

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 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 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			
			TOTAL THIS PAGE	\$

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!

TOTAL ITEMIZED CONTRIBUTIONS	\$
TOTAL UNITEMIZED CONTRIBUTIONS	\$
SCHEDULE TOTAL	\$

SCHEDULE B Monetary Contributions/Corporate

ELECTION YEAR	FILER ID	REPORT PERIOD DATES			PAGE	
		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				
				\$	\$	

TOTAL THIS PAGE		\$
------------------------	--	----

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 <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT			
	CITY, STATE ZIP			
DATE RECEIVED	NAME		<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT			
	CITY, STATE ZIP			
DATE RECEIVED	NAME		<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT			
	CITY, STATE ZIP			
DATE RECEIVED	NAME		<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT			
	CITY, STATE ZIP			
DATE RECEIVED	NAME		<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT			
	CITY, STATE ZIP			
DATE RECEIVED	NAME		<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT			
	CITY, STATE ZIP			
DATE RECEIVED	NAME		<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT			
	CITY, STATE ZIP			
DATE RECEIVED	NAME		<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT			
	CITY, STATE ZIP			
DATE RECEIVED	NAME		<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT			
	CITY, STATE ZIP			
DATE RECEIVED	NAME		<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT			
	CITY, STATE ZIP			
DATE RECEIVED	NAME		<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT			
	CITY, STATE ZIP			
			TOTAL THIS PAGE	\$
			TOTAL ITEMIZED RECEIPTS	\$
			TOTAL UNITEMIZED RECEIPTS	\$
			SCHEDULE TOTAL LAST PAGE ONLY	\$

SCHEDULE F Expenditure/Payments

ELECTION YEAR	FILER ID	REPORT PERIOD DATES FROM / / TO / /		PAGE ____ OF ____
DO NOT REPORT TRANSFERS OUT:				
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			
TOTAL THIS PAGE			\$	

EXPENDITURE PURPOSE CODES

- | | | |
|---------------------------------------|--|---|
| EMAIL Campaign Mailing | POLLS Polling Costs | Complete this summary 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	\$
SCHEDULE TOTAL	\$

*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			PAGE			
		FROM	/	/	TO	/	/	OF
DATE	NAME			TRANSFER TYPE		AMOUNT TRANSFERRED		
	STREET			1 <input type="checkbox"/>				
	APT			2 <input type="checkbox"/>		\$		
CHECK #	CITY, STATE			ZIP				
DATE	NAME			TRANSFER TYPE		AMOUNT TRANSFERRED		
	STREET			1 <input type="checkbox"/>				
	APT			2 <input type="checkbox"/>		\$		
CHECK #	CITY, STATE			ZIP				
DATE	NAME			TRANSFER TYPE		AMOUNT TRANSFERRED		
	STREET			1 <input type="checkbox"/>				
	APT			2 <input type="checkbox"/>		\$		
CHECK #	CITY, STATE			ZIP				
DATE	NAME			TRANSFER TYPE		AMOUNT TRANSFERRED		
	STREET			1 <input type="checkbox"/>				
	APT			2 <input type="checkbox"/>		\$		
CHECK #	CITY, STATE			ZIP				
DATE	NAME			TRANSFER TYPE		AMOUNT TRANSFERRED		
	STREET			1 <input type="checkbox"/>				
	APT			2 <input type="checkbox"/>		\$		
CHECK #	CITY, STATE			ZIP				
DATE	NAME			TRANSFER TYPE		AMOUNT TRANSFERRED		
	STREET			1 <input type="checkbox"/>				
	APT			2 <input type="checkbox"/>		\$		
CHECK #	CITY, STATE			ZIP				
DATE	NAME			TRANSFER TYPE		AMOUNT TRANSFERRED		
	STREET			1 <input type="checkbox"/>				
	APT			2 <input type="checkbox"/>		\$		
CHECK #	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 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 FROM / / TO / /	PAGE OF
DATE	NAME	TRANSFER TYPE 1 <input type="checkbox"/>	AMOUNT TRANSFERRED
	STREET APT	2 <input type="checkbox"/>	\$
CHECK #	CITY, STATE ZIP		
DATE	NAME	TRANSFER TYPE 1 <input type="checkbox"/>	AMOUNT TRANSFERRED
	STREET APT	2 <input type="checkbox"/>	\$
CHECK #	CITY, STATE ZIP		
DATE	NAME	TRANSFER TYPE 1 <input type="checkbox"/>	AMOUNT TRANSFERRED
	STREET APT	2 <input type="checkbox"/>	\$
CHECK #	CITY, STATE ZIP		
DATE	NAME	TRANSFER TYPE 1 <input type="checkbox"/>	AMOUNT TRANSFERRED
	STREET APT	2 <input type="checkbox"/>	\$
CHECK #	CITY, STATE ZIP		
DATE	NAME	TRANSFER TYPE 1 <input type="checkbox"/>	AMOUNT TRANSFERRED
	STREET APT	2 <input type="checkbox"/>	\$
CHECK #	CITY, STATE ZIP		
DATE	NAME	TRANSFER TYPE 1 <input type="checkbox"/>	AMOUNT TRANSFERRED
	STREET APT	2 <input type="checkbox"/>	\$
CHECK #	CITY, STATE ZIP		
DATE	NAME	TRANSFER TYPE 1 <input type="checkbox"/>	AMOUNT TRANSFERRED
	STREET APT	2 <input type="checkbox"/>	\$
CHECK #	CITY, STATE ZIP		

