CAMPAIGN REPORT



Full Name of Committee: (as shown on Committee Registration Form)	Vote Wade Troxell Mayoral Committee 2019			
Name of Candidate (or NA): (if not reflected in Committee name)	Wade Troxell			
Type of Report:				
Regularly Scheduled F	iling			
35 days before election 21 days before election 14 days before election Friday (noon) before election		35 days after 70 days after Annual filing		· last report)
Amended Filing, replace	ing prior report dated:			
		Use due	date of report be	eing amended
X Termination Report (Te Reporting Period Covered:	rmination Reports MUST Have a Moneta 4/1/2020 date	ary Balance of Zero	o in Line 5 Below) 2/28/2 dat	
	(start with day following end of last report)		(end 2 days be	
	,		(end 2 days be	fore date due)
	,		(end 2 days be	
1 Funds on Hand at Beginning of	end of last report)		(end 2 days be	fore date due) rting For
Funds on Hand at Beginning of Total Monetary Contributions (li	end of last report) Reporting Period (monetary)		Report Currer	rting For nt Period 9,964.75
2 Total Monetary Contributions (li 3 Total of Monetary Contributions	end of last report) Reporting Period (monetary) ne 7 on Detailed Summary) s & Beginning Amount (line 1+ line)	ne 2)	Report Currer \$	rting For nt Period 9,964.75 - 9,964.75
 Total Monetary Contributions (li Total of Monetary Contributions Total Monetary Expenditures (lin 	end of last report) Reporting Period (monetary) ne 7 on Detailed Summary) s & Beginning Amount (line 1+ line 15 on Detailed Summary)		Report Currer \$ \$ \$ \$	rting For nt Period 9,964.75
2 Total Monetary Contributions (li 3 Total of Monetary Contributions	end of last report) Reporting Period (monetary) ne 7 on Detailed Summary) s & Beginning Amount (line 1+ line 15 on Detailed Summary)		Report Currer \$	rting For nt Period 9,964.75 - 9,964.75
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2 Total Monetary Contributions (li 3 Total of Monetary Contributions 4 Total Monetary Expenditures (lir 5 Funds on Hand at End of Report I certify to the best of my knowled false, erroneous or incomplete info of the City Code. Printed Name: Gavin Kaszy	end of last report) Reporting Period (monetary) ne 7 on Detailed Summary) S & Beginning Amount (line 1+ line 15 on Detailed Summary) rting Period (monetary) (line 3 - line of the second seco	4) correct filing. I	Report Currer \$ \$ \$ \$ understand the	rting For nt Period 9,964.75 - 9,964.75 9,964.75 - submission of oter 7, Article V



Detailed Summary

Funds on hand at beginning of reporting period (monetary): \$ 9,964.75

		Reporting For Current Period
1	Contributions (monetary contributions and loans)	\$ -
2	Other Receipts (interest, dividends, refunds, rebates, etc.)	\$ -
3	Total Monetary Contributions	\$ -
4	Contributions In Kind (non-monetary contributions)	\$ -
5	Total Contributions	\$ -
6	Expenditures/Obligations	\$ 10,064.75
7	Contributions Returned	\$ (100.00)
8	Total Monetary Expenditures	\$ 9,964.75

Oct 2020

Contributions

(All Monetary Contributions and Loans)

Total Contributions:

\$		
JD.		_

	Contributor			_	
(Contributions from LLCs must be marked with an X in Column C, and details about the attribution of the contribution must be provided on the last sheet of this report.)		LLC?	Loan? (X)	Date Contribution Accepted (in date order)	Amount of Contribution
Contributor Name (individual or entity)					
Address (including City/State/Zip)					
Contributor Name (individual or entity)					
Address (including City/State/Zip)					
Contributor Name (individual or entity)					
Address (including City/State/Zip)					
Contributor Name (individual or entity)					
Address (including City/State/Zip)					
Contributor Name (individual or entity)					
Address (including City/State/Zip)					
Contributor Name (individual or entity)					
Address (including City/State/Zip)					
Contributor Name (individual or entity)					
Address (including City/State/Zip)					
Contributor Name (individual or entity)					
Address (including City/State/Zip)					
Contributor Name (individual or entity)					
Address (including City/State/Zip)					

Contributions in Kind

(Non-monetary Contributions)

Total Contributions:

