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	DATE F	ILED (FOR BOARD I	JSE ONLY)
		FROM / / TO	/ /		
CANDIDATE OR COM	MMITTEE NAME				
Committee Trea	asurer Name (If applicable)				
Residential Add	dress (no P.O. Box)				
Mailing Address	s (P.O. Box allowed)				
Telephone: Ho	ome Business	(Cell		
E-mail address	3				
TYPE OF REPORT		REPORT SCH	EDULES		
Please check the appli	cable box(es) below:				Number of Pages
		Individuals/Part	nership Contribution	s Sch. A	
[] 32 Day Pre-Primary	[] 32 Day Pre-Special	Corporate Conf	ributions	Sch. B	
[] 11 Day Pre-Primary	[] 11 Day Pre-Special	All Other Contri	butions	Sch. C	
[]10 Day Post-Primary*	. [] 27 Day Post-Special*	In-Kind Contrib	utions/ Other Receip	ts Sch. D/E	
[] 32 Day Pre- General	[] January Periodic, 20		•		
[] 11 Day Pre-General	[] July Periodic, 20	Expenditure Pa	yments	Sch. F	
[] 27 Day Post General*	[] Off-Cycle Report [] 24 Hour Notice	Transfers In/Ou	ıt	Sch. G/H	
*Campaign material or a discla	imer must be submitted with Post Election Reports.	Loans Receive	d/Paid	Sch. I/J	
[] See Material Att	tached [] No Campaign Material Produced	Liabilities/Loans	s Forgiven	Sch. K	
[] Termination Report	[] Amended Report			Oon. IX	
	ort (Letter of resignation attached)	Expenditure/Co	entribution Refunds	Sch. L/M	
[] In-Lieu-Of Statement	e an In-Lieu-Of Statement, you must be a candida	Outstanding Lia	abilities	Sch. N	
and/or an authorized o	committee solely supporting one candidate or a solely in promoting the success or defeat of a ballot	Partners/Subco	ntractors	Sch. O	
proposal, and at the cl total receipts nor the to	ose of the applicable reporting period, neither the otal expenditures of the campaign have exceeded	Housekeeping	Receipts	Sch. P	
you now exceed this \$	eviously filed an In-Lieu-Of Statement and find that 11,000 threshold, you must file an itemized report	Housekeeping	Expenses	Sch. Q	
itemized report is requally any future reporting pe	ns since the beginning of the campaign. Once an ired, you may not file an In-Lieu-Of Statement for eriod.	Summary/Statu	•		
I state that the information (contained in this report in all respects is true and c	complete to the best of m	ny knowledge, informati	on and belief.	
	VERIFIC	CATION			
Name – Print or Type		Signature (must be orig	inal and in ink)		
Title		Date Signed	Telephor	ne Number	
ANY FALSE INFORMATION IN	I THIS STATEMENT MAY BE A CLASS A MISDEMEAN	OR, PUNISHABLE BY A FI	NE AND/OR UP TO ONE	YEAR IMPRISONME	ΞΝΤ,

CF-01 7/19

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	АРТ		\$	\$
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			
	1		TOTAL THIS PAGE	\$	\$

Complete this summary on your last page only!

CODE:

FAM

CANDIDATE/CANDIDATE SPOUSE CAN

IND INDIVIDUAL

FAMILY MEMBER: SEE INSTRUCTIONS IN HANDBOOK

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 Monetary	y Contributions/Corporate	е		
ELECTION YEAR	FILER ID	REPORT PERIOD DA	TES	S	
		FROM / /	TO /	/	OF
DATE RECEIVED	NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	TO / 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		\$	
		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

SCHEDUI		y Contributions/All Other			
ELECTION YEAR	FILER ID	REPORT PERIOD DATES			PAGE
		FROM / / TO /	/ CHECK#		OF_ PREV. AMT.
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	-			
	CITY, STATE	ZIP	<u> </u>	\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	-			
	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	-	\$	\$	
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT	-		
	CITY, STATE	ZIP	-	\$	\$
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT	1		
	CITY, STATE	ZIP	1	\$	\$
		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	D / /	OF
DATE RECEIVED	NAME	•	TYPE CODE	
	STREET	APT	\$	
CNTDD CODE	CITY STATE	ZID	DESCRIPTION	
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	
DATE RECEIVED				
	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 / / TC) / /	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	ATES		PAGE
		FROM / /	TO / /		OF
	•	'	DO NOT REPORT TRANS	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	
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 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	ervices	SCHEDULE TOTAL	\$
PETIT	Petition Expenses	WAGES	Campaign Workers Salaries		SCHEDULE TOTAL	Φ
BKFEE	Bank Fees	INT	Interest Expense			