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 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 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		DATE OF LOAN		
	CITY, STATE		ZIP				
						\$	
PAYMENT DATE	LENDER NAME			CHECK #		AMOUNT	
	STREET		APT		DATE OF LOAN		
	CITY, STATE		ZIP				
						\$	
PAYMENT DATE	LENDER NAME			CHECK #		AMOUNT	
	STREET		APT		DATE OF LOAN		
	CITY, STATE		ZIP				
						\$	
PAYMENT DATE	LENDER NAME			CHECK #		AMOUNT	
	STREET		APT		DATE OF LOAN		
	CITY, STATE		ZIP				
						\$	
PAYMENT DATE	LENDER NAME			CHECK #		AMOUNT	
	STREET		APT		DATE OF LOAN		
	CITY, STATE		ZIP				
						\$	
PAYMENT DATE	LENDER NAME			CHECK #		AMOUNT	
	STREET		APT		DATE OF LOAN		
	CITY, STATE		ZIP				
						\$	
PAYMENT DATE	LENDER NAME			CHECK #		AMOUNT	
	STREET		APT		DATE OF LOAN		
	CITY, STATE		ZIP				
						\$	
PAYMENT DATE	LENDER NAME			CHECK #		AMOUNT	
	STREET		APT		DATE OF LOAN		
	CITY, STATE		ZIP				
						\$	
					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 <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
ORIGINAL DATE OF LIABILITY/LOAN	STREET	APT		
	CITY, STATE	ZIP		\$
DATE	VENDOR/LENDER		<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
ORIGINAL DATE OF LIABILITY/LOAN	STREET	APT		
	CITY, STATE	ZIP		\$
DATE	VENDOR/LENDER		<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
ORIGINAL DATE OF LIABILITY/LOAN	STREET	APT		
	CITY, STATE	ZIP		\$
DATE	VENDOR/LENDER		<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
ORIGINAL DATE OF LIABILITY/LOAN	STREET	APT		
	CITY, STATE	ZIP		\$
DATE	VENDOR/LENDER		<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
ORIGINAL DATE OF LIABILITY/LOAN	STREET	APT		
	CITY, STATE	ZIP		\$
DATE	VENDOR/LENDER		<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
ORIGINAL DATE OF LIABILITY/LOAN	STREET	APT		
	CITY, STATE	ZIP		\$
DATE	VENDOR/LENDER		<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN	AMOUNT FORGIVEN
ORIGINAL DATE OF LIABILITY/LOAN	STREET	APT		
	CITY, STATE	ZIP		\$
DATE	VENDOR/LENDER		<input type="checkbox"/> LIABILITY <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 FROM / / TO / /	PAGE ____ 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	\$
			Schedule Total Last Page Only	\$

