

**CF-01****CAMPAIGN FINANCIAL DISCLOSURE REPORT****NEW YORK STATE BOARD OF ELECTIONS**

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES IN INK AND BE COMPLETED IN FULL

|               |          |  |                                 |
|---------------|----------|--|---------------------------------|
| ELECTION YEAR | FILER ID | REPORT PERIOD DATES<br>FROM / / TO / / | DATE FILED (FOR BOARD USE ONLY) |
|---------------|----------|--|---------------------------------|

CANDIDATE OR COMMITTEE NAME \_\_\_\_\_

Committee Treasurer Name (If applicable) \_\_\_\_\_

Residential Address (no P.O. Box) \_\_\_\_\_

Mailing Address (P.O. Box allowed) \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

**TYPE OF REPORT****Please check the applicable box(es) below:**

- 32 Day Pre-Primary       32 Day Pre-Special  
 11 Day Pre-Primary       11 Day Pre-Special  
 10 Day Post-Primary\*       27 Day Post-Special\*  
 32 Day Pre- General       January Periodic, 20\_\_\_\_\_  
 11 Day Pre-General       July Periodic, 20\_\_\_\_\_  
 27 Day Post General\*       Off-Cycle Report       24 Hour Notice
- \*Campaign material or a disclaimer must be submitted with Post Election Reports.
- See Material Attached       No Campaign Material Produced
- Termination Report       Amended Report  
 Treasurer Resignation Report (Letter of resignation attached)  
 In-Lieu-Of Statement

In order to qualify to file an In-Lieu-Of Statement, you must be a candidate and/or an authorized committee solely supporting one candidate or a committee involved solely in promoting the success or defeat of a ballot proposal, and at the close of the applicable reporting period, neither the total receipts nor the total expenditures of the campaign have exceeded \$1,000. If you have previously filed an In-Lieu-Of Statement and find that you now exceed this \$1,000 threshold, you must file an itemized report covering all transactions since the beginning of the campaign. Once an itemized report is required, you may not file an In-Lieu-Of Statement for any future reporting period.

**REPORT SCHEDULES**

|                                       |          | Number of Pages |
|---------------------------------------|----------|-----------------|
| Individuals/Partnership Contributions | Sch. A   |                 |
| Corporate Contributions               | Sch. B   |                 |
| All Other Contributions               | Sch. C   |                 |
| In-Kind Contributions/ Other Receipts | Sch. D/E |                 |
| Expenditure Payments                  | Sch. F   |                 |
| Transfers In/Out                      | Sch. G/H |                 |
| Loans Received/Paid                   | Sch. I/J |                 |
| Liabilities/Loans Forgiven            | Sch. K   |                 |
| Expenditure/Contribution Refunds      | Sch. L/M |                 |
| Outstanding Liabilities               | Sch. N   |                 |
| Partners/Subcontractors               | Sch. O   |                 |
| Housekeeping Receipts                 | Sch. P   |                 |
| Housekeeping Expenses                 | Sch. Q   |                 |
| Summary/Status Report                 |          |                 |

I state that the information contained in this report in all respects is true and complete to the best of my knowledge, information and belief.

**VERIFICATION**

Name – Print or Type \_\_\_\_\_

Signature (must be original and in ink) \_\_\_\_\_

Title \_\_\_\_\_

Date Signed \_\_\_\_\_ Telephone Number \_\_\_\_\_

ANY FALSE INFORMATION IN THIS STATEMENT MAY BE A CLASS A MISDEMEANOR, PUNISHABLE BY A FINE AND/OR UP TO ONE YEAR IMPRISONMENT, PURSUANT TO SECTION 210.45 OF THE PENAL LAW. FOR FURTHER INFORMATION, CONTACT THE NEW YORK STATE BOARD OF ELECTIONS OR YOUR COUNTY BOARD OF ELECTIONS.

# SCHEDULE A Monetary Contributions/ Individual & Partnerships

| ELECTION YEAR | FILER ID    | REPORT PERIOD DATES<br>FROM / / TO / / | PAGE                   |            |
|---------------|-------------|--|------------------------|------------|
| DATE RECEIVED | NAME        | CHECK #                                | AMOUNT                 | PREV. AMT. |
|               | STREET APT  |  | \$                     | \$         |
| CODE          | CITY, STATE |  |                        |            |
| DATE RECEIVED | NAME        | CHECK #                                | AMOUNT                 | PREV. AMT. |
|               | STREET APT  |  | \$                     | \$         |
| CODE          | CITY, STATE |  |                        |            |
| DATE RECEIVED | NAME        | CHECK #                                | AMOUNT                 | PREV. AMT. |
|               | STREET APT  |  | \$                     | \$         |
| CODE          | CITY, STATE |  |                        |            |
| DATE RECEIVED | NAME        | CHECK #                                | AMOUNT                 | PREV. AMT. |
|               | STREET APT  |  | \$                     | \$         |
| CODE          | CITY, STATE |  |                        |            |
| DATE RECEIVED | NAME        | CHECK #                                | AMOUNT                 | PREV. AMT. |
|               | STREET APT  |  | \$                     | \$         |
| CODE          | CITY, STATE |  |                        |            |
| DATE RECEIVED | NAME        | CHECK #                                | AMOUNT                 | PREV. AMT. |
|               | STREET APT  |  | \$                     | \$         |
| CODE          | CITY, STATE |  |                        |            |
| DATE RECEIVED | NAME        | CHECK #                                | AMOUNT                 | PREV. AMT. |
|               | STREET APT  |  | \$                     | \$         |
| CODE          | CITY, STATE |  |                        |            |
| DATE RECEIVED | NAME        | CHECK #                                | AMOUNT                 | PREV. AMT. |
|               | STREET APT  |  | \$                     | \$         |
| CODE          | CITY, STATE |  |                        |            |
| DATE RECEIVED | NAME        | CHECK #                                | AMOUNT                 | PREV. AMT. |
|               | STREET APT  |  | \$                     | \$         |
| CODE          | CITY, STATE |  |                        |            |
|               |             |  | <b>TOTAL THIS PAGE</b> | \$         |

**CODE:**

- CAN** = CANDIDATE/CANDIDATE SPOUSE
- IND** = INDIVIDUAL
- FAM** = FAMILY MEMBER: SEE INSTRUCTIONS IN HANDBOOK
- PART** = PARTNERSHIP: PARTNERSHIPS WHICH CONTRIBUTE OVER \$2500.00 IN THE AGGREGATE, MUST FURTHER DEFINE IN SCHEDULE O.

