### 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

Committee Treasurer Na Residential Address (no Mailing Address (P.O. Bo Telephone: Home E-mail address  TYPE OF REPORT  Please check the applicable box [ ] 32 Day Pre-Primary [ ] 32 [ ] 11 Day Pre-Primary [ ] 11 [ ] 10 Day Post-Primary* [ ] 27 [ ] 32 Day Pre-General [ ] Jan [ ] 11 Day Pre-General [ ] July [ ] 27 Day Post General* [ ] Off *Campaign material or a disclaimer must b [ ] See Material Attached [ ]	E NAME ame (If applicable) P.O. Box) ox allowed) Business	Cell		
Committee Treasurer Na Residential Address (no Mailing Address (P.O. Bo Telephone: Home E-mail address  TYPE OF REPORT  Please check the applicable box [ ] 32 Day Pre-Primary [ ] 32 [ ] 11 Day Pre-Primary [ ] 11 [ ] 10 Day Post-Primary* [ ] 27 [ ] 32 Day Pre-General [ ] Jan [ ] 11 Day Pre-General [ ] July [ ] 27 Day Post General* [ ] Off *Campaign material or a disclaimer must b [ ] See Material Attached [ ]	P.O. Box) ox allowed) Business	Cell		
Residential Address (no Mailing Address (P.O. Both Telephone: Home	P.O. Box) ox allowed) Business	Cell		
Residential Address (no Mailing Address (P.O. Both Telephone: Home	P.O. Box) ox allowed) Business	Cell		
Telephone: Home E-mail address  TYPE OF REPORT  Please check the applicable box  [ ] 32 Day Pre-Primary	Business	Cell		
Telephone: Home E-mail address  TYPE OF REPORT  Please check the applicable box  [ ] 32 Day Pre-Primary	Business	Cell		
E-mail address  TYPE OF REPORT  Please check the applicable box  [ ] 32 Day Pre-Primary				
TYPE OF REPORT  Please check the applicable box  [ ] 32 Day Pre-Primary				
Please check the applicable box  [ ] 32 Day Pre-Primary		REPORT SCHEDULES		
[ ] 32 Day Pre-Primary [ ] 32 [ ] 11 Day Pre-Primary [ ] 11 [ ] 10 Day Post-Primary* . [ ] 27 [ ] 32 Day Pre- General [ ] Jan [ ] 11 Day Pre-General [ ] July [ ] 27 Day Post General* [ ] Off *Campaign material or a disclaimer must b		KEI OKI SCHEDULES		Number of Pages
[ ] 11 Day Pre-Primary [ ] 11 [ ] 10 Day Post-Primary* . [ ] 27 [ ] 32 Day Pre- General [ ] Jan [ ] 11 Day Pre-General [ ] July [ ] 27 Day Post General* [ ] Off *Campaign material or a disclaimer must b [ ] See Material Attached [	x(es) below:	Individuals/Partnership Con	ntributions Sch. A	
[ ]10 Day Post-Primary* . [ ]27 [ ]32 Day Pre- General [ ] Jan [ ]11 Day Pre-General [ ] July [ ]27 Day Post General* [ ]Off *Campaign material or a disclaimer must b [ ] See Material Attached [	Day Pre-Special	Corporate Contributions	Sch. B	
[ ] 32 Day Pre- General [ ] Jan [ ] 11 Day Pre-General [ ] July [ ] 27 Day Post General* [ ] Off  *Campaign material or a disclaimer must b [ ] See Material Attached [	Day Pre-Special	-		
[ ] 11 Day Pre-General [ ] July [ ] 27 Day Post General* [ ] Off  *Campaign material or a disclaimer must b	Day Post-Special*	All Other Contributions	Sch. C	
[ ] 27 Day Post General* [ ] Off  *Campaign material or a disclaimer must b  [ ] See Material Attached [	nuary Periodic, 20	In-Kind Contributions/ Othe	r Receipts Sch. D/E	
*Campaign material or a disclaimer must b	y Periodic, 20	Expenditure Payments	Sch. F	
[ ] See Material Attached [	f-Cycle Report [ ] 24 Hour Notice	Transfers In/Out	Sch. G/H	
	be submitted with Post Election Reports.	Loans Received/Paid	Sch. I/J	$\overline{}$
[ ] Termination Report [ ] Am	] No Campaign Material Produced	Liabilities/Loans Forgiven	Sch. K	
	nended Report	Liabilities/Loans Porgiven	Scii. K	
[ ] Treasurer Resignation Report (Letter of	f resignation attached)	Expenditure/Contribution Re	efunds Sch. L/M	
[ ] In-Lieu-Of Statement		Outstanding Liabilities	Sch. N	
and/or an authorized committee s committee involved solely in pror	eu-Of Statement, you must be a candida solely supporting one candidate or a moting the success or defeat of a ballot	Partners/Subcontractors	Sch. O	
total receipts nor the total expend	applicable reporting period, neither the ditures of the campaign have exceeded	Housekeeping Receipts	Sch. P	
you now exceed this \$1,000 three covering all transactions since the	ed an In-Lieu-Of Statement and find tha eshold, you must file an itemized report ne beginning of the campaign. Once an	Housekeeping Expenses	Sch. Q	
itemized report is required, you may not file an In-Lieu-Of Statement for any future reporting period.		Summary/Status Report		
I state that the information contained i	in this report in all respects is true and c	complete to the best of my knowledge,	information and belief.	
	VERIFIC	ATION		
Name – Print or Type		Signature (must be original and in ink	κ)	
Title				

CF-01 1/13

COUNTY BOARD OF ELECTIONS.

