

**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)
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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:**

- |   |   |
|---|---|
| <input type="checkbox"/> 32 Day Pre-Primary   | <input type="checkbox"/> 32 Day Pre-Special                                       |
| <input type="checkbox"/> 11 Day Pre-Primary   | <input type="checkbox"/> 11 Day Pre-Special                                       |
| <input type="checkbox"/> 10 Day Post-Primary* | <input type="checkbox"/> 27 Day Post-Special*                                     |
| <input type="checkbox"/> 32 Day Pre- General  | <input type="checkbox"/> January Periodic, 20_____                                |
| <input type="checkbox"/> 11 Day Pre-General   | <input type="checkbox"/> July Periodic, 20_____                                   |
| <input type="checkbox"/> 27 Day Post General* | <input type="checkbox"/> Off-Cycle Report <input type="checkbox"/> 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			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 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 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	\$	\$

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	/	/	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							
		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			
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY, STATE			
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY, STATE			
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY, STATE			
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY, STATE			
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY, STATE			
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY, STATE			
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY, STATE			
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY, STATE			
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY, STATE			
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY, STATE			
		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	
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 FROM    /    /    TO    /    /	PAGE -----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			
			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			\$
			TOTAL THIS PAGE	\$

## EXPENDITURE PURPOSE CODES

CMAIL	Campaign Mailing	POLLS	Polling Costs	Com
CONSL	Campaign Consultant*	POSTA	Postage	on y
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	
BKFEF	Bank Fees	INT	Interest Expense	

Complete this summary  
on your last page only!

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

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

TYPE 1 – Between a party or constituted committee and a candidate or a candidate’s authorized committee.  
TYPE 2 – Between two authorized committees SOLELY supporting the same candidate.

TOTAL THIS PAGE	\$
SCHEDULE TOTAL 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	
		\$	

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
	STREET APT					\$
	CITY, STATE ZIP			DATE OF LOAN		
PAYMENT DATE	LENDER NAME			CHECK #		AMOUNT
	STREET APT					\$
	CITY, STATE ZIP			DATE OF LOAN		
PAYMENT DATE	LENDER NAME			CHECK #		AMOUNT
	STREET APT					\$
	CITY, STATE ZIP			DATE OF LOAN		
PAYMENT DATE	LENDER NAME			CHECK #		AMOUNT
	STREET APT					\$
	CITY, STATE ZIP			DATE OF LOAN		
PAYMENT DATE	LENDER NAME			CHECK #		AMOUNT
	STREET APT					\$
	CITY, STATE ZIP			DATE OF LOAN		
PAYMENT DATE	LENDER NAME			CHECK #		AMOUNT
	STREET APT					\$
	CITY, STATE ZIP			DATE OF LOAN		
PAYMENT DATE	LENDER NAME			CHECK #		AMOUNT
	STREET APT					\$
	CITY, STATE ZIP			DATE OF LOAN		
PAYMENT DATE	LENDER NAME			CHECK #		AMOUNT
	STREET APT					\$
	CITY, STATE ZIP			DATE OF LOAN		
PAYMENT DATE	LENDER NAME			CHECK #		AMOUNT
	STREET APT					\$
	CITY, STATE ZIP			DATE OF LOAN		
					TOTAL THIS PAGE	\$
					SCHEDULE TOTAL LAST PAGE ONLY	\$

# SCHEDULE K      Liabilities/Loans Forgiven

ELECTION YEAR	FILER ID	REPORT PERIOD DATES		PAGE
		FROM	TO	OF
DATE	VENDOR/LENDER	<input type="checkbox"/> LIABILITY <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		\$	
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 \$
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 #	
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	
	STREET APT	( ) LIABILITY				
		( ) LOAN	EXPLAIN:			
( ) CURRENT ( ) PRIOR	CITY, STATE ZIP	\$		\$	\$	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
	STREET APT	( ) LIABILITY				
		( ) LOAN	EXPLAIN:			
( ) CURRENT ( ) PRIOR	CITY, STATE ZIP	\$		\$	\$	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
	STREET APT	( ) LIABILITY				
		( ) LOAN	EXPLAIN:			
( ) CURRENT ( ) PRIOR	CITY, STATE ZIP	\$		\$	\$	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
	STREET APT	( ) LIABILITY				
		( ) LOAN	EXPLAIN:			
( ) CURRENT ( ) PRIOR	CITY, STATE ZIP	\$		\$	\$	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
	STREET APT	( ) LIABILITY				
		( ) LOAN	EXPLAIN:			
( ) CURRENT ( ) PRIOR	CITY, STATE ZIP	\$		\$	\$	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
	STREET APT	( ) LIABILITY				
		( ) LOAN	EXPLAIN:			
( ) CURRENT ( ) PRIOR	CITY, STATE ZIP	\$		\$	\$	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
	STREET APT	( ) LIABILITY				
		( ) LOAN	EXPLAIN:			
( ) CURRENT ( ) PRIOR	CITY, STATE ZIP	\$		\$	\$	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
	STREET APT	( ) LIABILITY				
		( ) LOAN	EXPLAIN:			
( ) CURRENT ( ) PRIOR	CITY, STATE ZIP	\$		\$	\$	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
	STREET APT	( ) LIABILITY				
		( ) LOAN	EXPLAIN:			
( ) CURRENT ( ) PRIOR	CITY, STATE ZIP	\$		\$	\$	
DATE	NAME	TOTAL ORIG. AMT.	PURPOSE CODE	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING	
	STREET APT	( ) LIABILITY				
		( ) LOAN	EXPLAIN:			
( ) CURRENT ( ) PRIOR	CITY, STATE ZIP	\$		\$	\$	

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

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

## SCHEDULE 0 Partners

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

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

SCHEDULE P \*Non-Campaign Housekeeping Receipts

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

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 2d)..... \$ \_\_\_\_\_

## 3. MISCELLANEOUS RECEIPTS

3a) SCHEDULE E- Other receipts – total..... \$ \_\_\_\_\_

3b) SCHEDULE G – Transfers in – total..... \$ \_\_\_\_\_

3c) SCHEDULE I – Loans received – total..... \$ \_\_\_\_\_

3d) SCHEDULE – L – Expenditure refunds – total..... \$ \_\_\_\_\_

3e) SCHEDULE – P – Housekeeping receipts – total..... \$ \_\_\_\_\_

3f) TOTAL Miscellaneous Receipts (add 3a through 3e)..... \$ \_\_\_\_\_

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

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

## 6. EXPENSES

6a) SCHEDULE F – Disbursements – total..... \$ \_\_\_\_\_

6b) SCHEDULE D total – (offset)..... \$ \_\_\_\_\_

6c) SCHEDULE H – Transfers out – total..... \$ \_\_\_\_\_

6d) SCHEDULE J – Loans repaid – total..... \$ \_\_\_\_\_

6e) SCHEDULE M – Contribution refunds – total..... \$ \_\_\_\_\_

6f) SCHEDULE Q – Housekeeping expenses – total..... \$ \_\_\_\_\_

6g) TOTAL Expenses this period (add 6a through 6f)..... \$ \_\_\_\_\_

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

# STATUS REPORT

ELECTION YEAR	FILER ID#	REPORT PERIOD DATES
		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) ..... \$ \_\_\_\_\_