SCHEDULE M Contributions Refunded

ELECTION YEAR		FILER ID	REPORT PERIOD DATES FROM / / TO / /	PAGE ____ 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 #
			TOTAL THIS PAGE	\$
			SCHEDULE TOTAL LAST PAGE ONLY	\$

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	
		() LIABILITY				
	STREET APT	() LOAN	EXPLAIN:			
() CURRENT () PRIOR	CITY, STATE ZIP	\$ _____		\$ _____	\$ _____	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
		() LIABILITY				
	STREET APT	() LOAN	EXPLAIN:			
() CURRENT () PRIOR	CITY, STATE ZIP	\$ _____		\$ _____	\$ _____	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
		() LIABILITY				
	STREET APT	() LOAN	EXPLAIN:			
() CURRENT () PRIOR	CITY, STATE ZIP	\$ _____		\$ _____	\$ _____	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
		() LIABILITY				
	STREET APT	() LOAN	EXPLAIN:			
() CURRENT () PRIOR	CITY, STATE ZIP	\$ _____		\$ _____	\$ _____	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
		() LIABILITY				
	STREET APT	() LOAN	EXPLAIN:			
() CURRENT () PRIOR	CITY, STATE ZIP	\$ _____		\$ _____	\$ _____	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
		() LIABILITY				
	STREET APT	() LOAN	EXPLAIN:			
() CURRENT () PRIOR	CITY, STATE ZIP	\$ _____		\$ _____	\$ _____	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
		() LIABILITY				
	STREET APT	() LOAN	EXPLAIN:			
() CURRENT () PRIOR	CITY, STATE ZIP	\$ _____		\$ _____	\$ _____	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
		() LIABILITY				
	STREET APT	() LOAN	EXPLAIN:			
() CURRENT () PRIOR	CITY, STATE ZIP	\$ _____		\$ _____	\$ _____	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
		() LIABILITY				
	STREET APT	() LOAN	EXPLAIN:			
() CURRENT () PRIOR	CITY, STATE ZIP	\$ _____		\$ _____	\$ _____	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
		() LIABILITY				
	STREET APT	() LOAN	EXPLAIN:			
() CURRENT () PRIOR	CITY, STATE ZIP	\$ _____		\$ _____	\$ _____	

TOTAL THIS PAGE	\$ _____	\$ _____
SCHEDULE TOTAL	\$ _____	\$ _____

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 Partners

ELECTION YEAR	FILER ID	REPORT PERIOD DATES FROM / / TO / /	PAGE OF
DATE RECEIVED	PARTNERSHIP NAME		AMOUNT OF CONTRIBUTION \$
	STREET APT		
	CITY, STATE ZIP		

PARTNER NAME

LAST	FIRST	AMOUNT ATTRIBUTED \$	PREVIOUS AMOUNT \$
STREET APT			
CITY, STATE ZIP			
LAST	FIRST	AMOUNT ATTRIBUTED \$	PREVIOUS AMOUNT \$
STREET APT			
CITY, STATE ZIP			
LAST	FIRST	AMOUNT ATTRIBUTED \$	PREVIOUS AMOUNT \$
STREET APT			
CITY, STATE ZIP			
LAST	FIRST	AMOUNT ATTRIBUTED \$	PREVIOUS AMOUNT \$
STREET APT			
CITY, STATE ZIP			
LAST	FIRST	AMOUNT ATTRIBUTED \$	PREVIOUS AMOUNT \$
STREET APT			
CITY, STATE ZIP			
LAST	FIRST	AMOUNT ATTRIBUTED \$	PREVIOUS AMOUNT \$
STREET APT			
CITY, STATE ZIP			
LAST	FIRST	AMOUNT ATTRIBUTED \$	PREVIOUS AMOUNT \$
STREET APT			
CITY, STATE ZIP			