**SCHEDULE A** Monetary Contributions/ Individual & Partnerships

ELECTION YEAR	FILER ID	REPORT PERIOD DATES			PAGE
		FROM / / TO / /			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			
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			
DATE RECEIVED	NAME		CHECK #	AMOUNT	PREV. AMT.
	STREET	АРТ		\$	\$
CODE	CITY, STATE	ZIP			
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			
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	\$	\$

Complete this summary on your last page only!

#### CODE:

CANDIDATE/CANDIDATE SPOUSE CAN

IND INDIVIDUAL

FAMILY MEMBER: SEE INSTRUCTIONS IN HANDBOOK FAM

PARTNERSHIP: PARTNERSHIPS WHICH CONTRIBUTE OVER \$2500.00 IN THE AGGREGATE, MUST FURTHER DEFINE IN SCHEDULE O. PART

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

**SCHEDULE B** Monetary Contributions/Corporate

SCHEDU	LE B Monetar	y Contributions/Corporate	<b>e</b>		
ELECTION YEAR	FILER ID	REPORT PERIOD DA	ΓES		PAGE
		FROM / /	TO /	/	OF
DATE RECEIVED	NAME	(1112	TO / CHECK#	AMOUNT	PREV. AMT.
	STREET	APT			
				\$	\$
	CITY, STATE	ZIP			
DATE RECEIVED	NAME		CHECK #	AMOUNT	PREV. AMT.
	STREET	APT	_	\$	\$
	CITY, STATE	ZIP	_		Ť
DATE RECEIVED	NAME		CHECK #	AMOUNT	PREV. AMT.
	STREET	APT		\$	\$
	CITY, STATE	ZIP			
DATE RECEIVED	NAME		CHECK #	AMOUNT	PREV. AMT.
	STREET	APT	_	œ.	•
	CITY, STATE	ZIP		\$	\$
DATE DECENTED	NAME		OUEOK #	AMOUNT	DDEV ANT
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	-	T T	<b>"</b>
		TOTAL THIS PAGE		\$	

Complete this summary on your last page only!

TOTAL ITEMZED CONTRIBUTIONS	\$
TOTAL UNITEMIZED CONTRIBUTIONS	\$
SCHEDULE TOTAL	\$

## **SCHEDULE C** Monetary Contributions/All Other

SCHEDU	L <b>E C</b> Monetar	y Contributions/All Other			
ELECTION YEAR	FILER ID	REPORT PERIOD DATES			PAGE
		FROM / / TO /	/		OF
DATE RECEIVED	NAME		/ CHECK#	AMOUNT	PREV. AMT.
	STREET	APT	-		
	CITY, STATE	ZIP	-	\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT	<u> </u>		
	CITY, STATE	ZIP		\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT	-		
	CITY, STATE	ZIP	<u> </u>  -	\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
2,112,112021122	STREET	APT	-	\$	
	CITY, STATE	ZIP	-		\$
DATE DECENTED		ZIF	OUEOK#		
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	АРТ		•	•
	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 D** In-Kind Contributions

ELECTION YEAR	FILER ID	REPORT PERIOD DATES		PAGE
		FROM / / TO	1 1	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:

CANDIDATE/CANDIDATE SPOUSE FAMILY MEMBERS (SEE INSTRUCTIONS) CAN = FAM

CORP CORPORATE = IND INDIVIDUAL PARTNERSHIP COMMITTEE PART COM

#### CONTRIBUTION TYPE CODE:

SERVICES/FACILITIES PROVIDED PROPERTY GIVEN 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			☐ INTEREST/DIVIDEND	RECEIPT AMOUNT
	STREET		APT	☐ PROCEEDS SALE/LEASE	
	CITY, STATE		ZIP	OTHER	
DATE RECEIVED	NAME			☐ INTEREST/DIVIDEND	RECEIPT AMOUNT
	STREET		APT	☐ PROCEEDS SALE/LEASE	
	CITY, STATE		ZIP	OTHER	
DATE RECEIVED	NAME			☐ INTEREST/DIVIDEND	RECEIPT AMOUNT
	STREET		APT	☐ PROCEEDS SALE/LEASE	
	CITY, STATE		ZIP	OTHER	
DATE RECEIVED	NAME			☐ INTEREST/DIVIDEND	RECEIPT AMOUNT
	STREET		APT	☐ PROCEEDS SALE/LEASE	
	CITY, STATE		ZIP	OTHER	
DATE RECEIVED	NAME			☐ INTEREST/DIVIDEND	RECEIPT AMOUNT
	STREET		APT	☐ PROCEEDS SALE/LEASE	
	CITY, STATE		ZIP	OTHER	
DATE RECEIVED	NAME			☐ INTEREST/DIVIDEND	RECEIPT AMOUNT
	STREET		APT	☐ PROCEEDS SALE/LEASE	
	CITY, STATE		ZIP	OTHER	
DATE RECEIVED	NAME			☐ INTEREST/DIVIDEND	RECEIPT AMOUNT
	STREET		APT	☐ PROCEEDS SALE/LEASE	
	CITY, STATE		ZIP	OTHER	
DATE RECEIVED	NAME			☐ INTEREST/DIVIDEND	RECEIPT AMOUNT
	STREET		APT	☐ PROCEEDS SALE/LEASE	
	CITY, STATE		ZIP	OTHER	
DATE RECEIVED	NAME			☐ INTEREST/DIVIDEND	RECEIPT AMOUNT
	STREET		APT	PROCEEDS SALE/LEASE	
	CITY, STATE		ZIP	OTHER	
				TOTAL THIS PAGE	\$
				TOTAL ITEMIZED RECEIPTS	\$
				TOTAL UNITEMIZED RECEIPTS	\$
				SCHEDULE TOTAL LAST PAGE ONLY	\$

