



CAMPAIGN FINANCIAL DISCLOSURE STATEMENT For Multicandidate Committees (PACs)

1. Date: _____ 2. Committee Name: _____

2.a. Committee Short Name (If Applicable): _____

3. Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

4. Type of Candidate Supported (Check One or Both): State Candidate Local Candidate

5. Treasurer Name: _____ 5.a. Treasurer Email: _____

6. Date Treasurer Appointed: _____

7. Category or Report:

First Quarter Second Quarter Third Quarter Fourth Quarter Pre-Primary Pre-General

Mid-Year Supplemental Year-End Supplemental Runoff Election

8. Reporting Period: Start Date: _____ End Date: _____

9. Detailed Disclosure: (Check One)

This committee is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the committee has complied with all applicable provisions of the Campaign Financial Disclosure Act. (Items 10.d., 10.e., and 10.f. must also be completed.)

This committee is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period. I do solemnly swear or affirm that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions and expenditures required to be reported by political campaign committees by the Campaign Financial Disclosure Act.

Signature of Political Treasurer

Date

Signature of Witness

Date

10. Summary:

a. Balance On Hand Last Report \$ _____

b. Total Receipts This Period \$ _____

c. Total Disbursements This Period \$ _____

d. Balance On Hand (10.a. plus 10.b. minus 10.c.) \$ _____

e. Total Loans Outstanding \$ _____

f. Total Obligations Outstanding \$ _____

SUMMARY PAGE - PAC

11. Committee Name: _____

12. Reporting Period: Start Date: _____ End Date: _____

13. Receipts:

a. Contributions (Other than loans and interest):

i. Unitemized contributions one hundred dollars (\$100) or less from each source this period \$ _____

ii. Itemized contributions over one hundred dollars (\$100) from each source this period \$ _____

iii. Total contributions other than loans and interest (Add i. and ii.) \$ _____

b. Loans Received This Reporting Period \$ _____

c. Interest Received This Reporting Period \$ _____

d. Total Receipts (13.a.iii., 13.b., and 13.c.) (Must be shown in item 10.b.) \$ _____

14. Disbursements:

a. Expenditures:

i. Expenditures (Other than loan payments) \$ _____

ii. Independent Expenditures \$ _____

iii. Total Expenditures (Other than loan payments) (Add 14.a.i. and 14.a.ii.)..... \$ _____

b. Loan Repayments Made This Period \$ _____

c. Total Disbursements (Add 14.a.iii. and 14.b.)(Must be shown in item 10.c.) \$ _____

15. In-Kind Contributions:

a. Unitemized in-kind contributions one hundred dollars (\$100) or less from each source this period \$ _____

b. Itemized in-kind contributions over one hundred dollars (\$100) from each source this period \$ _____

c. Total in-kind contributions received this period (Add 15.a. and 15.b.)..... \$ _____

16. Loans Outstanding (Must be shown in item 10.e.)..... \$ _____

17. Total Obligations Outstanding (Must be shown in item 10.f.) \$ _____

ITEMIZED STATEMENT OF CONTRIBUTIONS - PAC

1. Committee Name: _____

2. Reporting Period: Start Date: _____ End Date: _____

3. Total itemized campaign contributions from preceding page (enter \$0 if first itemized page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION. All contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Amount of Contribution: \$ _____ Date of Contribution: _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Amount of Contribution: \$ _____ Date of Contribution: _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Amount of Contribution: \$ _____ Date of Contribution: _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Amount of Contribution: \$ _____ Date of Contribution: _____

Business or Organization Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Employer: _____

Amount of Contribution: \$ _____ Date of Contribution: _____

Total Contributions: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - PAC

1. Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total Itemized In-Kind Contributions From Preceding Page (Enter \$0 if first itemized page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION. In-kind contributions totaling more than one hundred dollars (\$100) from any contributor during the period must be reported.