Complete this summary on your last page only!

|                                       |    |
|---------------------------------------|----|
| <b>TOTAL ITEMIZED CONTRIBUTIONS</b>   | \$ |
| <b>TOTAL UNITEMIZED CONTRIBUTIONS</b> | \$ |
| <b>SCHEDULE TOTAL</b>                 | \$ |

# SCHEDULE B Monetary Contributions/Corporate

| ELECTION YEAR | FILER ID    | REPORT PERIOD DATES |        |            | PAGE<br>OF |
|---------------|-------------|---------------------|--------|------------|------------|
|               |             | FROM                | /      | TO         |            |
| DATE RECEIVED | NAME        | CHECK #             | AMOUNT | PREV. AMT. |            |
|               | STREET      |                     |        |            | APT        |
|               | CITY, STATE |                     |        |            | ZIP        |
|               |             |                     | \$     | \$         |            |
| DATE RECEIVED | NAME        | CHECK #             | AMOUNT | PREV. AMT. |            |
|               | STREET      |                     |        |            | APT        |
|               | CITY, STATE |                     |        |            | ZIP        |
|               |             |                     | \$     | \$         |            |
| DATE RECEIVED | NAME        | CHECK #             | AMOUNT | PREV. AMT. |            |
|               | STREET      |                     |        |            | APT        |
|               | CITY, STATE |                     |        |            | ZIP        |
|               |             |                     | \$     | \$         |            |
| DATE RECEIVED | NAME        | CHECK #             | AMOUNT | PREV. AMT. |            |
|               | STREET      |                     |        |            | APT        |
|               | CITY, STATE |                     |        |            | ZIP        |
|               |             |                     | \$     | \$         |            |
| DATE RECEIVED | NAME        | CHECK #             | AMOUNT | PREV. AMT. |            |
|               | STREET      |                     |        |            | APT        |
|               | CITY, STATE |                     |        |            | ZIP        |
|               |             |                     | \$     | \$         |            |
| DATE RECEIVED | NAME        | CHECK #             | AMOUNT | PREV. AMT. |            |
|               | STREET      |                     |        |            | APT        |
|               | CITY, STATE |                     |        |            | ZIP        |
|               |             |                     | \$     | \$         |            |
| DATE RECEIVED | NAME        | CHECK #             | AMOUNT | PREV. AMT. |            |
|               | STREET      |                     |        |            | APT        |
|               | CITY, STATE |                     |        |            | ZIP        |
|               |             |                     | \$     | \$         |            |

|                        |  |    |
|------------------------|--|----|
| <b>TOTAL THIS PAGE</b> |  | \$ |
|------------------------|--|----|

Complete this summary on your last page only!

|                                |    |
|--------------------------------|----|
| TOTAL ITEMIZED CONTRIBUTIONS   | \$ |
| TOTAL UNITEMIZED CONTRIBUTIONS | \$ |
| SCHEDULE TOTAL                 | \$ |

# SCHEDULE C Monetary Contributions/All Other

| ELECTION YEAR   | FILER ID    | REPORT PERIOD DATES | PAGE   |            |
|-----------------|-------------|---------------------|--------|------------|
|                 |             | FROM / / TO / /     | OF     |            |
| DATE RECEIVED   | NAME        | CHECK#              | AMOUNT | PREV. AMT. |
|                 | STREET      |                     |        |            |
|                 | CITY, STATE | APT                 | \$     | \$         |
| DATE RECEIVED   | NAME        | CHECK#              | AMOUNT | PREV. AMT. |
|                 | STREET      |                     |        |            |
|                 | CITY, STATE | APT                 | \$     | \$         |
| DATE RECEIVED   | NAME        | CHECK#              | AMOUNT | PREV. AMT. |
|                 | STREET      |                     |        |            |
|                 | CITY, STATE | APT                 | \$     | \$         |
| DATE RECEIVED   | NAME        | CHECK#              | AMOUNT | PREV. AMT. |
|                 | STREET      |                     |        |            |
|                 | CITY, STATE | APT                 | \$     | \$         |
| DATE RECEIVED   | NAME        | CHECK#              | AMOUNT | PREV. AMT. |
|                 | STREET      |                     |        |            |
|                 | CITY, STATE | APT                 | \$     | \$         |
| DATE RECEIVED   | NAME        | CHECK#              | AMOUNT | PREV. AMT. |
|                 | STREET      |                     |        |            |
|                 | CITY, STATE | APT                 | \$     | \$         |
| DATE RECEIVED   | NAME        | CHECK#              | AMOUNT | PREV. AMT. |
|                 | STREET      |                     |        |            |
|                 | CITY, STATE | APT                 | \$     | \$         |
| DATE RECEIVED   | NAME        | CHECK#              | AMOUNT | PREV. AMT. |
|                 | STREET      |                     |        |            |
|                 | CITY, STATE | APT                 | \$     | \$         |
| DATE RECEIVED   | NAME        | CHECK#              | AMOUNT | PREV. AMT. |
|                 | STREET      |                     |        |            |
|                 | CITY, STATE | APT                 | \$     | \$         |
| DATE RECEIVED   | NAME        | CHECK#              | AMOUNT | PREV. AMT. |
|                 | STREET      |                     |        |            |
|                 | CITY, STATE | APT                 | \$     | \$         |
| TOTAL THIS PAGE |             |                     | \$     |            |

Complete this summary on your last page only !

|                                |    |
|--------------------------------|----|
| TOTAL ITEMIZED CONTRIBUTIONS   | \$ |
| TOTAL UNITEMIZED CONTRIBUTIONS | \$ |
| SCHEDULE TOTAL                 | \$ |

# SCHEDULE D In-Kind Contributions

| ELECTION YEAR |             | FILER ID | REPORT PERIOD DATES |    | PAGE        |
|---------------|-------------|----------|---------------------|----|-------------|
|               |             |          | FROM                | TO | OF          |
| DATE RECEIVED | NAME        |          |                     |    | TYPE CODE   |
|               | STREET      |          | APT                 |    | \$          |
| CNTRB CODE    | CITY, STATE |          | ZIP                 |    | DESCRIPTION |
| DATE RECEIVED | NAME        |          |                     |    | TYPE CODE   |
|               | STREET      |          | APT                 |    | \$          |
| CNTRB CODE    | CITY, STATE |          | ZIP                 |    | DESCRIPTION |
| DATE RECEIVED | NAME        |          |                     |    | TYPE CODE   |
|               | STREET      |          | APT                 |    | \$          |
| CNTRB CODE    | CITY, STATE |          | ZIP                 |    | DESCRIPTION |
| DATE RECEIVED | NAME        |          |                     |    | TYPE CODE   |
|               | STREET      |          | APT                 |    | \$          |
| CNTRB CODE    | CITY, STATE |          | ZIP                 |    | DESCRIPTION |
| DATE RECEIVED | NAME        |          |                     |    | TYPE CODE   |
|               | STREET      |          | APT                 |    | \$          |
| CNTRB CODE    | CITY, STATE |          | ZIP                 |    | DESCRIPTION |
| DATE RECEIVED | NAME        |          |                     |    | TYPE CODE   |
|               | STREET      |          | APT                 |    | \$          |
| CNTRB CODE    | CITY, STATE |          | ZIP                 |    | DESCRIPTION |
| DATE RECEIVED | NAME        |          |                     |    | TYPE CODE   |
|               | STREET      |          | APT                 |    | \$          |
| CNTRB CODE    | CITY, STATE |          | ZIP                 |    | DESCRIPTION |
| DATE RECEIVED | NAME        |          |                     |    | TYPE CODE   |
|               | STREET      |          | APT                 |    | \$          |
| CNTRB CODE    | CITY, STATE |          | ZIP                 |    | DESCRIPTION |
| DATE RECEIVED | NAME        |          |                     |    | TYPE CODE   |
|               | STREET      |          | APT                 |    | \$          |
| CNTRB CODE    | CITY, STATE |          | ZIP                 |    | DESCRIPTION |

**CONTRIBUTOR CODE:**

- CAN = CANDIDATE/CANDIDATE SPOUSE
- FAM = FAMILY MEMBERS (SEE INSTRUCTIONS)
- CORP = CORPORATE
- IND = INDIVIDUAL
- PART = PARTNERSHIP
- COM = COMMITTEE

**CONTRIBUTION TYPE CODE:**

- 1 = SERVICES/FACILITIES PROVIDED
- 2 = PROPERTY GIVEN
- 3 = CAMPAIGN EXPENSES PAID

|                                |    |
|--------------------------------|----|
| TOTAL THIS PAGE                | \$ |
| TOTAL ITEMIZED CONTRIBUTIONS   | \$ |
| TOTAL UNITEMIZED CONTRIBUTIONS | \$ |
| SCHEDULE TOTAL LAST PAGE ONLY  | \$ |