### **SCHEDULE F** Expenditure/Payments

ELECTION YEAR	FILER ID	REPORT PERIOD DA	TES		PAGE
		FROM / /	TO / /		OF
-		l	DO NOT REPORT TRANSF	FERS 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	<del></del>
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		\$
	1				

#### **EXPENDITURE PURPOSE CODES**

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

<sup>\*</sup>Sub Contractors must be further defined in Schedule O (See Instructions)

# SCHEDULE G Transfers In

Receipts from Part	y, Constituted and other	committees	authorized	solely for t	his candidate			
ELECTION YEAR	FILER ID		PERIOD DATE					PAGE
		FROM	/ /	TO	/ /			OF
DATE	NAME					TRANSFER TYPE	AMOUN	NT TRANSFERRED
	STREET			APT		1 🔲		
	SIREET			AFI				
CHECK #	CITY, STATE			ZIP		2 🗌	\$	
DATE	NAME					TRANSFER TYPE	NOMA	NT TRANSFERRED
	STREET			APT		1 🗆		
	SIREEI			API				
CHECK #	CITY, STATE			ZIP		2 🔲	\$	
DATE	NAME					TRANSFER TYPE	AMOUN	NT TRANSFERRED
						1 🔲		
	STREET			APT				
CHECK #	CITY, STATE			ZIP		2 🗌	\$	
51.12611.11	,							
DATE	NAME					TRANSFER TYPE	AMOUN	NT TRANSFERRED
						1 🗆		
	STREET			APT				
CHECK #	CITY, STATE			ZIP		2 🔲	\$	
OHLOR#	OITT, STATE			211				
DATE	NAME					TRANSFER TYPE	AMOUN	NT TRANSFERRED
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	STREET			APT				
CHECK #	CITY, STATE			ZIP		2 🔲	\$	
OF IZOK #	0111,011112							
DATE	NAME					TRANSFER TYPE	AMOUN	NT TRANSFERRED
						1 🗆		
	STREET			APT				
CHECK #	CITY, STATE			ZIP		2 🔲	\$	
OHLOR #	OITT, OTATE			211				
DATE	NAME					TRANSFER TYPE	AMOUN	NT TRANSFERRED
						1 🗆		
	STREET			APT				
CHECK #	CITY, STATE			ZIP		2 🔲	\$	
OHLOR #	OITT, OTATE			211				
COMMITTEES OR COI AS A TRANSFER. TH CONTRIBUTION ON S		A DIFFERENT EPORTED AS A	CANDIDATE			TOTAL THIS PAGE	\$	
TYPE 1 – Between a p	arty or constituted committ	ee and a candi	date or a cand	didate's auth	orized committee.		+	
TYPE 2 – Between two	o authorized committees SC	LELY supporti	ng the same o	candidate		SCHEDULE TOTAL LAST PAGE ONLY	\$	

# SCHEDULE H Transfers Out

	Constituted and other co				or this candidate		
ELECTION YEAR	FILER ID	REPORT P	PERIOD DA	TES			PAGE
		FROM	/ /	TO	1 1		OF
DATE	NAME					TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET				APT	1 🗆	
	OTTLET				711 1	<u></u>	
CHECK #	CITY, STATE				ZIP	2 🗆	\$
DATE	NAME					TRANSFER TYPE	AMOUNT TRANSFERRED
						1 🗆	
	STREET				APT	_	
OLIFOK #	OITY OTATE				710	2 🔲	\$
CHECK #	CITY, STATE				ZIP		
DATE	NAME					TRANSFER TYPE	AMOUNT TRANSFERRED
BATE	TV/ UVIE						AWOON TO WOLLING
	STREET				APT	1 🗆	
							¢.
CHECK #	CITY, STATE				ZIP	2 🗆	\$
DATE	NAME					TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET				APT	1 🗆	
	SIREEI				API		
CHECK #	CITY, STATE				ZIP	2 🗆	\$
51.1251t#	0, 0				_··		
DATE	NAME					TRANSFER TYPE	AMOUNT TRANSFERRED
						1 🗆	
	STREET				APT	7 ' -	
						2 🗆	\$
CHECK #	CITY, STATE				ZIP	_	
DATE	NAME					TRANSFER TYPE	AMOUNT TRANSFERRED
DATE	IVAIVIL						AWOONT TRANSFERRED
	STREET				APT	1 🗆	
CHECK #	CITY, STATE				ZIP	2 🗆	\$
DATE	NAME					TRANSFER TYPE	AMOUNT TRANSFERRED
	OTDEET				ADT	1 🗆	
	STREET				APT		
CHECK #	CITY, STATE				ZIP	2 🗌	\$
OHEOR #	0111, 011112						
	RT FUNDS PAID TO INDEPEI MMITTEES AUTHORIZED BY		T CANDIDA	ATF			
	SE RECEIPTS MUST BE REP				DULE F.		
						TOTAL THIS PAGE	\$
TYPE 1 – Between a p	arty or constituted committe	e and a cand	idate or a d	candidate's	authorized committee.		
TYPE 2 – Between two	authorized committees SOL	.ELY support	ting the sai	me candida	te.		
		• •	=			SCHEDULE TOTAL LAST PAGE ONLY	•
						LAGI FAGE UNLT	\$

