



RECEIVED
By Lisa Anderson at 8:04 am, Oct 13, 2020

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:

Robert Wade For Town Council

Registered Agent: Erin Wade

Phone Number: 469-222-2340

Email Address: erinwade8@gmail.com

Committee Type: Candidate Committee Issue Committee

Name of Committee's Bank: wade for council

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

REPORTING PERIOD - Beginning Date: 9/28/2020 Ending Date: 10/8/2020

Table with 2 columns: Description and Amount. Rows include BEGINNING BALANCE (\$15.00), Contributions (+) (\$28.84), Contributions In Kind (+) (\$), Loans (+) (\$), Expenditures/Expenditures In-Kind (-) (\$28.84), and ENDING BALANCE (\$15.00).

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: Erin Wade

Registered Agent's Signature: [Signature] Date: 10/12/2020

If Applicable

Candidate Name: Robert Wade

Candidates Signature: [Signature] Date: 10/12/20

Detailed Report of CONTRIBUTIONS

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

Name of Committee: Robert Wade for Town Council

<u>Date Accepted:</u> 10/1/2020 Amount: \$ 28.84	NAME (First, Last): <u>Erin Wade</u> Address: <u>3431 Running Deer Dr.</u> City/State/Zip: <u>Castle Rock, CO 80109</u>
<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: Robert Wade for Town Council

Date Expended: <u>10/1/20</u>	PAYABLE TO: <u>Erin Wade</u>
Amount: \$ <u>28.84</u>	Address: <u>3431 Running Deer Dr.</u>
	City/State/Zip: <u>Castle Rock, CO 80109</u>
	Purpose/Description: <u>Facebook advertisements</u>
Date Expended: _____	PAYABLE TO: _____
Amount: \$ _____	Address: _____
	City/State/Zip: _____
	Purpose/Description: _____
Date Expended: _____	PAYABLE TO: _____
Amount: \$ _____	Address: _____
	City/State/Zip: _____
	Purpose/Description: _____
Date Expended: _____	PAYABLE TO: _____
Amount: \$ _____	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: Robert Wade for Town Council

<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>Social Media advertising/boosting for September and October 2020</u> _____
<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: _____