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____
Employer: _____
Description of In-Kind Contribution: _____
Amount of Contribution: _____ Date of Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____
Employer: _____
Description of In-Kind Contribution: _____
Amount of Contribution: _____ Date of Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____
Employer: _____
Description of In-Kind Contribution: _____
Amount of Contribution: _____ Date of Contribution: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Occupation: _____
Employer: _____
Description of In-Kind Contribution: _____
Amount of Contribution: _____ Date of Contribution: _____

Total Itemized In-Kind Contributions: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in summary on first page.)

ITEMIZED STATEMENT OF EXPENDITURES - PAC

1. Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total expenditures from preceding page (enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH EXPENDITURE. **All expenditures must be itemized.** If the expenditure is an in-kind contribution to a candidate, please remember to include the purpose of the expenditure (e.g. postage, printing, etc.) along with the candidate's name in the purpose of expenditure section.

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Business or Organization Name: _____ **OR**
First Name: _____ Middle Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Purpose of Expenditure: _____
Amount of Expenditure: \$ _____ Date of Expenditure: _____

Total Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF INDEPENDENT EXPENDITURES - PAC

1. Committee Name: _____
2. Reporting Period: Start Date: _____ End Date: _____
3. Total Independent Expenditures From Preceding Page (Enter \$0 if first page) \$ _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH INDEPENDENT EXPENDITURE. **All expenditures must be itemized.** Please remember to include the purpose of the expenditure (e.g. postage, printing, etc.) and the name of the candidate supported or opposed.

Business Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: _____ Date of Expenditure: _____

Candidate Name: _____ Office Sought: _____ Supported Opposed

Business Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: _____ Date of Expenditure: _____

Candidate Name: _____ Office Sought: _____ Supported Opposed

Business Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: _____ Date of Expenditure: _____

Candidate Name: _____ Office Sought: _____ Supported Opposed

Business Name: _____ **OR**

First Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Expenditure: _____

Amount of Expenditure: _____ Date of Expenditure: _____

Candidate Name: _____ Office Sought: _____ Supported Opposed

Total Independent Expenditures: \$ _____

(Carry forward to the next page if additional pages of this form are used. If this is the last page of independent expenditures, this amount must be shown in the summary on first page.)

ITEMIZED STATEMENT OF LOANS - PAC

1. Committee Name: _____

2. Reporting Period: Start Date: _____ End Date: _____

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN: Loans totaling more than one hundred dollars (\$100) owed to any person/business at the end of the reporting period must be reported.

Business Name: _____ **OR**

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Date of Loan: _____

Outstanding Balance (Period Beginning)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____ **OR**

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Date of Loan: _____

Outstanding Balance (Period Beginning)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____ **OR**

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Date of Loan: _____

Outstanding Balance (Period Beginning)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____ **OR**

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Date of Loan: _____

Outstanding Balance (Period Beginning)	Loans Received This Period	Loan Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of loans, the "Total Outstanding Balance (Period End)" amount must also be shown on the summary page.)

Total Outstanding Balance (Period Beginning)	Total Loans Received This Period	Total Loan Payments This Period	Total Outstanding Balance (Period End)
\$	\$	\$	\$

ITEMIZED STATEMENT OF OBLIGATIONS - PAC

1. Committee Name: _____

2. Reporting Period: Start Date: _____ End Date: _____

3. Complete the appropriate items for each obligation owed to a person/vendor at the end of the reporting period.

Business Name: _____ **OR**

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Date of Loan: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____ **OR**

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Date of Loan: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____ **OR**

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Date of Loan: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

Business Name: _____ **OR**

First Name: _____ Middle Name: _____

Last Name: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Date of Loan: _____

Description of Obligation:			
Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$

TOTALS

(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the Total from "Outstanding Balance - (Period End)" column must also be shown on the summary on first page.)

Outstanding Balance (Period Beginning)	Debt Incurred This Period	Payments This Period	Outstanding Balance (Period End)
\$	\$	\$	\$