#### SCHEDULE I Loans Received

COLLEGE		received	
ELECTION YEAR	FILER ID	REPORT PERIOD DATES	PAGE
		FROM / / TO / /	OF
LOAN DATE	LENDER NAME	, , , , , , , , , , , , , , , , , , ,	LOAN AMOUNT
	STREET	APT	
CHECK IF BANK LOAN	CITY, STREET	ZIP	\$
LOAN DATE	LENDER NAME		LOAN AMOUNT
	STREET	APT	
CHECK IF BANK			<b>\$</b>
LOAN	CITY, STREET	ZIP	4
LOAN DATE	LENDER NAME		LOAN AMOUNT
LOANDATE	LENDER NAME		LOAN AMOUNT
	STREET	APT	
	JIKELI	Al I	
CHECK IF BANK	CITY, STREET	ZIP	<del> </del> \$
LOAN			
LOAN DATE	LENDER NAME		LOAN AMOUNT
	STREET	APT	
CHECK IF BANK			
LOAN	CITY, STREET	ZIP	\$
LOAN DATE	LENDER NAME		LOAN AMOUNT
	STREET	APT	
CHECK IF BANK	CITY, STREET	ZIP	\$
LOAN	OII I, OIILLI	ZII	
LOAN DATE	LENDER NAME		LOAN AMOUNT
	STREET	APT	
CHECK IF BANK LOAN	CITY, STREET	ZIP	\$
LOAN DATE	LENDER NAME		LOAN AMOUNT
	STREET	APT	
CHECK IF BANK	OITY OTDEET	710	\$
LOAN	CITY, STREET	ZIP	•
LOAN DATE	LENDER NAME		LOAN AMOUNT
LOANDAIL	LEINDER INAIVIE		LOAN AMOUNT
	STREET	APT	
		7 U 1	
CHECK IF BANK LOAN	CITY, STREET	ZIP	\$
LOAN	,		
ı	ı		ı

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		
	CITY, STATE	ZIP	DATE OF LOAN	\$
PAYMENT DATE	LENDER NAME		CHECK#	AMOUNT
PATMENT DATE			CHECK#	AMOUNT
	STREET	APT		\$
	CITY, STATE	ZIP	DATE OF LOAN	1
PAYMENT DATE	LENDER NAME		CHECK #	AMOUNT
	STREET	APT	-	
			2175 051 011	\$
	CITY, STATE	ZIP	DATE OF LOAN	
PAYMENT DATE	LENDER NAME		CHECK#	AMOUNT
	STREET	APT	1	
	CITY, STATE	ZIP	DATE OF LOAN	\$
PAYMENT DATE	LENDER NAME		CHECK#	AMOUNT
FATIVILINI DATE			CHECK#	AMOUNT
	STREET	APT		\$
	CITY, STATE	ZIP	DATE OF LOAN	-
PAYMENT DATE	LENDER NAME		CHECK#	AMOUNT
	STREET	APT	_	
	CITY, STATE	ZIP	DATE OF LOAN	\$
		ZIP	DATE OF LOAN	
PAYMENT DATE	LENDER NAME		CHECK #	AMOUNT
	STREET	APT	1	
	CITY, STATE	ZIP	DATE OF LOAN	\$
PAYMENT DATE	LENDER NAME		CHECK#	AMOUNT
			J. 12310 #	,
	STREET	APT		\$
	CITY, STATE	ZIP	DATE OF LOAN	1
PAYMENT DATE	LENDER NAME		CHECK #	AMOUNT
	STREET	APT	-	
		ZIP	DATE OF LOAN	\$
	CITY, STATE	ΔIF	DATE OF LOAN	
			TOTAL THIS	
			PAGE	\$
			0011551115	
			SCHEDULE TOTAL	i .