# SCHEDULE E Other Receipts

| ELECTION YEAR |             | FILER ID | REPORT PERIOD DATES  | PAGE           |
|---------------|-------------|----------|--|----------------|
|               |             |          | FROM / / TO / /  | -----OF-----   |
| DATE RECEIVED | NAME        |          | <input type="checkbox"/> INTEREST/DIVIDEND<br><input type="checkbox"/> PROCEEDS SALE/LEASE<br><input type="checkbox"/> OTHER _____ | RECEIPT AMOUNT |
|               | STREET      | APT      |  |                |
|               | CITY, STATE | ZIP      |  |                |
| DATE RECEIVED | NAME        |          | <input type="checkbox"/> INTEREST/DIVIDEND<br><input type="checkbox"/> PROCEEDS SALE/LEASE<br><input type="checkbox"/> OTHER _____ | RECEIPT AMOUNT |
|               | STREET      | APT      |  |                |
|               | CITY, STATE | ZIP      |  |                |
| DATE RECEIVED | NAME        |          | <input type="checkbox"/> INTEREST/DIVIDEND<br><input type="checkbox"/> PROCEEDS SALE/LEASE<br><input type="checkbox"/> OTHER _____ | RECEIPT AMOUNT |
|               | STREET      | APT      |  |                |
|               | CITY, STATE | ZIP      |  |                |
| DATE RECEIVED | NAME        |          | <input type="checkbox"/> INTEREST/DIVIDEND<br><input type="checkbox"/> PROCEEDS SALE/LEASE<br><input type="checkbox"/> OTHER _____ | RECEIPT AMOUNT |
|               | STREET      | APT      |  |                |
|               | CITY, STATE | ZIP      |  |                |
| DATE RECEIVED | NAME        |          | <input type="checkbox"/> INTEREST/DIVIDEND<br><input type="checkbox"/> PROCEEDS SALE/LEASE<br><input type="checkbox"/> OTHER _____ | RECEIPT AMOUNT |
|               | STREET      | APT      |  |                |
|               | CITY, STATE | ZIP      |  |                |
| DATE RECEIVED | NAME        |          | <input type="checkbox"/> INTEREST/DIVIDEND<br><input type="checkbox"/> PROCEEDS SALE/LEASE<br><input type="checkbox"/> OTHER _____ | RECEIPT AMOUNT |
|               | STREET      | APT      |  |                |
|               | CITY, STATE | ZIP      |  |                |
| DATE RECEIVED | NAME        |          | <input type="checkbox"/> INTEREST/DIVIDEND<br><input type="checkbox"/> PROCEEDS SALE/LEASE<br><input type="checkbox"/> OTHER _____ | RECEIPT AMOUNT |
|               | STREET      | APT      |  |                |
|               | CITY, STATE | ZIP      |  |                |
| DATE RECEIVED | NAME        |          | <input type="checkbox"/> INTEREST/DIVIDEND<br><input type="checkbox"/> PROCEEDS SALE/LEASE<br><input type="checkbox"/> OTHER _____ | RECEIPT AMOUNT |
|               | STREET      | APT      |  |                |
|               | CITY, STATE | ZIP      |  |                |
| DATE RECEIVED | NAME        |          | <input type="checkbox"/> INTEREST/DIVIDEND<br><input type="checkbox"/> PROCEEDS SALE/LEASE<br><input type="checkbox"/> OTHER _____ | RECEIPT AMOUNT |
|               | STREET      | APT      |  |                |
|               | CITY, STATE | ZIP      |  |                |
| DATE RECEIVED | NAME        |          | <input type="checkbox"/> INTEREST/DIVIDEND<br><input type="checkbox"/> PROCEEDS SALE/LEASE<br><input type="checkbox"/> OTHER _____ | RECEIPT AMOUNT |
|               | STREET      | APT      |  |                |
|               | CITY, STATE | ZIP      |  |                |
| DATE RECEIVED | NAME        |          | <input type="checkbox"/> INTEREST/DIVIDEND<br><input type="checkbox"/> PROCEEDS SALE/LEASE<br><input type="checkbox"/> OTHER _____ | RECEIPT AMOUNT |
|               | STREET      | APT      |  |                |
|               | CITY, STATE | ZIP      |  |                |
|               |             |          | TOTAL THIS PAGE  | \$             |
|               |             |          | TOTAL ITEMIZED RECEIPTS  | \$             |
|               |             |          | TOTAL UNITEMIZED RECEIPTS  | \$             |
|               |             |          | SCHEDULE TOTAL<br>LAST PAGE ONLY   | \$             |

# SCHEDULE F Expenditure/Payments

|                                     |                 |  |             |                      |
|-------------------------------------|-----------------|--|-------------|----------------------|
| ELECTION YEAR                       | FILER ID        | REPORT PERIOD DATES<br>FROM / / TO / / |             | PAGE<br>____ OF ____ |
| <b>DO NOT REPORT TRANSFERS OUT:</b> |                 |  |             |                      |
| DATE PAID                           | NAME            | PURPOSE CODE                           | AMOUNT PAID |                      |
|                                     | STREET APT.     | EXPLAIN                                | \$          |                      |
| CHECK NO.                           | CITY, STATE ZIP |  |             |                      |
| DATE PAID                           | NAME            | PURPOSE CODE                           | AMOUNT PAID |                      |
|                                     | STREET APT.     | EXPLAIN                                | \$          |                      |
| CHECK NO.                           | CITY, STATE ZIP |  |             |                      |
| DATE PAID                           | NAME            | PURPOSE CODE                           | AMOUNT PAID |                      |
|                                     | STREET APT.     | EXPLAIN                                | \$          |                      |
| CHECK NO.                           | CITY, STATE ZIP |  |             |                      |
| DATE PAID                           | NAME            | PURPOSE CODE                           | AMOUNT PAID |                      |
|                                     | STREET APT.     | EXPLAIN                                | \$          |                      |
| CHECK NO.                           | CITY, STATE ZIP |  |             |                      |
| DATE PAID                           | NAME            | PURPOSE CODE                           | AMOUNT PAID |                      |
|                                     | STREET APT.     | EXPLAIN                                | \$          |                      |
| CHECK NO.                           | CITY, STATE ZIP |  |             |                      |
| DATE PAID                           | NAME            | PURPOSE CODE                           | AMOUNT PAID |                      |
|                                     | STREET APT.     | EXPLAIN                                | \$          |                      |
| CHECK NO.                           | CITY, STATE ZIP |  |             |                      |
| DATE PAID                           | NAME            | PURPOSE CODE                           | AMOUNT PAID |                      |
|                                     | STREET APT.     | EXPLAIN                                | \$          |                      |
| CHECK NO.                           | CITY, STATE ZIP |  |             |                      |
| DATE PAID                           | NAME            | PURPOSE CODE                           | AMOUNT PAID |                      |
|                                     | STREET APT.     | EXPLAIN                                | \$          |                      |
| CHECK NO.                           | CITY, STATE ZIP |  |             |                      |
| <b>TOTAL THIS PAGE</b>              |                 |  | \$          |                      |

