

STATE OF NEW YORK BOARD OF ELECTIONS DISCLOSURE STATEMENT ---- COVER PAGE

ELECTION YEAR	FILER ID	STATEMENT NUMBER FROM BELOW**	STATEMENT PERIOD DATES FROM / / TO / /	DATE FILED (FOR BOARD USE ONLY)
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IDENTIFICATION

YOU MUST TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK

Full name of filer (candidate or committee name)

Mailing address of filer - number and street

City State Zip

Check box if mailing address has changed since last report
 [file amended CF-02, CF-03, CF-16 as necessary]

Committee treasurer name (Last) (First)

Is this committee authorized by the candidate? Yes No

OFFICE/DISTRICT/CANDIDATE BEING SUPPORTED

STATEMENT IS BEING FILED BY:

- | | |
|--|--|
| <input type="checkbox"/> Candidate | <input type="checkbox"/> Political Committee * |
| <input type="checkbox"/> Party Committee | <input type="checkbox"/> Constituted Committee |
| <input type="checkbox"/> Housekeeping Account
(For Party/Constituted Committees only) | <input type="checkbox"/> PAC |

* For Authorized or Unauthorized single or multi-candidate committee and for Ballot Issues.

TYPE OF REPORT

**CHECK ONE BOX AND INDICATE STATEMENT NUMBER ABOVE

- | | |
|--|---|
| 1. <input type="checkbox"/> 32 day Pre Primary | 7. <input type="checkbox"/> 32 day Pre Special |
| 2. <input type="checkbox"/> 11 day Pre Primary | 8. <input type="checkbox"/> 11 day Pre Special |
| 3. <input type="checkbox"/> 10 day Post Primary*** | 9. <input type="checkbox"/> 27 day Post Special*** |
| 4. <input type="checkbox"/> 32 day Pre General | 10. <input type="checkbox"/> Periodic Jan. 15, 20__ |
| 5. <input type="checkbox"/> 11 day Pre General | 11. <input type="checkbox"/> Periodic July 15, 20__ |
| 6. <input type="checkbox"/> 27 day Post General*** | 12. <input type="checkbox"/> 24 hour notice |
| | 13. <input type="checkbox"/> Off-Cycle |

*** Campaign material or a disclaimer must be submitted with Post Election statements.

- See Attached No Campaign Material Produced
- Termination Report (you can not terminate if any funds or debts remain)
- Amendment Report Date of original report ___/___/___
- Treasurer Resignation Report: Copy of letter of resignation attached.

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

VERIFICATION

Name - Print or type

Signature **(must be original in blue or black ink only.)**

Title

Date Signed Phone 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.

STATEMENT INVENTORY

Number of Schedules
Pages
Amended

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)			
Expenditures Refunds/Contributions Refunded (Sch. L/M)	/	/	/
Outstanding Liabilities (Sch. N)			
Partners/Subcontracts (Sch. O)			
Housekeeping Receipts (Sch. P)			
Housekeeping Expenses (Sch. Q)			
Summary/Status Report	/	/	/

IN-LIEU-OF STATEMENT

I state that I am a candidate or a treasurer of an authorized committee which supports only one candidate, and at the close of this reporting period neither the total receipts nor the total expenditures of this campaign have exceeded one thousand dollars.

Note: Once you file an itemized statement, you cannot file an In-Lieu-Of Statement for any future reports.

MONETARY CONTRIBUTIONS/Individual & Partnerships Schedule A

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE ____ OF ____	
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
Code:	CITY - STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
Code:	CITY - STATE	ZIP		\$	\$
TOTAL THIS PAGE				\$	

CODE:

- CAN = CANDIDATE/CANDIDATE SPOUSE
- IND = INDIVIDUAL
- FAM = FAMILY MEMBER: SEE INSTRUCTIONS
- PART = PARTNERSHIP: Partnerships which contribute over \$2500.00 total, must further define in Schedule O.

**Complete this summary
on your last page only!**

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

MONETARY CONTRIBUTIONS/Corporate Schedule B

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

**Complete this summary
on your last page only!**

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

MONETARY CONTRIBUTIONS/All Other Schedule C

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

**Complete this summary
on your last page only!**

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

IN-KIND CONTRIBUTIONS Schedule D

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE ____ OF ____
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DATE RECEIVED	NAME	APT	TYPE CODE:
	STREET		\$
CNTRB CODE:	CITY - STATE	ZIP	DESCRIPTION
DATE RECEIVED	NAME	APT	TYPE CODE:
	STREET		\$
CNTRB CODE:	CITY - STATE	ZIP	DESCRIPTION
DATE RECEIVED	NAME	APT	TYPE CODE:
	STREET		\$
CNTRB CODE:	CITY - STATE	ZIP	DESCRIPTION
DATE RECEIVED	NAME	APT	TYPE CODE:
	STREET		\$
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	\$

OTHER RECEIPTS Schedule E

DATE RECEIVED	NAME	APT	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET			\$
	CITY - STATE	ZIP		
DATE RECEIVED	NAME	APT	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET			\$
	CITY - STATE	ZIP		
DATE RECEIVED	NAME	APT	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET			\$
	CITY - STATE	ZIP		
DATE RECEIVED	NAME	APT	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET			\$
	CITY - STATE	ZIP		