# **SCHEDULE K** Liabilities/Loans Forgiven

ELECTION YEAR	FILER ID	REPORT PERIOD DATES			PAGE
		FROM / / TO	) / /		OF
DATE	VENDOR/LENDER			AMOUNT F	ORGIVEN
ORIGINAL DATE	STREET	APT	LIABILITY		
OF LIABILITY/LOAN	SIREEI	API			
	CITY, STATE	ZIP	LOAN		
				\$	
DATE	VENDOR/LENDER			AMOUNT F	ORGIVEN
			LIABILITY		
ORIGINAL DATE OF LIABILITY/LOAN	STREET	APT			
OF EIABIETT // LOAN	OUTV OTATE	710	□ LOAN		
	CITY, STATE	ZIP		\$	
DATE	VENDOR/LENDER			AMOUNT F	ORGIVEN
D/(IL	VENDONVENDEN			7.1110011111	OROIVER
ORIGINAL DATE	STREET	APT	LIABILITY		
OF LIABILITY/LOAN			П		
	CITY, STATE	ZIP	□ LOAN	\$	
DATE	VENDOR/LENDER			AMOUNT F	ORGIVEN
ORIGINAL DATE	STREET	APT	LIABILITY		
OF LIABILITY/LOAN	SIRLLI	AFI			
	CITY, STATE	ZIP	LOAN		
				\$	
DATE	VENDOR/LENDER			AMOUNT F	ORGIVEN
			LIABILITY		
ORIGINAL DATE OF LIABILITY/LOAN	STREET	APT			
OF EINBIETT T/EO/IIV	CITY, STATE	ZIP	□ LOAN		
	GIT, STATE	ZIF		\$	
DATE	VENDOR/LENDER			AMOUNT F	ORGIVEN
			LIABILITY		
ORIGINAL DATE	STREET	APT	LIABILITY		
OF LIABILITY/LOAN			LOAN		
	CITY, STATE	ZIP	LOAN	\$	
DATE	VENDOD/LENDED			AMOUNT	ODOIVEN.
DATE	VENDOR/LENDER			AMOUNT F	ORGIVEN
ORIGINAL DATE	STREET	APT	LIABILITY		
OF LIABILITY/LOAN		, ·			
	CITY, STATE	ZIP	□ LOAN	\$	
				φ	
DATE	VENDOR/LENDER			AMOUNT F	ORGIVEN
00101111 - :	070557	ADT	LIABILITY		
ORIGINAL DATE OF LIABILITY/LOAN	STREET	APT			
-: -: -: -: -: -: -: -: -: -: -: -: -: -	CITY, STATE	ZIP	□ LOAN		
	OIT, STATE	<b>∠</b> 11		\$	
	I				
			TOTAL THIS PAGE	\$	
			SCHEDULE TOTAL	\$	
			LAST PAGE ONLY	<b>*</b>	

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

### **SCHEDULE L** Expenditure Refunds

ELECTION YEAR	FILER ID	REPORT PERIOD DATES		PAGE
		FROM / / TO / /		OF
DATE RECEIVED	NAME		ORIG.	PAYMENT DATE
	STREET	APT		
	CITY, STATE	ZIP	AMOU	NT \$
DATE RECEIVED	NAME		ORIG.	PAYMENT DATE
	STREET	APT		
	CITY, STATE	ZIP	AMOU	NT \$
DATE RECEIVED	NAME		ORIG.	PAYMENT DATE
	STREET	APT		
	CITY, STATE	ZIP	AMOU	NT \$
DATE RECEIVED	NAME		ORIG.	PAYMENT DATE
	STREET	APT		
	CITY, STATE	ZIP	AMOU	NT \$
DATE RECEIVED	NAME		ORIG.	PAYMENT DATE
	STREET	APT		
	CITY, STATE	ZIP	AMOU	NT \$
DATE RECEIVED	NAME		ORIG.	PAYMENT DATE
	STREET	APT		
	CITY, STATE	ZIP	AMOU	NT \$
DATE RECEIVED	NAME		ORIG.	PAYMENT DATE
	STREET	APT		
	CITY, STATE	ZIP	AMOU	NT \$
DATE RECEIVED	NAME		ORIG.	PAYMENT DATE
	STREET	APT		
	CITY, STATE	ZIP	AMOU	NT \$
	•	TOTAL THIS PAGE	\$	
		Schedule Total Last Page Only	\$	

### **SCHEDULE M** Contributions Refunded

ELECTION YEAR		FILER ID	REPORT PERIOD DATES	PAGE	
			FROM / / TO /	/	OF
REFUND DATE	ORIGINAL DATE RECEIVED	NAME	,	AMOU	NT REFUNDED
		STREET	APT	\$	
		CITY, STATE	ZIP	CHECK #	
REFUND DATE	ORIGINAL DATE RECEIVED	NAME		AMOU	NT REFUNDED
		STREET	APT	\$	
		CITY, STATE	ZIP	CHECK #	
REFUND DATE	ORIGINAL DATE RECEIVED	NAME		AMOU	NT REFUNDED
		STREET	APT	\$	
		CITY, STATE	ZIP	CHECK #	
REFUND DATE	ORIGINAL DATE RECEIVED	NAME		AMOUI	NT REFUNDED
		STREET	APT	\$	
		CITY, STATE	ZIP	CHECK#	
REFUND DATE	ORIGINAL DATE RECEIVED	NAME		AMOUI	NT REFUNDED
		STREET	APT	\$	
		CITY, STATE	ZIP	CHECK#	
REFUND DATE	ORIGINAL DATE RECEIVED	NAME		AMOUI	NT REFUNDED
		STREET	APT	\$	
		CITY, STATE	ZIP	CHECK#	
REFUND DATE	ORIGINAL DATE RECEIVED	NAME		AMOUI	NT 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	PERIO	D DATES						PAGE
		FROM	/	/ To	o /	/				OF
DATE	NAME					TOTAL ORIG		PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING
	STREET			APT		( ) LOAN		EXPLAIN:		
( ) CURRENT ( ) PRIOR	CITY, STATE			ZIP		\$			\$	\$
DATE	NAME					TOTAL ORIG	G. AMT.	PURPOSE	LIABILITY AMT.	LOAN AMT.
						( ) LIABILIT	Υ	CODE	OUTSTANDING	OUTSTANDING
	STREET			APT		( ) LOAN		EXPLAIN:		
( ) CURRENT ( ) PRIOR	CITY, STATE			ZIP		\$			\$	\$
DATE	NAME					TOTAL ORIG	G. AMT.	PURPOSE	LIABILITY AMT.	LOAN AMT.
						( ) LIABILIT	Υ	CODE	OUTSTANDING	OUTSTANDING
	STREET			APT		( ) LOAN		EXPLAIN:		
( ) CURRENT ( ) PRIOR	CITY, STATE			ZIP		\$			\$	\$
DATE	NAME					TOTAL ORIG	G. AMT.	PURPOSE	LIABILITY AMT.	LOAN AMT.
						( ) LIABILIT	Υ	CODE	OUTSTANDING	OUTSTANDING
	STREET			APT		( ) LOAN		EXPLAIN:		
( ) CURRENT ( ) PRIOR	CITY, STATE			ZIP		\$			\$	\$
DATE	NAME					TOTAL ORIG	G. AMT.	PURPOSE CODE_	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING
	STREET			APT		( ) LIABILIT	Y			
	SIREEI			AFI		( ) LOAN		EXPLAIN:		
( ) CURRENT ( ) PRIOR	CITY, STATE			ZIP		\$			\$	\$
DATE	NAME					TOTAL ORIG	G. AMT.	PURPOSE	LIABILITY AMT.	LOAN AMT.
						( ) LIABILIT	Υ	CODE	OUTSTANDING	OUTSTANDING
	STREET			APT		( ) LOAN		EXPLAIN:		
( ) CURRENT ( ) PRIOR	CITY, STATE			ZIP		\$			\$	\$
DATE	NAME					TOTAL ORIG	G. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING
	OTDEET					( ) LIABILIT	Υ	3002		SSISIANDING
	STREET			APT		( ) LOAN		EXPLAIN:		
( ) CURRENT ( ) PRIOR	CITY, STATE			ZIP		\$			\$	\$
DATE	NAME					TOTAL ORIG	G. AMT.	PURPOSE	LIABILITY AMT.	LOAN AMT. OUTSTANDING
						( ) LIABILIT	Υ	CODE	OUTSTANDING	OUTSTANDING
	STREET			APT		( ) LOAN		EXPLAIN:		
( ) CURRENT	CITY, STATE			ZIP				İ		