**EXPENDITURE PURPOSE CODES**

- |                                       |  |  |  |
|---------------------------------------|--|--|--|
| EMAIL Campaign Mailing                | POLLS Polling Costs                            | Complete this summary<br>on your last page only! |  |
| CONSL Campaign Consultant*            | POSTA Postage                                  |  |  |
| CONSV Constituent Services            | PRINT Print Ads                                |  |  |
| CNTB Political Contributions          | PROFL Professional Services*                   |  |  |
| FUNDR Fundraising                     | RADIO Radio Ads                                |  |  |
| LWNSN Lawn Signs                      | REMB Reimbursement                             |  |  |
| LITER Campaign Literature             | RENTO Office Rent                              |  |  |
| OFFCE Office Expenses                 | TVADS Television Ads                           |  |  |
| OTHER Other: Must Provide Explanation | VOTER Voter Registration Materials or Services |  |  |
| PETIT Petition Expenses               | WAGES Campaign Workers Salaries                |  |  |
| BKFEE Bank Fees                       | INT Interest Expense                           |  |  |

|                               |           |
|-------------------------------|-----------|
| TOTAL ITEMIZED EXPENDITURES   | \$        |
| TOTAL UNITEMIZED EXPENDITURES | \$        |
| <b>SCHEDULE TOTAL</b>         | <b>\$</b> |

\*Sub Contractors must be further defined in Schedule O (See Instructions)

# SCHEDULE G Transfers In

**Receipts from Party, Constituted and other committees authorized solely for this candidate**

|               |                               |   |                          |
|---------------|-------------------------------|---|--------------------------|
| ELECTION YEAR | FILER ID                      | REPORT PERIOD DATES<br>FROM / / TO / /                                    | PAGE<br>OF               |
| DATE          | NAME                          | TRANSFER TYPE<br>1 <input type="checkbox"/><br>2 <input type="checkbox"/> | AMOUNT TRANSFERRED<br>\$ |
| CHECK #       | STREET APT<br>CITY, STATE ZIP |   |                          |
| DATE          | NAME                          | TRANSFER TYPE<br>1 <input type="checkbox"/><br>2 <input type="checkbox"/> | AMOUNT TRANSFERRED<br>\$ |
| CHECK #       | STREET APT<br>CITY, STATE ZIP |   |                          |
| DATE          | NAME                          | TRANSFER TYPE<br>1 <input type="checkbox"/><br>2 <input type="checkbox"/> | AMOUNT TRANSFERRED<br>\$ |
| CHECK #       | STREET APT<br>CITY, STATE ZIP |   |                          |
| DATE          | NAME                          | TRANSFER TYPE<br>1 <input type="checkbox"/><br>2 <input type="checkbox"/> | AMOUNT TRANSFERRED<br>\$ |
| CHECK #       | STREET APT<br>CITY, STATE ZIP |   |                          |
| DATE          | NAME                          | TRANSFER TYPE<br>1 <input type="checkbox"/><br>2 <input type="checkbox"/> | AMOUNT TRANSFERRED<br>\$ |
| CHECK #       | STREET APT<br>CITY, STATE ZIP |   |                          |
| DATE          | NAME                          | TRANSFER TYPE<br>1 <input type="checkbox"/><br>2 <input type="checkbox"/> | AMOUNT TRANSFERRED<br>\$ |
| CHECK #       | STREET APT<br>CITY, STATE ZIP |   |                          |
| DATE          | NAME                          | TRANSFER TYPE<br>1 <input type="checkbox"/><br>2 <input type="checkbox"/> | AMOUNT TRANSFERRED<br>\$ |
| CHECK #       | STREET APT<br>CITY, STATE ZIP |   |                          |
| DATE          | NAME                          | TRANSFER TYPE<br>1 <input type="checkbox"/><br>2 <input type="checkbox"/> | AMOUNT TRANSFERRED<br>\$ |
| CHECK #       | STREET APT<br>CITY, STATE ZIP |   |                          |

NOTE: DO NOT REPORT FUNDS RECEIVED FROM INDEPENDENT COMMITTEES OR COMMITTEES AUTHORIZED BY A DIFFERENT CANDIDATE AS A TRANSFER. THESE RECEIPTS MUST BE REPORTED AS A CONTRIBUTION ON SCHEDULE C.

**TYPE 1 – Between a party or constituted committee and a candidate or a candidate’s authorized committee.**

**TYPE 2 – Between two authorized committees SOLELY supporting the same candidate..**

|                                  |    |
|----------------------------------|----|
| TOTAL THIS PAGE                  | \$ |
| SCHEDULE TOTAL<br>LAST PAGE ONLY | \$ |



# SCHEDULE H Transfers Out

**Payments to Party, Constituted and other committees authorized solely for this candidate**

|               |          |  |            |
|---------------|----------|--|------------|
| ELECTION YEAR | FILER ID | REPORT PERIOD DATES<br>FROM / / TO / / | PAGE<br>OF |
|---------------|----------|--|------------|

  

|         |                 |                            |                    |
|---------|-----------------|----------------------------|--------------------|
| DATE    | NAME            | TRANSFER TYPE              | AMOUNT TRANSFERRED |
|         | STREET APT      | 1 <input type="checkbox"/> |                    |
| CHECK # | CITY, STATE ZIP | 2 <input type="checkbox"/> |                    |
|         |                 |                            | \$                 |

  

|         |                 |                            |                    |
|---------|-----------------|----------------------------|--------------------|
| DATE    | NAME            | TRANSFER TYPE              | AMOUNT TRANSFERRED |
|         | STREET APT      | 1 <input type="checkbox"/> |                    |
| CHECK # | CITY, STATE ZIP | 2 <input type="checkbox"/> |                    |
|         |                 |                            | \$                 |

  

|         |                 |                            |                    |
|---------|-----------------|----------------------------|--------------------|
| DATE    | NAME            | TRANSFER TYPE              | AMOUNT TRANSFERRED |
|         | STREET APT      | 1 <input type="checkbox"/> |                    |
| CHECK # | CITY, STATE ZIP | 2 <input type="checkbox"/> |                    |
|         |                 |                            | \$                 |

  

|         |                 |                            |                    |
|---------|-----------------|----------------------------|--------------------|
| DATE    | NAME            | TRANSFER TYPE              | AMOUNT TRANSFERRED |
|         | STREET APT      | 1 <input type="checkbox"/> |                    |
| CHECK # | CITY, STATE ZIP | 2 <input type="checkbox"/> |                    |
|         |                 |                            | \$                 |

  

|         |                 |                            |                    |
|---------|-----------------|----------------------------|--------------------|
| DATE    | NAME            | TRANSFER TYPE              | AMOUNT TRANSFERRED |
|         | STREET APT      | 1 <input type="checkbox"/> |                    |
| CHECK # | CITY, STATE ZIP | 2 <input type="checkbox"/> |                    |
|         |                 |                            | \$                 |

  

|         |                 |                            |                    |
|---------|-----------------|----------------------------|--------------------|
| DATE    | NAME            | TRANSFER TYPE              | AMOUNT TRANSFERRED |
|         | STREET APT      | 1 <input type="checkbox"/> |                    |
| CHECK # | CITY, STATE ZIP | 2 <input type="checkbox"/> |                    |
|         |                 |                            | \$                 |

NOTE: DO NOT REPORT FUNDS PAID TO INDEPENDENT COMMITTEES OR COMMITTEES AUTHORIZED BY A DIFFERENT CANDIDATE AS A TRANSFER. THESE RECEIPTS MUST BE REPORTED AS A PAYMENT ON SCHEDULE F.