TOTAL THIS PAGE	\$
TOTAL ITEMIZED RECEIPTS	\$
TOTAL UNITEMIZED RECEIPTS	\$
SCHEDULE TOTAL LAST PAGE ONLY	\$

EXPENDITURE/PAYMENTS Schedule F

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE OF
DO NOT report Transfers Out:				
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
TOTAL THIS PAGE				\$

Expenditure Purpose Codes

CMail	Campaign Mailings	POLLS	Polling Costs
CONSL	Campaign Consultant *	POSTA	Postage
CONSV	Constituent Services	PRINT	Print Ads
CNTRB	Political Contributions	PROFL	Professional Services *
FUNDR	Fundraising	RADIO	Radio Ads
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
INT	Interest Expense		

**Complete this summary
on your last page only!**

①	TOTAL ITEMIZED EXPENDITURES	\$
②	TOTAL UNITEMIZED EXPENDITURES	\$
③	Schedule Total	\$

* Sub Contractors must be further defined in Schedule O – See Instructions

**Receipts from Party Committee and other committees
authorized solely for this candidate (TRANSFERS IN) Schedule G**

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE ___ 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"/>	\$
TYPE 1 – Party/Constituted Committees TYPE 2 – Committee Solely Supporting Same Candidate			TOTAL THIS PAGE \$ SCHEDULE TOTAL Last Page Only \$

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.

**Payments to Party Committee and other committees
authorized solely for this candidate (TRANSFERS OUT) Schedule H**

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"/>	\$
TYPE 1 – Party/Constituted Committees TYPE 2 – Committee Solely Supporting Same Candidate			TOTAL THIS PAGE \$ SCHEDULE TOTAL Last Page Only \$

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

LOANS RECEIVED Schedule I

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE OF
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LOAN DATE	LENDER NAME	APT	LOAN AMOUNT
	STREET		
<input type="checkbox"/> Check if Bank Loan	CITY - STATE	ZIP	\$

LOAN DATE	LENDER NAME	APT	LOAN AMOUNT
	STREET		
<input type="checkbox"/> Check if Bank Loan	CITY - STATE	ZIP	\$

LOAN DATE	LENDER NAME	APT	LOAN AMOUNT
	STREET		
<input type="checkbox"/> Check if Bank Loan	CITY - STATE	ZIP	\$

LOAN DATE	LENDER NAME	APT	LOAN AMOUNT
	STREET		
<input type="checkbox"/> Check if Bank Loan	CITY - STATE	ZIP	\$

LOAN DATE	LENDER NAME	APT	LOAN AMOUNT
	STREET		
<input type="checkbox"/> Check if Bank Loan	CITY - STATE	ZIP	\$

	TOTAL THIS PAGE	\$
	SCHEDULE TOTAL Last Page Only	\$

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 statement. 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.

LOAN REPAYMENTS Schedule J

ORIGINAL DATE OF LOAN	LENDER NAME	CHECK NO.	AMOUNT
	STREET		
	CITY - STATE	DATE	\$

ORIGINAL DATE OF LOAN	LENDER NAME	CHECK NO.	AMOUNT
	STREET		
	CITY - STATE	DATE	\$

ORIGINAL DATE OF LOAN	LENDER NAME	CHECK NO.	AMOUNT
	STREET		
	CITY - STATE	DATE	\$

ORIGINAL DATE OF LOAN	LENDER NAME	CHECK NO.	AMOUNT
	STREET		
	CITY - STATE	DATE	\$

ORIGINAL DATE OF LOAN	LENDER NAME	CHECK NO.	AMOUNT
	STREET		
	CITY - STATE	DATE	\$

	TOTAL THIS PAGE	\$
	SCHEDULE TOTAL Last Page Only	\$

LIABILITIES/LOANS FORGIVEN Schedule K

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE OF
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DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
	STREET APT		
ORIGINAL DATE OF LIABILITY/ LOAN	CITY / STATE ZIP		

COPY OF EVIDENCE FROM VENDOR/LENDER INDICATING FORGIVENESS MUST BE ATTACHED.

TOTAL THIS PAGE	\$
SCHEDULE TOTAL (LAST PAGE ONLY)	\$

EXPENDITURE REFUNDS Schedule L

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE OF
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DATE RECEIVED	NAME	APT	ORIG. PAYMENT DATE
	STREET		
	CITY / STATE	ZIP	AMOUNT \$
DATE RECEIVED	NAME	APT	ORIG. PAYMENT DATE
	STREET		
	CITY / STATE	ZIP	AMOUNT \$
DATE RECEIVED	NAME	APT	ORIG. PAYMENT DATE
	STREET		
	CITY / STATE	ZIP	AMOUNT \$
DATE RECEIVED	NAME	APT	ORIG. PAYMENT DATE
	STREET		
	CITY / STATE	ZIP	AMOUNT \$
DATE RECEIVED	NAME	APT	ORIG. PAYMENT DATE
	STREET		
	CITY / STATE	ZIP	AMOUNT \$
TOTAL THIS PAGE			\$
SCHEDULE TOTAL LAST PAGE ONLY			