\$

\$

\$

\$

TOTAL THIS PAGE

SCHEDULE TOTAL

#### PURPOSE OF LIABILITES/LOAN CODES

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

### **SCHEDULE 0** Partners

ELECTION YEAR	FILER ID	REPORT PERIOD DATES			PAGE
		FROM / / TO /	1		OF
DATE RECEIVED	PARTNERSHIP NAME			AMOUNT OF CO	ONTRIBUTION
	STREET	APT	-	_	
	CITY, STATE	ZIP		\$	
	OIT, STATE	ΣIΓ			
PARTNER N	AME			1	
LAST		FIRS	Т	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT
STREET		APT		1	
CITY, STATE		ZIP		\$	\$
LAST		FIRS'	Т	AMOUNT	PREVIOUS
STREET		APT		ATTRIBUTED	AMOUNT
				\$	\$
CITY, STATE		ZIP			
LAST		FIRS'	Т	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT
STREET		APT		1	
CITY, STATE		ZIP		\$	\$
LAST		FIRS <sup>*</sup>	Т	AMOUNT	PREVIOUS
STREET		APT		ATTRIBUTED	AMOUNT
				\$	\$
CITY, STATE		ZIP			
LAST		FIRS'	Т	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT
STREET		APT			
CITY, STATE		ZIP		\$	\$
LAST		FIRS	Т	AMOUNT	PREVIOUS
STREET		APT		ATTRIBUTED	AMOUNT
CITY, STATE		ZIP		\$	\$
LAST		FIRS'	Т	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT
STREET		APT		\$	\$
CITY, STATE		ZIP		<b>-</b>	·
			TOTAL AMOUNT	\$	\$
			ATTRIBUTED		
			TOTAL AMOUNT UNITEMIZED	\$	\$
			TOTAL AMOUNT CONTRIBUTION	\$	\$

### **SCHEDULE 0** Subcontracts

ELECTION YEAR	FILER ID	REPORT PERIOD DATES	PAGE
		FROM / / TO / /	OF
PRIMARY CONT	RACTOR/PAYEE NAME		
STREET		APT	
CITY, STATE		ZIP	
CITT, STATE		ΔIF	
SUBCONTRACT	OR/PROVIDER OF FINISH	IED 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	
SIREEI		APT	\$
CITY, STATE		ZIP	CODE
NAME			AMOUNT ATTRIBUTED
STREET		APT	\$
0.777.074.75		7.0	0005
CITY, STATE		ZIP	CODE
NAME			AMOUNT ATTRIBUTED
STREET		APT	4
SIREET		AFI	\$
CITY, STATE		ZIP	CODE
NAME			AMOUNT ATTRIBUTED
STREET		APT	\$
CITY, STATE		ZIP	CODE

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

SCHEDIII F P \*Non-Campaign Housekeeping Receipts

SCHEDU		on-Campaign Housek	eeping Keceipts		•
ELECTION YEAR	FILER ID	REPORT PERIOD DATE			PAGE
		FROM / / TO	1 1		OF
DATE RECEIVED	NAME			AMOUNT	PREV. AMOUNT
CODE	STREET		APT		
CHECK #	CITY, STATE		ZIP	\$	\$
DATE RECEIVED	NAME			AMOUNT	PREV. AMOUNT
CODE	STREET		APT		
CHECK #	CITY, STATE		ZIP	\$	\$
DATE RECEIVED	NAME			AMOUNT	PREV. AMOUNT
CODE	STREET		APT		
CHECK #	CITY, STATE		ZIP	\$	\$
DATE RECEIVED	NAME			AMOUNT	PREV. AMOUNT
CODE	STREET		APT		
CHECK #	CITY, STATE		ZIP	\$	\$
DATE RECEIVED	NAME			AMOUNT	PREV. AMOUNT
CODE	STREET		APT		
CHECK#	CITY, STATE		ZIP	\$	\$
DATE RECEIVED	NAME			AMOUNT	PREV. AMOUNT
CODE	STREET		APT		
CHECK #	CITY, STATE		ZIP	\$	\$
			TOTAL THIS P.	AGE \$	