**TYPE 1 – Between a party or constituted committee and a candidate or a candidate’s authorized committee.**

**TYPE 2 – Between two authorized committees SOLELY supporting the same candidate.**

|                                  |    |
|----------------------------------|----|
| TOTAL THIS PAGE                  | \$ |
| SCHEDULE TOTAL<br>LAST PAGE ONLY | \$ |

# SCHEDULE I Loans Received

| ELECTION YEAR            | FILER ID     | REPORT PERIOD DATES | PAGE        |
|--------------------------|--------------|---------------------|-------------|
|                          |              | FROM / / TO / /     | OF          |
| LOAN DATE                | LENDER NAME  |                     | LOAN AMOUNT |
| <input type="checkbox"/> | STREET       | APT                 | \$          |
| CHECK IF BANK LOAN       | CITY, STREET | ZIP                 |             |
| LOAN DATE                | LENDER NAME  |                     | LOAN AMOUNT |
| <input type="checkbox"/> | STREET       | APT                 | \$          |
| CHECK IF BANK LOAN       | CITY, STREET | ZIP                 |             |
| LOAN DATE                | LENDER NAME  |                     | LOAN AMOUNT |
| <input type="checkbox"/> | STREET       | APT                 | \$          |
| CHECK IF BANK LOAN       | CITY, STREET | ZIP                 |             |
| LOAN DATE                | LENDER NAME  |                     | LOAN AMOUNT |
| <input type="checkbox"/> | STREET       | APT                 | \$          |
| CHECK IF BANK LOAN       | CITY, STREET | ZIP                 |             |
| LOAN DATE                | LENDER NAME  |                     | LOAN AMOUNT |
| <input type="checkbox"/> | STREET       | APT                 | \$          |
| CHECK IF BANK LOAN       | CITY, STREET | ZIP                 |             |
| LOAN DATE                | LENDER NAME  |                     | LOAN AMOUNT |
| <input type="checkbox"/> | STREET       | APT                 | \$          |
| CHECK IF BANK LOAN       | CITY, STREET | ZIP                 |             |
| LOAN DATE                | LENDER NAME  |                     | LOAN AMOUNT |
| <input type="checkbox"/> | STREET       | APT                 | \$          |
| CHECK IF BANK LOAN       | CITY, STREET | ZIP                 |             |
| LOAN DATE                | LENDER NAME  |                     | LOAN AMOUNT |
| <input type="checkbox"/> | STREET       | APT                 | \$          |
| CHECK IF BANK LOAN       | CITY, STREET | ZIP                 |             |

List any loans received during the reporting period. When submitting this schedule to the Board of Elections, A copy of the evidence of indebtedness for each loan must be attached to the report. If the loan was received from a lending institution, the evidence of indebtedness must include the name and address of any obligor of the loan, or any other person who endorses, co-signs, or otherwise provides security for such loan.

|                                  |    |
|----------------------------------|----|
| TOTAL THIS PAGE                  | \$ |
| SCHEDULE TOTAL<br>LAST PAGE ONLY | \$ |

# SCHEDULE J      Loan Repayments

| ELECTION YEAR |             | FILER ID |     | REPORT PERIOD DATES            |  | PAGE                          |  |    |
|---------------|-------------|----------|-----|--------------------------------|--|-------------------------------|--|----|
|               |             |          |     | FROM    /    /    TO    /    / |  | -----OF-----                  |  |    |
| PAYMENT DATE  | LENDER NAME |          |     | CHECK #                        |  | AMOUNT                        |  |    |
|               | STREET      |          | APT |                                |  |                               |  |    |
|               | CITY, STATE |          | ZIP | DATE OF LOAN                   |  |                               |  |    |
|               |             |          |     |                                |  | \$                            |  |    |
| PAYMENT DATE  | LENDER NAME |          |     | CHECK #                        |  | AMOUNT                        |  |    |
|               | STREET      |          | APT |                                |  |                               |  |    |
|               | CITY, STATE |          | ZIP | DATE OF LOAN                   |  |                               |  |    |
|               |             |          |     |                                |  | \$                            |  |    |
| PAYMENT DATE  | LENDER NAME |          |     | CHECK #                        |  | AMOUNT                        |  |    |
|               | STREET      |          | APT |                                |  |                               |  |    |
|               | CITY, STATE |          | ZIP | DATE OF LOAN                   |  |                               |  |    |
|               |             |          |     |                                |  | \$                            |  |    |
| PAYMENT DATE  | LENDER NAME |          |     | CHECK #                        |  | AMOUNT                        |  |    |
|               | STREET      |          | APT |                                |  |                               |  |    |
|               | CITY, STATE |          | ZIP | DATE OF LOAN                   |  |                               |  |    |
|               |             |          |     |                                |  | \$                            |  |    |
| PAYMENT DATE  | LENDER NAME |          |     | CHECK #                        |  | AMOUNT                        |  |    |
|               | STREET      |          | APT |                                |  |                               |  |    |
|               | CITY, STATE |          | ZIP | DATE OF LOAN                   |  |                               |  |    |
|               |             |          |     |                                |  | \$                            |  |    |
| PAYMENT DATE  | LENDER NAME |          |     | CHECK #                        |  | AMOUNT                        |  |    |
|               | STREET      |          | APT |                                |  |                               |  |    |
|               | CITY, STATE |          | ZIP | DATE OF LOAN                   |  |                               |  |    |
|               |             |          |     |                                |  | \$                            |  |    |
| PAYMENT DATE  | LENDER NAME |          |     | CHECK #                        |  | AMOUNT                        |  |    |
|               | STREET      |          | APT |                                |  |                               |  |    |
|               | CITY, STATE |          | ZIP | DATE OF LOAN                   |  |                               |  |    |
|               |             |          |     |                                |  | \$                            |  |    |
|               |             |          |     |                                |  | TOTAL THIS PAGE               |  | \$ |
|               |             |          |     |                                |  | SCHEDULE TOTAL LAST PAGE ONLY |  | \$ |

# SCHEDULE K Liabilities/Loans Forgiven

| ELECTION YEAR                   | FILER ID      | REPORT PERIOD DATES |   | PAGE            |
|---------------------------------|---------------|---------------------|---|-----------------|
|                                 |               | FROM                | TO  | OF              |
| DATE                            | VENDOR/LENDER |                     | <input type="checkbox"/> LIABILITY<br><input type="checkbox"/> LOAN | AMOUNT FORGIVEN |
| ORIGINAL DATE OF LIABILITY/LOAN | STREET        | APT                 |   | \$              |
|                                 | CITY, STATE   | ZIP                 |   |                 |
| DATE                            | VENDOR/LENDER |                     | <input type="checkbox"/> LIABILITY<br><input type="checkbox"/> LOAN | AMOUNT FORGIVEN |
| ORIGINAL DATE OF LIABILITY/LOAN | STREET        | APT                 |   | \$              |
|                                 | CITY, STATE   | ZIP                 |   |                 |
| DATE                            | VENDOR/LENDER |                     | <input type="checkbox"/> LIABILITY<br><input type="checkbox"/> LOAN | AMOUNT FORGIVEN |
| ORIGINAL DATE OF LIABILITY/LOAN | STREET        | APT                 |   | \$              |
|                                 | CITY, STATE   | ZIP                 |   |                 |
| DATE                            | VENDOR/LENDER |                     | <input type="checkbox"/> LIABILITY<br><input type="checkbox"/> LOAN | AMOUNT FORGIVEN |
| ORIGINAL DATE OF LIABILITY/LOAN | STREET        | APT                 |   | \$              |
|                                 | CITY, STATE   | ZIP                 |   |                 |
| DATE                            | VENDOR/LENDER |                     | <input type="checkbox"/> LIABILITY<br><input type="checkbox"/> LOAN | AMOUNT FORGIVEN |
| ORIGINAL DATE OF LIABILITY/LOAN | STREET        | APT                 |   | \$              |
|                                 | CITY, STATE   | ZIP                 |   |                 |
| DATE                            | VENDOR/LENDER |                     | <input type="checkbox"/> LIABILITY<br><input type="checkbox"/> LOAN | AMOUNT FORGIVEN |
| ORIGINAL DATE OF LIABILITY/LOAN | STREET        | APT                 |   | \$              |
|                                 | CITY, STATE   | ZIP                 |   |                 |
| DATE                            | VENDOR/LENDER |                     | <input type="checkbox"/> LIABILITY<br><input type="checkbox"/> LOAN | AMOUNT FORGIVEN |
| ORIGINAL DATE OF LIABILITY/LOAN | STREET        | APT                 |   | \$              |
|                                 | CITY, STATE   | ZIP                 |   |                 |
| DATE                            | VENDOR/LENDER |                     | <input type="checkbox"/> LIABILITY<br><input type="checkbox"/> LOAN | AMOUNT FORGIVEN |
| ORIGINAL DATE OF LIABILITY/LOAN | STREET        | APT                 |   | \$              |
|                                 | CITY, STATE   | ZIP                 |   |                 |
|                                 |               |                     | TOTAL THIS PAGE   | \$              |
|                                 |               |                     | SCHEDULE TOTAL LAST PAGE ONLY                                       | \$              |