^{*}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 this	s candidate			
ELECTION YEAR	FILER ID		PERIOD DATES					PAGE
		FROM	/ /	TO /	/			OF
DATE	NAME					TRANSFER TYPE	AMOUN	IT TRANSFERRED
	STREET			APT		1 🗌		
	SIREET			AFI				
CHECK #	CITY, STATE			ZIP		2 🗌	\$	
DATE	NAME					TRANSFER TYPE	AMOUN	IT TRANSFERRED
	STREET			APT		1 🔲		
	SIREEI			API				
CHECK #	CITY, STATE			ZIP		2 🗌	\$	
DATE	NAME					TRANSFER TYPE	AMOUN	NT TRANSFERRED
	OTDEET			ADT		1 🔲		
	STREET			APT				
CHECK #	CITY, STATE			ZIP		2 🔲	\$	
	, -							
DATE	NAME					TRANSFER TYPE	AMOUN	NT TRANSFERRED
						1 🔲		
	STREET			APT				
CHECK #	CITY, STATE			ZIP		2 🗌	\$	
DATE	NAME					TRANSFER TYPE	AMOUN	IT TRANSFERRED
						1 🔲		
	STREET			APT				
CHECK #	CITY, STATE			ZIP		2 🔲	\$	
	,							
DATE	NAME					TRANSFER TYPE	AMOUN	IT TRANSFERRED
	OTDEET					1 🔲		
	STREET			APT				
CHECK #	CITY, STATE			ZIP		2 🗌	\$	
	, -							
DATE	NAME					TRANSFER TYPE	AMOUN	IT TRANSFERRED
	OTDEET					1 🔲		
	STREET			APT				
CHECK #	CITY, STATE			ZIP		2 🗌	\$	
	,							
NOTE: DO NOT DEPO	RT FUNDS RECEIVED FRO	M INDEDENDE	NT			•	•	
COMMITTEES OR COI	MMITTEES AUTHORIZED B'	Y A DIFFERENT	CANDIDATE					
CONTRIBUTION ON S	ESE RECEIPTS MUST BE R SCHEDULE C.	EPOKTED AS /	4			TOTAL THIS PAGE	\$	
TYPE 1 – Between a party or constituted committee and a candidate or a candidate's authorized committee.								
_	-							
i i PE Z – Between two	TYPE 2 – Between two authorized committees SOLELY supporting the same candidate							
						LAST PAGE ONLY	\$	

SCHEDULE H Transfers Out

Payments to Pa		er 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 🔲	
	SIKLLI	AFT		
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
-··· -				THE STATE OF LINES
	STREET	APT	1 🗆	
			2 🗆	\$
CHECK #	CITY, STATE	ZIP	7 4 🗆	Þ
DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 🔲	
	SIREEI	AFI		
CHECK #	CITY, STATE	ZIP	2 🗆	\$
	, ,			
DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
			1 □	
	STREET	APT		
OLIFOK #	OITY OTATE	ZIP	2 🔲	\$
CHECK #	CITY, STATE	ZIP		
DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
571.2				7
	STREET	APT	1 🗆	
			2 🗆	\$
CHECK #	CITY, STATE	ZIP		Φ
DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET	APT	1 🗆	
	OTTLET	/ U T		
CHECK #	CITY, STATE	ZIP	2 🗆	\$
NOTE: DO NOT ST	FOODT FUNDO DAID TO 11:10	EDENIDENT		
COMMITTEES OR		D BY A DIFFERENT CANDIDATE		
		REPORTED AS A PAYMENT ON SCHEDULE F.	TOTAL THE BACE	¢
			TOTAL THIS PAGE	\$
TYPE 1 – Between	a party or constituted comr	mittee and a candidate or a candidate's authorized committee.		
TYPE 2 - Between	two authorized committees	SOLELY supporting the same candidate.		
			SCHEDULE TOTAL LAST PAGE ONLY	\$

SCHEDULE I Loans Received

ELECTION YEAR	FILER ID	REPORT PERIOD DATES	PAGE
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			
LOAN	CITY, STREET	ZIP	\$
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			
LOAN	CITY, STREET	ZIP	\$
LOAN DATE	LENDER NAME		LOAN AMOUNT
	STREET	APT	
CHECK IF BANK	OITY OTDEET	ZIP	\$
LOAN	CITY, STREET	ZIP	
LOAN DATE	LENDER NAME		LOAN AMOUNT
LOAN DATE	LENDER NAME		LOAN AWOUNT
	STREET	APT	
	SIKLLI	AF I	
CHECK IF BANK	CITY, STREET	ZIP	\$
LOAN	OITT, STREET	Δ11	
LOAN DATE	LENDER NAME		LOAN AMOUNT
207 27.1.2			25//
	STREET	APT	
CHECK IF BANK LOAN	CITY, STREET	ZIP	\$
LOAN	,		
LOAN DATE	LENDER NAME		LOAN AMOUNT
	STREET	APT	
CHECK IF BANK LOAN	CITY, STREET	ZIP	\$
<u> </u>	1		L