#### CODE:

IND CORP PART INDIVIDUAL CORPORATE

PARTNERSHIP: Partnerships which contribute over \$2500.00 total must further define in Schedule O. POLITICAL COMMITTEE

COMM

\*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 YE	AR FILER ID	REPORT PERIOD DATE	S	PAGE
		FROM / /	TO / /	OF
		DO NOT REPORT	TRANSFERS OUT:	
DATE PAID	NAME	, = = =================================	PURPOSE CODE	AMT. PAID
	STREET	APT	EXPLAIN	
	STREET	74.1	EXI EXIIV	
CHECK #	CITY, STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	AMT. PAID
	STREET	APT	EXPLAIN	
CHECK #	CITY, STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	AMT. PAID
	STREET	APT	EXPLAIN	
CHECK #	CITY, STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	AMT. PAID
	STREET	APT	EXPLAIN	
CHECK #	CITY, STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	AMT. PAID
	STREET	APT	EXPLAIN	
CHECK#	CITY, STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	AMT. PAID
	STREET	APT	EXPLAIN	
CHECK #	CITY, STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	AMT. PAID
	STREET	APT	EXPLAIN	
CHECK #	CITY, STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	AMT. PAID
	STREET	APT	EXPLAIN	
CHECK#	CITY, STATE	ZIP		\$
			TOTAL THIS PAGE \$	
			1011E 111101110E	

Complete this summary

on your last page only!

#### 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 REGISTRATION MATERIALS OR SERVICES** VOTER

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

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

## SUMMARY OF RECEIPTS / EXPENDITURES

EL	ECTION YEAR	FILER ID	REPORT PERIOD DATES
			FROM / / TO / /
1.	OPENING BA	LANCE – Must be the same as line	ne 7 of your previous report\$
2.	CONTRIBUTION	ONS	
	2a) SCHEDUL	_E A – Individuals – total	\$
	,		·
			\$
	•		\$
			\$
	,	, ,	
3.	MISCELLANE	OUS RECEIPTS	
	3a) SCHEDUL	E E- Other receipts – total	<b>\$</b>
	3b) SCHEDUL	E G – Transfers in – total	\$
	3c) SCHEDUL	E I – Loans received – total	\$
	3d) SCHEDUL	E – L – Expenditure refunds – total	\$
	3e) SCHEDUL	E – P – Housekeeping receipts – total	tal\$
	3f) TOTAL Mis	scellaneous Receipts (add 3a through	h 3e)\$
	TOTAL DEAF	IDTO TINO DEDICE (	100
4.	TOTAL RECE	IP15 THIS PERIOD (add 20 a	e and 3f)\$\$
5.	TOTAL (add I	ine 1 and line 4)	ss
6.	EXPENSES		
	6a) SCHEDUL	.E F – Disbursements – total	\$
	6b) SCHEDUL	E D total – (offset)	\$
	6c) SCHEDUL	.E H – Transfers out – total	\$
	6d) SCHEDUL	E J – Loans repaid – total	\$
	6e) SCHEDUL	E M – Contribution refunds – total	\$
	6f) SCHEDUL	E Q – Housekeeping expenses – total	al\$
	6g) TOTAL Ex	xpenses this period (add 6a through 6f)	6f)\$
7.	BALANCE AT	END OF PERIOD (subtract	et line 6g from line 5)\$\$