Copy of evidence from vendor/lender indicating forgiveness must be attached.

# SCHEDULE L Expenditure Refunds

| ELECTION YEAR | FILER ID    | REPORT PERIOD DATES<br>FROM / / TO / /   | PAGE<br>____ OF ____ |
|---------------|-------------|--|----------------------|
| DATE RECEIVED | NAME        |  | ORIG. PAYMENT DATE   |
|               | STREET      | APT                                      |                      |
|               | CITY, STATE | ZIP                                      | AMOUNT \$            |
| DATE RECEIVED | NAME        |  | ORIG. PAYMENT DATE   |
|               | STREET      | APT                                      |                      |
|               | CITY, STATE | ZIP                                      | AMOUNT \$            |
| DATE RECEIVED | NAME        |  | ORIG. PAYMENT DATE   |
|               | STREET      | APT                                      |                      |
|               | CITY, STATE | ZIP                                      | AMOUNT \$            |
| DATE RECEIVED | NAME        |  | ORIG. PAYMENT DATE   |
|               | STREET      | APT                                      |                      |
|               | CITY, STATE | ZIP                                      | AMOUNT \$            |
| DATE RECEIVED | NAME        |  | ORIG. PAYMENT DATE   |
|               | STREET      | APT                                      |                      |
|               | CITY, STATE | ZIP                                      | AMOUNT \$            |
| DATE RECEIVED | NAME        |  | ORIG. PAYMENT DATE   |
|               | STREET      | APT                                      |                      |
|               | CITY, STATE | ZIP                                      | AMOUNT \$            |
| DATE RECEIVED | NAME        |  | ORIG. PAYMENT DATE   |
|               | STREET      | APT                                      |                      |
|               | CITY, STATE | ZIP                                      | AMOUNT \$            |
| DATE RECEIVED | NAME        |  | ORIG. PAYMENT DATE   |
|               | STREET      | APT                                      |                      |
|               | CITY, STATE | ZIP                                      | AMOUNT \$            |
|               |             | TOTAL THIS PAGE                          | \$                   |
|               |             | <b>Schedule Total<br/>Last Page Only</b> | \$                   |

# SCHEDULE M Contributions Refunded

| ELECTION YEAR |                        | FILER ID    | REPORT PERIOD DATES<br>FROM / / TO / /   | PAGE<br>____ OF ____ |
|---------------|------------------------|-------------|--|----------------------|
| REFUND DATE   | ORIGINAL DATE RECEIVED | NAME        |  | AMOUNT REFUNDED      |
|               |                        | STREET      | APT                                      | \$                   |
|               |                        | CITY, STATE | ZIP                                      | CHECK #              |
| REFUND DATE   | ORIGINAL DATE RECEIVED | NAME        |  | AMOUNT REFUNDED      |
|               |                        | STREET      | APT                                      | \$                   |
|               |                        | CITY, STATE | ZIP                                      | CHECK #              |
| REFUND DATE   | ORIGINAL DATE RECEIVED | NAME        |  | AMOUNT REFUNDED      |
|               |                        | STREET      | APT                                      | \$                   |
|               |                        | CITY, STATE | ZIP                                      | CHECK #              |
| REFUND DATE   | ORIGINAL DATE RECEIVED | NAME        |  | AMOUNT REFUNDED      |
|               |                        | STREET      | APT                                      | \$                   |
|               |                        | CITY, STATE | ZIP                                      | CHECK #              |
| REFUND DATE   | ORIGINAL DATE RECEIVED | NAME        |  | AMOUNT REFUNDED      |
|               |                        | STREET      | APT                                      | \$                   |
|               |                        | CITY, STATE | ZIP                                      | CHECK #              |
| REFUND DATE   | ORIGINAL DATE RECEIVED | NAME        |  | AMOUNT REFUNDED      |
|               |                        | STREET      | APT                                      | \$                   |
|               |                        | CITY, STATE | ZIP                                      | CHECK #              |
| REFUND DATE   | ORIGINAL DATE RECEIVED | NAME        |  | AMOUNT REFUNDED      |
|               |                        | STREET      | APT                                      | \$                   |
|               |                        | CITY, STATE | ZIP                                      | CHECK #              |
|               |                        |             | <b>TOTAL THIS PAGE</b>                   | \$                   |
|               |                        |             | <b>SCHEDULE TOTAL<br/>LAST PAGE ONLY</b> | \$                   |

