

WADE FOR DELAWARE
PO BOX 22
NEW CASTLE, DELAWARE
19720

RECEIVED
FEDERAL ELECTION
COMMISSION
ENCLOSURE

2010 MAR -8 A 10:37

FEDERAL ELECTION COMMISSION
999 E. STREET, N.W.
WASHINGTON, D.C. 20463

March 1, 2010

Dear Sir or Madam,

Enclosed please find FEC FORM 1 Statement of Organization for the WADE FOR DELAWARE campaign.

The campaign's interim Treasurer, Mr. William Uranko, was unable to complete this filing as anticipated earlier in February. This was due to severe weather in Delaware and exacerbated by his unexpected admission to hospital for surgery.

Mr. Uranko has stepped aside from his campaign responsibilities.

The campaign has a new Treasurer, Mr. Harry Skilton of New Castle, Delaware. It is under his signature that the forms are now filed. Any fault in this filing or its timing is mine alone.

Sincerely,



Kevin L. Wade

Candidate for the At Large Seat for Delaware

cc /file

10030263654

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2010 MAR -8 AM 10:09

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

WADE FOR DELAWARE

ADDRESS (number and street)

PO BOX 22

(Check if address is changed)

NEW CASTLE

DE

19720

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

KLW@WADEFORDELAWARE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

HTTP://WWW.WADEFORDELAWARE.COM

2. DATE

03 1 2010

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

HARRY A SKILTON

Signature of Treasurer

Harry A Skilton

Date

03 1 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate KEVIN LYNN WADE

Candidate Party Affiliation GOP Office Sought: House Senate President State DE District AT LARGE

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization
 Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
 2. _____ FEC ID number C
 3. _____ FEC ID number C
 4. _____ FEC ID number C

10030263656

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

TREASURER

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

HARRY SKILTON

Mailing Address

12 QUEEN AVENUE

NEW CASTLE

CITY

STATE

19720

ZIP CODE

Title or Position

TREASURER

Telephone number

302

658

9991

10030263657

Full Name of Designated Agent

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid line]

Telephone number

[Empty grid line]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

PNC BANK - BASIN ROAD BRANCH OFFICE

Mailing Address

ONE EAST BASIN ROAD

[Empty grid line]

NEW CASTLE DE 19720

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

10030263658

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

10030263659

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 3/1/10
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

<i>ED</i> PREPARER	3/8/10 DATE PREPARED
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