



RECEIVED
By Lisa Anderson at 3:21 pm, Oct 22, 2021

REPORT OF CONTRIBUTIONS AND EXPENDITURES

Reports are due to the Town Clerk by 5pm on the scheduled reporting date with receipts.

All contributions, contributions in kind, loans, and expenditures be reported on the forms provided by the Town Clerk.

CANDIDATE OR COMMITTEE NAME:

Registered Agent:
Phone Number:
Email Address:
Committee Type: Candidate Committee Issue Committee
Name of Committee's Bank:

- Regularly Scheduled Filing
Amended Filing. This amends previous report filed on
Termination Report (Termination Reports MUST Have a Zero Balance)

REPORTING PERIOD - Beginning Date: Ending Date:

Table with 3 columns: Description, Amount (\$), and Notes. Rows include BEGINNING BALANCE, Contributions (+), Contributions In Kind (+), Loans (+), Expenditures/Expenditures In-Kind (-), and ENDING BALANCE. A red note states 'Totals must match attached detailed reports.'

I hereby certify that to the best of my knowledge and belief all contributions received and all expenditures made during this reporting period are accurately reflected in this report.

Registered Agent's Name:

Registered Agent's Signature: [Signature] Date:

If Applicable

Candidate Name:

Candidates Signature: Date:

Detailed Report of CONTRIBUTIONS

(For funds spent by the Candidate, list as a Contribution and also list amount under Expenditure)

Name of Committee: _____

<u>Date Accepted:</u> _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____
<u>Date Accepted:</u> _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____
<u>Date Accepted:</u> \$ _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____
<u>Date Accepted:</u> _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____
<u>Date Accepted:</u> _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____
<u>Date Accepted:</u> _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____
<u>Date Accepted:</u> _____ Amount: \$ _____	NAME (First, Last): _____ Address: _____ City/State/Zip: _____

Detailed Report of EXPENDITURES

(Also list In-Kind Contributions, money spent by the Candidate, bank and electronic payment fees, etc.)

Name of Committee: _____

<u>Date Expended:</u> _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____
<u>Date Expended:</u> _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____
<u>Date Expended:</u> _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____
<u>Date Expended:</u> _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____

~ATTACH RECEIPTS FOR EXPENDITURES OVER \$100~

Detailed Report of CONTRIBUTIONS IN KIND

(Record Value of an In-Kind Contributions under Expenditures)

Name of Committee: _____

<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____ Estimated Value: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____

Detailed Report of LOANS

Name of Committee: _____

<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____



Receipt for Fire Fighters for a Safer Castle Rock (Account ID: 412026747103270)

Summary

AMOUNT BILLED

\$125.00 USD

DATE RANGE

Oct 13, 2021, 12:00 AM - Oct 15, 2021, 1:46 PM

PRODUCT TYPE

Facebook Ads

BILLING REASON

You're being billed because you reached your \$125.00 payment threshold.

PAYMENT METHOD

PayPal Account

CAMPAIGN	RESULTS	AMOUNT
101121 - 110221 - CR Ads	10,305 Impressions	\$125.00
TOTAL		\$125.00

Detailed Report

CAMPAIGN	RESULTS	AMOUNT
101121 - 110221 - CR Ads		
Castle Rock City	8,103	\$97.69
Castle Rock Targeted List KG	2,202	\$27.31

10,305
Impressions

\$125.00

Transaction ID: 4169417493168913-8419531

Thanks,
The Facebook Ads Team

[Manage Your Ads](#)

[See Full Receipt](#)

[email notification settings](#)

[get help](#)



Receipt for Fire Fighters for a Safer Castle Rock (Account ID: 412026747103270)

Summary

AMOUNT BILLED

\$14.38 USD

DATE RANGE

Oct 11, 2021, 12:00 AM - Oct 11, 2021, 11:59 PM

PRODUCT TYPE

Facebook Ads

BILLING REASON

You made this manual payment.

PAYMENT METHOD

PayPal Account

CAMPAIGN	RESULTS	AMOUNT
101121 - 110221 - CR Ads	1,555 Impressions	\$14.38
TOTAL		\$14.38

Detailed Report

CAMPAIGN	RESULTS	AMOUNT
101121 - 110221 - CR Ads		
Castle Rock Targeted List KG	53	\$0.52
Castle Rock City	1,502	\$13.86
	1,555 Impressions	\$14.38

impressions

Transaction ID: [4290090614434932-8401347](#)

Thanks,
The Facebook Ads Team

[Manage Your Ads](#)

[See Full Receipt](#)

[email notification settings](#)

[get help](#)



You sent a payment of \$125.00 USD to Facebook

It may take a few moments for this transaction to appear in your account.

Transaction ID

[9SX28758VY222491W](#)

Transaction date

Oct 15, 2021 14:46:45 CDT

Merchant

Facebook

<https://www.facebook.com/help/contact/1998316600435522>

Instructions to merchant

You haven't entered any instructions.

Invoice ID

P4169417493168913

Description	Unit price	Qty	Amount
Facebook Ads	\$125.00 USD	1	\$125.00 USD

Subtotal \$125.00 USD

Total \$125.00 USD

Payment \$125.00 USD

Charge will appear on your credit card statement as "PP*FACEBOOK
FACEBOOK AD"

Funding Sources Used (Total)

\$125.00 USD

Issues with this transaction?

You have 180 days from the date of the transaction to open a dispute in the Resolution Center.



[Help & Contact](#) | [Security](#) | [Apps](#)



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PayPal RT000016:en_US(en-US):1.1.0:f0619896ce729



Receipt from StackAdapt Inc.

Receipt #1588-1760

AMOUNT PAID

\$4,000.00

DATE PAID

October 12, 2021

VISA

SUMMARY

Funds Added to Account

\$4,000.00

Amount charged

\$4,000.00

If you have any questions, contact us at billing@stackadapt.com
or call at +16474002568.

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