# SCHEDULE N Outstanding Liabilities/Loans

| ELECTION YEAR            | FILER ID        | REPORT PERIOD DATES |              | PAGE                       |                       |  |
|--------------------------|-----------------|---------------------|--------------|----------------------------|-----------------------|--|
|                          |                 | FROM / /            | TO / /       | OF                         |                       |  |
| DATE                     | NAME            | TOTAL ORIG. AMT.    | PURPOSE CODE | LIABILITY AMT. OUTSTANDING | LOAN AMT. OUTSTANDING |  |
|                          | STREET APT      | ( ) LIABILITY       |              |                            |                       |  |
|                          |                 | ( ) LOAN            | EXPLAIN:     |                            |                       |  |
| ( ) CURRENT<br>( ) PRIOR | CITY, STATE ZIP | \$ _____            |              | \$ _____                   | \$ _____              |  |
| DATE                     | NAME            | TOTAL ORIG. AMT.    | PURPOSE CODE | LIABILITY AMT. OUTSTANDING | LOAN AMT. OUTSTANDING |  |
|                          | STREET APT      | ( ) LIABILITY       |              |                            |                       |  |
|                          |                 | ( ) LOAN            | EXPLAIN:     |                            |                       |  |
| ( ) CURRENT<br>( ) PRIOR | CITY, STATE ZIP | \$ _____            |              | \$ _____                   | \$ _____              |  |
| DATE                     | NAME            | TOTAL ORIG. AMT.    | PURPOSE CODE | LIABILITY AMT. OUTSTANDING | LOAN AMT. OUTSTANDING |  |
|                          | STREET APT      | ( ) LIABILITY       |              |                            |                       |  |
|                          |                 | ( ) LOAN            | EXPLAIN:     |                            |                       |  |
| ( ) CURRENT<br>( ) PRIOR | CITY, STATE ZIP | \$ _____            |              | \$ _____                   | \$ _____              |  |
| DATE                     | NAME            | TOTAL ORIG. AMT.    | PURPOSE CODE | LIABILITY AMT. OUTSTANDING | LOAN AMT. OUTSTANDING |  |
|                          | STREET APT      | ( ) LIABILITY       |              |                            |                       |  |
|                          |                 | ( ) LOAN            | EXPLAIN:     |                            |                       |  |
| ( ) CURRENT<br>( ) PRIOR | CITY, STATE ZIP | \$ _____            |              | \$ _____                   | \$ _____              |  |
| DATE                     | NAME            | TOTAL ORIG. AMT.    | PURPOSE CODE | LIABILITY AMT. OUTSTANDING | LOAN AMT. OUTSTANDING |  |
|                          | STREET APT      | ( ) LIABILITY       |              |                            |                       |  |
|                          |                 | ( ) LOAN            | EXPLAIN:     |                            |                       |  |
| ( ) CURRENT<br>( ) PRIOR | CITY, STATE ZIP | \$ _____            |              | \$ _____                   | \$ _____              |  |
| DATE                     | NAME            | TOTAL ORIG. AMT.    | PURPOSE CODE | LIABILITY AMT. OUTSTANDING | LOAN AMT. OUTSTANDING |  |
|                          | STREET APT      | ( ) LIABILITY       |              |                            |                       |  |
|                          |                 | ( ) LOAN            | EXPLAIN:     |                            |                       |  |
| ( ) CURRENT<br>( ) PRIOR | CITY, STATE ZIP | \$ _____            |              | \$ _____                   | \$ _____              |  |
| DATE                     | NAME            | TOTAL ORIG. AMT.    | PURPOSE CODE | LIABILITY AMT. OUTSTANDING | LOAN AMT. OUTSTANDING |  |
|                          | STREET APT      | ( ) LIABILITY       |              |                            |                       |  |
|                          |                 | ( ) LOAN            | EXPLAIN:     |                            |                       |  |
| ( ) CURRENT<br>( ) PRIOR | CITY, STATE ZIP | \$ _____            |              | \$ _____                   | \$ _____              |  |
| DATE                     | NAME            | TOTAL ORIG. AMT.    | PURPOSE CODE | LIABILITY AMT. OUTSTANDING | LOAN AMT. OUTSTANDING |  |
|                          | STREET APT      | ( ) LIABILITY       |              |                            |                       |  |
|                          |                 | ( ) LOAN            | EXPLAIN:     |                            |                       |  |
| ( ) CURRENT<br>( ) PRIOR | CITY, STATE ZIP | \$ _____            |              | \$ _____                   | \$ _____              |  |
| DATE                     | NAME            | TOTAL ORIG. AMT.    | PURPOSE CODE | LIABILITY AMT. OUTSTANDING | LOAN AMT. OUTSTANDING |  |
|                          | STREET APT      | ( ) LIABILITY       |              |                            |                       |  |
|                          |                 | ( ) LOAN            | EXPLAIN:     |                            |                       |  |
| ( ) CURRENT<br>( ) PRIOR | CITY, STATE ZIP | \$ _____            |              | \$ _____                   | \$ _____              |  |
| DATE                     | NAME            | TOTAL ORIG. AMT.    | PURPOSE CODE | LIABILITY AMT. OUTSTANDING | LOAN AMT. OUTSTANDING |  |
|                          | STREET APT      | ( ) LIABILITY       |              |                            |                       |  |
|                          |                 | ( ) LOAN            | EXPLAIN:     |                            |                       |  |
| ( ) CURRENT<br>( ) PRIOR | CITY, STATE ZIP | \$ _____            |              | \$ _____                   | \$ _____              |  |

|                        |    |    |
|------------------------|----|----|
| <b>TOTAL THIS PAGE</b> | \$ | \$ |
| <b>SCHEDULE TOTAL</b>  | \$ | \$ |

PURPOSE OF LIABILITIES/LOAN CODES

- |        |                                 |       |  |
|--------|---------------------------------|-------|--|
| CMail  | Campaign Mailings               | POLLS | Polling Costs                            |
| CONSL  | Campaign Consultant             | POSTA | Postage                                  |
| CONSV  | Constituent Services            | PRINT | Print Ads                                |
| FUNDR  | Fundraising                     | PROFL | Professional Services                    |
| LITER  | Campaign Literature             | RADIO | Radio Ads                                |
| LOAN   | Loans                           | RENTO | Office Rent                              |
| OFFICE | Office Expenses                 | TVADS | Television Ads                           |
| OTHER  | Other: Must provide explanation | VOTER | Voter Registration Materials of Services |
| PETIT  | Petition Expenses               | WAGES | Campaign Worker's Salaries               |





# SCHEDULE O Subcontracts

|   |          |  |                   |
|---|----------|--|-------------------|
| ELECTION YEAR   | FILER ID | REPORT PERIOD DATES<br>FROM / / TO / / | PAGE<br>OF        |
| <b>PRIMARY CONTRACTOR/PAYEE NAME</b>                      |          |  |                   |
| STREET  |          | APT                                    |                   |
| CITY, STATE   |          | ZIP                                    |                   |
| <b>SUBCONTRACTOR/PROVIDER OF FINISHED GOODS/SERVICES:</b> |          |  |                   |
| NAME  |          |  | AMOUNT ATTRIBUTED |
| STREET  |          | APT                                    | \$                |
| CITY, STATE   |          | ZIP                                    | CODE              |
| NAME  |          |  | AMOUNT ATTRIBUTED |
| STREET  |          | APT                                    | \$                |
| CITY, STATE   |          | ZIP                                    | CODE              |
| NAME  |          |  | AMOUNT ATTRIBUTED |
| STREET  |          | APT                                    | \$                |
| CITY, STATE   |          | ZIP                                    | CODE              |
| NAME  |          |  | AMOUNT ATTRIBUTED |
| STREET  |          | APT                                    | \$                |
| CITY, STATE   |          | ZIP                                    | CODE              |
| NAME  |          |  | AMOUNT ATTRIBUTED |
| STREET  |          | APT                                    | \$                |
| CITY, STATE   |          | ZIP                                    | CODE              |
| NAME  |          |  | AMOUNT ATTRIBUTED |
| STREET  |          | APT                                    | \$                |
| CITY, STATE   |          | ZIP                                    | CODE              |

**PLEASE USE THE "PURPOSE CODES" FOUND ON SCHEDULE F or N**

# SCHEDULE P \*Non-Campaign Housekeeping Receipts

| ELECTION YEAR          | FILER ID    | REPORT PERIOD DATE | PAGE   |              |
|------------------------|-------------|--------------------|--------|--------------|
|                        |             | FROM / / TO / /    | OF     |              |
| DATE RECEIVED          | NAME        |                    | AMOUNT | PREV. AMOUNT |
| CODE                   | STREET      | APT                | \$     | \$           |
| CHECK #                | CITY, STATE | ZIP                |        |              |
| DATE RECEIVED          | NAME        |                    |        |              |
| CODE                   | STREET      | APT                | \$     | \$           |
| CHECK #                | CITY, STATE | ZIP                |        |              |
| DATE RECEIVED          | NAME        |                    |        |              |
| CODE                   | STREET      | APT                | \$     | \$           |
| CHECK #                | CITY, STATE | ZIP                |        |              |
| DATE RECEIVED          | NAME        |                    |        |              |
| CODE                   | STREET      | APT                | \$     | \$           |
| CHECK #                | CITY, STATE | ZIP                |        |              |
| DATE RECEIVED          | NAME        |                    |        |              |
| CODE                   | STREET      | APT                | \$     | \$           |
| CHECK #                | CITY, STATE | ZIP                |        |              |
| DATE RECEIVED          | NAME        |                    |        |              |
| CODE                   | STREET      | APT                | \$     | \$           |
| CHECK #                | CITY, STATE | ZIP                |        |              |
| DATE RECEIVED          | NAME        |                    |        |              |
| CODE                   | STREET      | APT                | \$     | \$           |
| CHECK #                | CITY, STATE | ZIP                |        |              |
| DATE RECEIVED          | NAME        |                    |        |              |
| CODE                   | STREET      | APT                | \$     | \$           |
| CHECK #                | CITY, STATE | ZIP                |        |              |
| DATE RECEIVED          | NAME        |                    |        |              |
| <b>TOTAL THIS PAGE</b> |             |                    | \$     |              |

**CODE:**

IND = INDIVIDUAL  
 CORP = CORPORATE  
 PART = PARTNERSHIP: Partnerships which contribute over \$2500.00 total must further define in Schedule O.  
 COMM = POLITICAL COMMITTEE

\*THIS SCHEDULE TO BE USED ONLY BY PARTY OR CONSTITUTED COMMITTEES.

