose of Expenditure: <u>POSTCARDS / EDM 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

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