Town of Timnath 4750 Signal Tree Drive Timnath, CO 80547 (970) 224-3211 (970) 224-3218 Ph:

mpeters@timnathgov.com



REPORT OF CONTRIBUTIONS AND EXPENDITURES

Full Name of Committee/Person:	Vote For Bill/William Michael Jenkins			
	As Shown On Registration			
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 Submit changes or new information	* ' '			
Termination Report. (Termin	nation Reports MUST Have a Monetary Balance of Zero in Line 5)			
Check this box if this Repor	t Contains Electioneering Communications Information			
Reporting Period Covered: Declared Total Spending (if appl	3/18/24 Through 5/2/24 icable) \$			
	Totals Detailed Summary Page			
1 Funds on Hand at the Beginning				
2 Total Monetary Contributions (lin				
	& Beginning Amount (line 1 + line 2) \$ 3594,14			
4 Total Monetary Expenditures (line 19) \$ 3594, 14				
5 Funds on Hand at the End of Reporting Period (monetary) (line 3 – line 4) \$				
The appropriate officer sh	all impose a penalty of \$50 per day for each day that a report is filed late.			
penalty of perjury, that to the best of n	w either the Registered Agent OR the Candidate): I hereby certify and declare, under my knowledge or belief all contributions received during this reporting period, in the form of membership dues transferred by a membership organization, are from			
Print Registered Agent's Name:	William Michael Jenkins			
Registered Agent's Signature:	William Michael Jenkins Date: 4/29/24			

DETAILED SUMMARY

Full Name of Committee/Person: Vote FOR Bill / William Michael Jenking

Current Reporting Period:

Through 5/2/24

Funds on hand at the beginning of reporting period (Monetary Only)		\$ 1942,21
6	Itemized Contributions \$20 or More	\$ \$ 1651,93
7	Total of Non-Itemized Contributions (Contributions of \$19.99 and Less)	\$ 0
8	Loans Received	\$ <i>O</i>
9	Total of Other Receipts (Interest, Dividends, etc.)	\$ 0
10	Returned Expenditures (from recipient)	\$ -
11	Total Monetary Contributions (Total of lines 6 through 10)	\$ 6
12	Total Non-Monetary Contributions	\$ 6
13	Total Contributions (Line 11 + line 12)	s 1651,93
14	Itemized Expenditures \$20 or More	\$ 1594,14
15	Total of Non-Itemized Expenditures (Expenditures of \$19.99 or Less)	s 0
16	Loan Repayments Made	\$ 2000.00
17	Returned Contributions (To donor)	\$ 6
18	Total Coordinated Non-Monetary Expenditures (Candidate/Candidate Committee & Political Parties only)	\$ 0
19	Total Monetary Expenditures (Total of lines 14 through 17)	\$ 3594,14
20	Total Spending (Line 18 + line 19)	\$ 3594,14

Itemized Contributions Statement (\$20 or more)

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

PLEASE PRINT/I	TYPE
1. <u>Date Accepted</u> 4/29/2 4 2. <u>Contribution Amt.</u>	4. Name (Last, First): JENKINS, WILLIAM 5. Address: S507 SugAR LOAF CT
\$ 1651,93 3. Aggregate Amt. * \$ 1851,93	6. City/State/Zip: T, M NATh CO 80547 7. Description: CASh DONATION
Check box if Electioneering Communication	8. Employer (if applicable, mandatory): ReTine 9. Occupation (if applicable, mandatory): ReTined
1. Date Accepted	4. Name (Last, First):
2. Contribution Amt.	5. Address:
3. Aggregate Amt. *	7. Description: 8. Employer (if applicable, mandatory):
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First):
2. Contribution Amt.	5. Address:
3. Aggregate Amt. *	7. Description:
Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):
1. Date Accepted	4. Name (Last, First):
2. Contribution Amt. \$	5. Address:
3. Aggregate Amt. * \$	7. Description:
☐ Check box if Electioneering Communication	9. Occupation (if applicable, mandatory):

Itemized Expenditures Statement (\$20 or more)

Full Name of Committee	DelPerson: VOTE FOR BILL WILLIAM Michael Jenkins
PLEASE PRINT/TYPE 1. Date Expended	
3/24/24	4. Name: META FOR BUSINESS
2. Amount	5. Address: 1 HACKER WAY
\$ 80,24 3.Recipient is (optional):	6. City/State/Zip: MeNIO PARK CH 94025
Committee	7. Purpose of Expenditure: FACE book Ad 5
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name: CONSTANT CONTACT
3/18/24 2. <u>Amount</u>	5. Address: 1601 TRAPELO Rd, STE 329
\$ 35,00 3.Recipient is (optional):	6. City/State/Zip: WA/THAM, MA 0245/
Committee	7. Purpose of Expenditure: enHil/control service
Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name: META FOR BUSINES 5
2. Amount	5. Address: 1 HACKER WAY
\$ 13,59	6. City/State/Zip: MeIU/O PANK, CA94025
3.Recipient is (optional): Committee	7. Purpose of Expenditure: FACEBOOK Ad 5
☐ Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended	4. Name: META FOR BUSINESS
2. <u>Amount</u>	5. Address: 1 HACKER WAY
\$ 107,73 3.Recipient is (optional):	6. City/State/Zip: MeNO PARK, CA 94025
Committee	7. Purpose of Expenditure: FACEBOOK ADS
Non-Committee	☐ Check box if Electioneering Communication
1. Date Expended 4/1/24	4. Name: SARATOGA STRATEGIES
2. Amount	5. Address: 1150 GA/AGAPAGOST, #119
\$ 1357,58 3.Recipient is (optional):	6. City/State/Zip: Denver CD 80204
Committee	7. Purpose of Expenditure: Text Messiging Services
☐ Non-Committee	☐ Check box if Electioneering Communication

Loans

Name of Committee/Person: VOTE FOR Bill / William Michae	_ [J.
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 R	eport.
AN SOURCE	
(Last, First or Institution): <u>Senkins</u> , william	
5507 SUGAR LOAK CT	

Original Amount of Loan: \$ 2000,00	Interest Rate:
Loan Amount Received This Reporting Period: \$	Total of All Loans This Reporting Period: \$(Place on line 8 of Detailed Summary Report)
D: : 14	100

Principal Amount Paid This Reporting Period: \$_\(^2\mu\)OOO,O

Interest Amount Paid This Reporting Period: \$______

City/State/Zip:

Amount Repaid This Reporting Period: \$ 2000 Cotal Repayments Made: \$ 2000 CO (Amount Repaid is sum of Principal & Interest entered on Detail Summary) (Place on line 16 of Detailed Summary)

Outstanding Balance: \$

TERMS OF LOAN: 2/15/24

Due Pate for Final Payment

LIST ALL ENDORSERS OR GUARANTORS OF THIS LOAN

Address, City, State, Zip	Amount Guaranteed
	Address, City, State, Zip