	TOTAL AMOUNT ATTRIBUTED	\$	\$
	TOTAL AMOUNT UNITEMIZED	\$	\$
	TOTAL AMOUNT CONTRIBUTION	\$	\$

SCHEDULE O Subcontracts

ELECTION YEAR	FILER ID	REPORT PERIOD DATES FROM / / TO / /	PAGE OF
PRIMARY CONTRACTOR/PAYEE NAME			
STREET		APT	
CITY, STATE		ZIP	
SUBCONTRACTOR/PROVIDER OF FINISHED GOODS/SERVICES:			
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
			/	/	
DATE RECEIVED	NAME				AMOUNT
CODE	STREET			APT	PREV. AMOUNT
CHECK #	CITY, STATE			ZIP	
					\$
					\$
DATE RECEIVED	NAME				AMOUNT
CODE	STREET			APT	PREV. AMOUNT
CHECK #	CITY, STATE			ZIP	
					\$
					\$
DATE RECEIVED	NAME				AMOUNT
CODE	STREET			APT	PREV. AMOUNT
CHECK #	CITY, STATE			ZIP	
					\$
					\$
DATE RECEIVED	NAME				AMOUNT
CODE	STREET			APT	PREV. AMOUNT
CHECK #	CITY, STATE			ZIP	
					\$
					\$
DATE RECEIVED	NAME				AMOUNT
CODE	STREET			APT	PREV. AMOUNT
CHECK #	CITY, STATE			ZIP	
					\$
					\$
DATE RECEIVED	NAME				AMOUNT
CODE	STREET			APT	PREV. AMOUNT
CHECK #	CITY, STATE			ZIP	
					\$
					\$

TOTAL THIS PAGE	\$
------------------------	----

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	\$

SCHEDULE Q *Non-Campaign Housekeeping Expenses

ELECTION YEAR	FILER ID	REPORT PERIOD DATES FROM / / TO / /	PAGE ----OF----
---------------	----------	--	--------------------

DO NOT REPORT TRANSFERS OUT:			
DATE PAID	NAME	PURPOSE CODE	AMT. PAID
	STREET APT	EXPLAIN	\$
CHECK #	CITY, STATE ZIP		
DATE PAID	NAME	PURPOSE CODE	
	STREET APT	EXPLAIN	\$
CHECK #	CITY, STATE ZIP		
DATE PAID	NAME	PURPOSE CODE	
	STREET APT	EXPLAIN	\$
CHECK #	CITY, STATE ZIP		
DATE PAID	NAME	PURPOSE CODE	
	STREET APT	EXPLAIN	\$
CHECK #	CITY, STATE ZIP		
DATE PAID	NAME	PURPOSE CODE	
	STREET APT	EXPLAIN	\$
CHECK #	CITY, STATE ZIP		
DATE PAID	NAME	PURPOSE CODE	
	STREET APT	EXPLAIN	\$
CHECK #	CITY, STATE ZIP		
DATE PAID	NAME	PURPOSE CODE	
	STREET APT	EXPLAIN	\$
CHECK #	CITY, STATE ZIP		
DATE PAID	NAME	PURPOSE CODE	
	STREET APT	EXPLAIN	\$
CHECK #	CITY, STATE ZIP		
DATE PAID	NAME	PURPOSE CODE	
	STREET APT	EXPLAIN	\$
CHECK #	CITY, STATE ZIP		
DATE PAID	NAME	PURPOSE CODE	
	STREET APT	EXPLAIN	\$
CHECK #	CITY, STATE ZIP		
DATE PAID	NAME	PURPOSE CODE	
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!

TOTAL ITEMIZED EXPENDITURES	\$
TOTAL UNITEMIZED EXPENDITURES	\$
SCHEDULE TOTAL	\$

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

SUMMARY OF RECEIPTS / EXPENDITURES

ELECTION YEAR	FILER ID	REPORT PERIOD DATES
		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 2b)..... \$ _____

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
		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
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) \$ _____