Complete this summary on your last page only!

|                                |    |
|--------------------------------|----|
| TOTAL ITEMIZED CONTRIBUTIONS   | \$ |
| TOTAL UNITEMIZED CONTRIBUTIONS | \$ |
| SCHEDULE TOTAL                 | \$ |



# SUMMARY OF RECEIPTS / EXPENDITURES

|               |          |  |
|---------------|----------|--|
| ELECTION YEAR | FILER ID | REPORT PERIOD DATES<br>FROM    /    /    TO       /    / |
|---------------|----------|--|

**1. OPENING BALANCE** – Must be the same as line 7 of your previous report ..... \$ \_\_\_\_\_

**2. CONTRIBUTIONS**

- 2a) SCHEDULE A – Individuals – total..... \$ \_\_\_\_\_
- 2b) SCHEDULE B – Corporations – total..... \$ \_\_\_\_\_
- 2c) SCHEDULE C – Other – total..... \$ \_\_\_\_\_
- 2d) SCHEDULE D – In-Kind – total..... \$ \_\_\_\_\_
- 2e) TOTAL Contributions (add 2a through 2d)..... \$ \_\_\_\_\_

**3. MISCELLANEOUS RECEIPTS**

- 3a) SCHEDULE E- Other receipts – total..... \$ \_\_\_\_\_
- 3b) SCHEDULE G – Transfers in – total..... \$ \_\_\_\_\_
- 3c) SCHEDULE I – Loans received – total..... \$ \_\_\_\_\_
- 3d) SCHEDULE – L – Expenditure refunds – total..... \$ \_\_\_\_\_
- 3e) SCHEDULE – P – Housekeeping receipts – total..... \$ \_\_\_\_\_
- 3f) TOTAL Miscellaneous Receipts (add 3a through 3e)..... \$ \_\_\_\_\_

**4. TOTAL RECEIPTS THIS PERIOD (add 2e and 3f)**..... \$ \_\_\_\_\_

**5. TOTAL (add line 1 and line 4)**..... \$ \_\_\_\_\_

**6. EXPENSES**

- 6a) SCHEDULE F – Disbursements – total..... \$ \_\_\_\_\_
- 6b) SCHEDULE D total – (offset)..... \$ \_\_\_\_\_
- 6c) SCHEDULE H – Transfers out – total..... \$ \_\_\_\_\_
- 6d) SCHEDULE J – Loans repaid – total..... \$ \_\_\_\_\_
- 6e) SCHEDULE M – Contribution refunds – total..... \$ \_\_\_\_\_
- 6f) SCHEDULE Q – Housekeeping expenses – total..... \$ \_\_\_\_\_
- 6g) TOTAL Expenses this period (add 6a through 6f)..... \$ \_\_\_\_\_

**7. BALANCE AT END OF PERIOD (subtract line 6g from line 5)**..... \$ \_\_\_\_\_

# STATUS REPORT

|               |           |  |
|---------------|-----------|--|
| ELECTION YEAR | FILER ID# | REPORT PERIOD DATES<br>FROM / / TO / / |
|---------------|-----------|--|

**8. STATUS OF CONTRIBUTIONS**

- 8a) Contributions received, from line 8e of your previous report \* ..... \$ \_\_\_\_\_
- 8b) Contributions received this period, line 2e ..... \$ \_\_\_\_\_
- 8c) TOTAL, line 8a plus 8b ..... \$ \_\_\_\_\_
- 8d) Contributions refunded, from this summary, line 6e ..... \$ \_\_\_\_\_
- 8e) TOTAL contributions to date (line 8c minus 8d) ..... \$ \_\_\_\_\_

\*This figure will be 0 (zero) if this is the first report of a new campaign.

**9. STATUS OF CAMPAIGN EXPENSES**

- 9a) Campaign expenses paid, from line 9f of your previous report\* ..... \$ \_\_\_\_\_
- 9b) Campaign expenses this period, line 6a ..... \$ \_\_\_\_\_
- 9c) In-Kind offset, Schedule D total ..... \$ \_\_\_\_\_
- 9d) TOTAL add lines 9a through 9c ..... \$ \_\_\_\_\_
- 9e) Refunds of campaign expenses, from this summary, line 3d ..... \$ \_\_\_\_\_
- 9f) SUB-TOTAL campaign expenses to date (line 9d minus 9e) ..... \$ \_\_\_\_\_
- 9g) Outstanding liabilities (Schedule N total, excluding loans) ..... \$ \_\_\_\_\_
- 9h) Total Campaign Expenses to date (line 9f plus line 9g) ..... \$ \_\_\_\_\_

\*This figure will be 0 (zero) if this is the first report of a new campaign.

**9i) EXPENSE ALLOCATION SECTION (Schedule R of Electronic Filing System Software (EFS))**

| Candidate Name   | Office/District | Election Year | \$ Amount |
|--|-----------------|---------------|-----------|
|  |                 |               |           |
|  |                 |               |           |
| <b>TOTAL AMOUNT ALLOCATED</b> (please use additional pages if necessary) ..... |                 |               | \$ _____  |

**10. STATUS OF LOANS MADE**

- 10a) Loans made to date, from line 10f of your previous report ..... \$ \_\_\_\_\_
- 10b) Loans made this period, from your records ..... \$ \_\_\_\_\_
- 10c) TOTAL, line 10a plus 10b ..... \$ \_\_\_\_\_
- 10d) Amounts included in 10c above, which were repaid this period ..... \$ \_\_\_\_\_
- 10e) Amounts included in 10c above, which were forgiven this period ..... \$ \_\_\_\_\_
- 10f) Balance of loans made to date (line 10c minus 10d and 10e) ..... \$ \_\_\_\_\_

**11. STATUS OF HOUSEKEEPING RECEIPTS**

- 11a) Housekeeping receipts ONLY, from line 11c of your previous report ..... \$ \_\_\_\_\_
- 11b) Housekeeping receipts this period, from this summary, line 3e ..... \$ \_\_\_\_\_
- 11c) TOTAL housekeeping receipts to date, (line 11a plus 11b) ..... \$ \_\_\_\_\_

**12. STATUS OF HOUSEKEEPING EXPENSES**

- 12a) Housekeeping expenses ONLY, from line 12c of your previous report ..... \$ \_\_\_\_\_
- 12b) Housekeeping expenses this period, from this summary, line 6f ..... \$ \_\_\_\_\_
- 12c) TOTAL housekeeping expenses to date (line 12a plus 12b) ..... \$ \_\_\_\_\_