CONTRIBUTIONS REFUNDED Schedule M

REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME	AMOUNT REFUNDED
		STREET	\$
		CITY - STATE	CHECK #
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME	AMOUNT REFUNDED
		STREET	\$
		CITY - STATE	CHECK #
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME	AMOUNT REFUNDED
		STREET	\$
		CITY - STATE	CHECK #
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME	AMOUNT REFUNDED
		STREET	\$
		CITY - STATE	CHECK #
REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME	AMOUNT REFUNDED
		STREET	\$
		CITY - STATE	CHECK #
TOTAL THIS PAGE			\$
SCHEDULE TOTAL Last page only			\$

OUTSTANDING LIABILITIES/LOANS Schedule N

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE OF
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DATE	NAME	Total Orig. Amt. [] Liability [] Loan	Purpose Code Explain:	Liability Amount Outstanding	Loan Amount Outstanding
	STREET APT	\$		\$	\$
	CITY - STATE ZIP				
== CURRENT == PRIOR					
	STREET APT	\$		\$	\$
	CITY - STATE ZIP				
== CURRENT == PRIOR					
	STREET APT	\$		\$	\$
	CITY - STATE ZIP				
== CURRENT == PRIOR					
	STREET APT	\$		\$	\$
	CITY - STATE ZIP				
== CURRENT == PRIOR					
	STREET APT	\$		\$	\$
	CITY - STATE ZIP				
== CURRENT == PRIOR					
	STREET APT	\$		\$	\$
	CITY - STATE ZIP				
== CURRENT == PRIOR					
	STREET APT	\$		\$	\$
	CITY - STATE ZIP				
== CURRENT == PRIOR					
	STREET APT	\$		\$	\$
	CITY - STATE ZIP				
== CURRENT == PRIOR					
	STREET APT	\$		\$	\$
	CITY - STATE ZIP				
== CURRENT == PRIOR					
	STREET APT	\$		\$	\$
	CITY - STATE ZIP				
== CURRENT == PRIOR					

TOTAL THIS PAGE		
SCHEDULE TOTAL		

Purpose of Liability/Loan Codes

- | | | |
|---------------------------------------|--|--|
| CMAIL Campaign Mailings | POLLS Poling 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 | |
| OFFCE Office Expenses | TVADS Television Ads | |
| OTHER Other: Must Provide Explanation | VOTER Voter Registration Materials or Services | |
| PETIT Petition Expenses | WAGES Campaign Workers' Salaries | |

PARTNERS

SUBCONTRACTS Schedule O

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE ____ OF ____
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AMT OF CONTRIBUTION \$	PARTNERSHIP NAME	PAYEE NAME
DATE RECEIVED	STREET APT CITY - STATE ZIP	STREET APT CITY - STATE ZIP

PARTNER NAME					PROVIDER OF FINISHED GOODS/SERVICES:		
LAST	FIRST	MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED	
STREET		APT	\$	\$	STREET APT	\$	
CITY / STATE		ZIP			CITY / STATE	ZIP	CODE

TOTAL AMOUNT ATTRIBUTED	A	\$	A	\$
TOTAL AMOUNT UNITEMIZED	B	\$	B	\$
TOTAL AMOUNT CONTRIBUTION	A+B	\$	A+B	\$

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

* NON CAMPAIGN HOUSEKEEPING RECEIPTS Schedule P

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATE FROM / / TO / /	PAGE ____ OF ____
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DATE RECEIVED	NAME	AMOUNT	PREV. AMT.
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		
CODE:	STREET APT	\$	\$
CHECK #	CITY - STATE ZIP		
DATE RECEIVED	NAME		
CODE:	STREET APT	\$	\$
CHECK #	CITY - STATE ZIP		
DATE RECEIVED	NAME		

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

Complete this summary on your last page only!

* This schedule to be used only by party or constituted committee.

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

* NON-CAMPAIGN HOUSEKEEPING EXPENSES Schedule Q

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE ___ OF ___
DO NOT report Transfers Out:				
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
TOTAL THIS PAGE				\$

Expenditure Purpose Codes (use on Schedule Q only)

- RENTO Office Rent
- UTILS Utilities
- PAYRL Payroll
- POSTA Postage
- PROFL Professional Services
- OFEXP Office Expenses
- MAILS Mailings
- OTHER Other: Provide Explanation
- VOTER Voter Registration Materials or Services

**Complete this summary
on your last page only!**

①	TOTAL ITEMIZED EXPENDITURES	\$
②	TOTAL UNITEMIZED EXPENDITURES	\$
③	Schedule Total	\$

* This schedule to be used only by party or constituted committee.

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		
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SUMMARY OF RECEIPTS / EXPENDITURES

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)**.....\$ _____

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		
		FROM / / TO / /		

STATUS REPORT

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)

(See instructions for 9i on page 59.)

Candidate name	Office/District	Election Year	\$ Amount

TOTAL AMOUNT ALLOCATED (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) \$ _____