\$

Contributor (Contributions from LLCs must be marked with an X in Column C, and details about the attribution of the contribution must be provided on the last sheet of this report.)	LLC?	Date Contribution Accepted (in date order)	Brief Description of Contribution	Fair Market Value of Contribution
Contributor Name (individual or entity)				
Address (including City/State/Zip)				
Contributor Name (individual or entity)				
Address (including City/State/Zip)				
Contributor Name (individual or entity)				
Address (including City/State/Zip)				
Contributor Name (individual or entity)				
Address (including City/State/Zip)				
Contributor Name (individual or entity)				
Address (including City/State/Zip)				
Contributor Name (individual or entity)				
Address (including City/State/Zip)				

Expenditures/Obligations

(Include all expenditures, obligations as referenced in the definition of "expenditure", and repayment of loans)

Total Expenditures:

\$10,064.75

Person/Entity to Whom Expenditure or Obligation Was Made	Address (including City/State/Zip if outside Fort Collins)	Date Expenditure or Obligation Was Made (in date order)	Purpose of Expenditure or Obligation	Amount of Expenditure or Obligation		
TSYS	1600 First Avenue, Columbus, GA 31901	4/13/2020	merchant processing fees	\$	9.00	
TSYS	1600 First Avenue, Columbus, GA 31901	5/11/2020	merchant processing fees	\$	37.80	
TSYS	1600 First Avenue, Columbus, GA 31901	6/10/2020	merchant processing fees	\$	9.00	
TSYS	1600 First Avenue, Columbus, GA 31901	7/10/2020	merchant processing fees	\$	9.00	
TSYS	1600 First Avenue, Columbus, GA 31901	8/10/2020	merchant processing fees	\$	37.80	
TSYS	1600 First Avenue, Columbus, GA 31901	9/10/2020	merchant processing fees	\$	9.00	
TSYS	1600 First Avenue, Columbus, GA 31901	10/13/2020	merchant processing fees	\$	9.00	
TSYS	1600 First Avenue, Columbus, GA 31901	11/10/2020	merchant processing fees	\$	37.80	
TSYS	1600 First Avenue, Columbus, GA 31901	12/10/2020	merchant processing fees	\$	6.35	
Community Foundation	4745 Wheaton Dr, Fort Collins 80525	12/16/2020	charitable contribution	\$	8,000.00	
Baldridge Foundation	1717 Pennsylvania Ave, Washington DC 20006	1/4/2021	charitable contribution	\$	500.00	
United Way of Larimer County	525 W Oak St, Fort Collins 80521	2/16/2021	charitable contribution	\$	500.00	
Share Some Shade Fort Collins	222 Laporte Ave, Fort Collins 80521	2/16/2021	charitable contribution	\$	450.00	
Share Some Shade Fort Collins	222 Laporte Ave, Fort Collins 80521	2/16/2021	charitable contribution	\$	450.00	
				+		

Contributions Returned

Total Contributions Returned:

\$ (100.00)

Person or Entity Whose Contribution Was Returned	Address (including City/State/Zip)	Date Contribution Was Originally Accepted	Date Returned (in date order)	Reason for Return	Am	nount
				returned contribution from several elections ago never presented for payment	\$ (100.00)	

ATTRIBUTION OF LLC CONTRIBUTIONS TO INDIVIDUAL MEMBERS

All contributions from LLCs must be listed here with the amount of the contribution or contribution in kind attributed to each member of the LLC as stated in the Affirmation Statement for Limited Liability Company Contributions provided by the contributing LLC

Date of LLC Contribution by LLC Amount Name of LLC Individual LLC Members Attribu Tab/Line Where Contribution Listed Date of LLC Date of LLC LLC Amount Name of LLC Individual LLC Members Attribu	
Tab/Line Where Contribution Listed Date of LLC	
Date of LLC	
Date of LLC	
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Contribution by Contribution Amount	
LLC Amount Name of LLC Individual LLC Members Attribu	tion
Tab/Line Where Contribution Listed	
Tab/Line Where Contribution Listed	
Date of LLC Contribution by Contribution Amount	t of
LLC Amount Name of LLC Individual LLC Members Attribu	
Tab/Line Where Contribution Listed	
Date of LLC	
Contribution by Contribution Amount	
LLC Amount Name of LLC Individual LLC Members Attribu	tion
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