### **STATUS REPORT**

STATUS OF CONTRIBUTIONS  8a) Contributions received, from line 8e of your previous report *	8a) Contributions red 8b) Contributions red 8c) TOTAL, line 8a p 8d) Contributions ref 8e) TOTAL contributi *This figure will be 0  STATUS OF CAMPAIGN E 9a) Campaign expen 9b) Campaign expen 9c) In-Kind offset, So	ONS eived, from line 8e of ye eived this period, line 2 lus 8b	our previous report e ary, line 6e	*	\$ \$ \$
8a) Contributions received, from line 8e of your previous report *	8a) Contributions red 8b) Contributions red 8c) TOTAL, line 8a p 8d) Contributions ref 8e) TOTAL contributi *This figure will be 0  STATUS OF CAMPAIGN E 9a) Campaign expen 9b) Campaign expen 9c) In-Kind offset, So	eived, from line 8e of your eived this period, line 2 lus 8b	e		\$ \$ \$
8a) Contributions received, from line 8e of your previous report *	8a) Contributions red 8b) Contributions red 8c) TOTAL, line 8a p 8d) Contributions ref 8e) TOTAL contributi *This figure will be 0  STATUS OF CAMPAIGN E 9a) Campaign expen 9b) Campaign expen 9c) In-Kind offset, So	eived, from line 8e of your eived this period, line 2 lus 8b	e		\$ \$ \$
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.  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 throug9c \$ 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.  DEXPENSE ALLOCATION SECTION (Schedule R of Electronic Filing System Software (EFS)) Candidate Name Office/District Election Year \$ Amount	8b) Contributions red 8c) TOTAL, line 8a p 8d) Contributions ref 8e) TOTAL contributi *This figure will be 0  STATUS OF CAMPAIGN E 9a) Campaign expen 9b) Campaign expen 9c) In-Kind offset, Sc	eived this period, line 2 lus 8b	e		\$ \$ \$
8c) TOTAL, line 8a plus 8b	8c) TOTAL, line 8a p 8d) Contributions refi 8e) TOTAL contributi *This figure will be 0  STATUS OF CAMPAIGN E 9a) Campaign expen 9b) Campaign expen 9c) In-Kind offset, Sc	lus 8b	ary, line 6e		\$
8d) Contributions refunded, from this summary, line 6e	8d) Contributions refe 8e) TOTAL contributions *This figure will be 0  STATUS OF CAMPAIGN E  9a) Campaign expent  9b) Campaign expent  9c) In-Kind offset, So	unded, from this summa ons to date (line 8c mir (zero) if this is the first of EXPENSES	ary, line 6e nus 8d)		\$
8e) TOTAL contributions to date (line 8c minus 8d)	8e) TOTAL contribution *This figure will be 0  STATUS OF CAMPAIGN E 9a) Campaign expen 9b) Campaign expen 9c) In-Kind offset, Sc	ons to date (line 8c mir (zero) if this is the first of the street of th	nus 8d)		
*This figure will be 0 (zero) if this is the first report of a new campaign.  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 throug9c \$  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.  SEXPENSE ALLOCATION SECTION (Schedule R of Electronic Filing System Software (EFS))  Candidate Name Office/District Election Year \$ Amount	*This figure will be 0  STATUS OF CAMPAIGN E  9a) Campaign expen  9b) Campaign expen  9c) In-Kind offset, So	(zero) if this is the first (	·		\$
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 throug9c  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.  **DEXPENSE ALLOCATION SECTION (Schedule R of Electronic Filling System Software (EFS))  Candidate Name  Office/District  Election Year  \$ Amount	. STATUS OF CAMPAIGN E 9a) Campaign expen 9b) Campaign expen 9c) In-Kind offset, Sc	EXPENSES	report of a new cam	npaign.	
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 throug9c \$  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.  PEXPENSE ALLOCATION SECTION (Schedule R of Electronic Filling System Software (EFS))  Candidate Name Office/District Election Year \$ Amount	9a) Campaign expen 9b) Campaign expen 9c) In-Kind offset, Sc				
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 throug9c \$  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.  PEXPENSE ALLOCATION SECTION (Schedule R of Electronic Filling System Software (EFS))  Candidate Name Office/District Election Year \$ Amount	9a) Campaign expen 9b) Campaign expen 9c) In-Kind offset, Sc				
9c) In-Kind offset, Schedule D total	9c) In-Kind offset, Sc		f your previous repo	ort*	\$
9d) TOTAL add lines 9a throug9c \$	•	ses this period, line 6a			\$
9e) Refunds of campaign expenses, from this summary, line 3d		hedule D total			\$
9f) SUB-TOTAL campaign expenses to date (line 9d minus 9e)	9d) TOTAL add lines	9a throug9c			\$
9g) Outstanding liabilities (Schedule N total, excluding loans) \$	9e) Refunds of camp	aign expenses, from th	is summary, line 3d	l	\$
9h) Total Campaign Expenses to date (line 9f plus line 9g)	9f) SUB-TOTAL cam	paign expenses to date	(line 9d minus 9e)		\$
*This figure will be 0 (zero) if this is the first report of a new campaign.  (*EXPENSE ALLOCATION SECTION (Schedule R of Electronic Filing System Software (EFS))  Candidate Name  Office/District  Election Year  \$ Amount	9g) Outstanding liabi	lities (Schedule N total,	excluding loans)		\$
*This figure will be 0 (zero) if this is the first report of a new campaign.  (*EXPENSE ALLOCATION SECTION (Schedule R of Electronic Filing System Software (EFS))  Candidate Name  Office/District  Election Year  \$ Amount		·	- '		
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)					
	TOTAL AMOUNT A	_LOCATED (please use	additional pages if ne	ecessary)	\$
D. STATUS OF LOANS MADE  10a) Loans made to date, from line 10f of your previous report			ur 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)	·		-		
Tot) Balance of loans made to date (line foc minus fod and foe)	TOI) Balance of loans	made to date (line 100	minus rod and roe	3)	Φ
CTATUS OF HOUSEKEEPING PROFIPTS			e 11c of your previo	ous report	\$
I. STATUS OF HOUSEKEEPING RECEIPTS  11a) Housekeeping receipts ONLY from line 11c of your previous report.		-	-	•	
11a) Housekeeping receipts ONLY, from line 11c of your previous report			-		
11a) Housekeeping receipts ONLY, from line 11c of your previous report		reping receipts to date,	(iiiie i ia pius i ib)		Ψ
11a) Housekeeping receipts ONLY, from line 11c of your previous report					
11a) Housekeeping receipts ONLY, from line 11c of your previous report	11c) TOTAL houseke		ne 12c of your prev	ious report	
11a) Housekeeping receipts ONLY, from line 11c of your previous report	11c) TOTAL houseke 2. STATUS OF HOUSEKEE 12a) Housekeeping e	expenses ONLY, from li		•	\$