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
TATMENT BATE			Grizore"	7.11100111
	STREET	APT		\$
	CITY, STATE	ZIP	DATE OF LOAN	
PAYMENT DATE	LENDER NAME		CHECK #	AMOUNT
	STREET	APT		
	CITY, STATE	ZIP	DATE OF LOAN	\$
		ZIF		
PAYMENT DATE	LENDER NAME		CHECK#	AMOUNT
	STREET	APT		•
	CITY, STATE	ZIP	DATE OF LOAN	\$
PAYMENT DATE	LENDER NAME		CHECK #	AMOUNT
		ADT		
	STREET	APT		\$
	CITY, STATE	ZIP	DATE OF LOAN	
PAYMENT DATE	LENDER NAME		CHECK #	AMOUNT
	STREET	APT		
	CITY, STATE	ZIP	DATE OF LOAN	\$
		211		
PAYMENT DATE	LENDER NAME		CHECK #	AMOUNT
	STREET	APT		Φ.
	CITY, STATE	ZIP	DATE OF LOAN	\$
PAYMENT DATE	LENDER NAME		CHECK#	AMOUNT
	CTDEET	A D.T.		
	STREET	APT		\$
	CITY, STATE	ZIP	DATE OF LOAN	
PAYMENT DATE	LENDER NAME		CHECK #	AMOUNT
	STREET	APT	1	
	CITY, STATE	ZIP	DATE OF LOAN	\$
	,	— 11	57.112 OI E07.114	
			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			AMOUNT F	FORGIVEN
ORIGINAL DATE	STREET	APT	LIABILITY		
OF LIABILITY/LOAN	SIREEI	AFI	<u> </u>		
	CITY, STATE	ZIP	LOAN	•	
				\$	
DATE	VENDOR/LENDER			AMOUNT F	ORGIVEN
ORIGINAL DATE	STREET	APT	LIABILITY		
OF LIABILITY/LOAN	SIREEI	AFI			
	CITY, STATE	ZIP	- 🗆 LOAN		
				\$	
DATE	VENDOR/LENDER			AMOUNT F	ORGIVEN
			LIABILITY		
ORIGINAL DATE OF LIABILITY/LOAN	STREET	APT			
	CITY, STATE	ZIP	- D LOAN		
	on i, onti	2 11		\$	
DATE	VENDOR/LENDER			AMOUNT F	ORGIVEN
			LIABILITY		
ORIGINAL DATE	STREET	APT	- LIADILITI		
OF LIABILITY/LOAN		710	□ LOAN		
	CITY, STATE	ZIP		\$	
DATE	VENDOR/LENDER			AMOUNT F	ORGIVEN
			LIABILITY		
ORIGINAL DATE	STREET	APT	LIABILITY		
OF LIABILITY/LOAN			LOAN		
	CITY, STATE	ZIP	LOAN	\$	
DATE	VENDOR/LENDER			AMOUNT F	ORGIVEN
DATE	VENDOR/LENDER			AMOUNT	OKGIVLIN
ORIGINAL DATE	STREET	APT	LIABILITY		
OF LIABILITY/LOAN					
	CITY, STATE	ZIP	- 🗆 LOAN	\$	
DATE	VENDOR/LENDER			AMOUNT F	ORGIVEN
ORIGINAL DATE	STREET	APT	- LIABILITY		
OF LIABILITY/LOAN	OTTEL!	7.0 1			
	CITY, STATE	ZIP	□ LOAN	•	
				\$	
DATE	VENDOR/LENDER			AMOUNT F	ORGIVEN
ODIOINAL SATE	OTDEET	ADT	LIABILITY		
ORIGINAL DATE OF LIABILITY/LOAN	STREET	APT			
	CITY, STATE	ZIP	- D LOAN		
	, , , , , , , , , , , , , , , , , , , ,			\$	
	<u>'</u>		TOTAL TITE 24.05		
			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		PAGE
		FROM / / TO	/ /	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 \$
	1		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			NOMA	NT REFUNDED
		STREET	А	PT	\$	
		CITY, STATE	Ž	ZIP	CHECK#	
REFUND DATE	ORIGINAL DATE RECEIVED	NAME			AMOU	NT REFUNDED
		STREET	А	PT	\$	
		CITY, STATE	Ž	ZIP	CHECK#	
REFUND DATE	ORIGINAL DATE RECEIVED	NAME			AMOUN	NT REFUNDED
		STREET	А	PT	\$	
		CITY, STATE	Ž	ZIP	CHECK#	
REFUND DATE	ORIGINAL DATE RECEIVED	NAME			NOMA	NT REFUNDED
		STREET	А	PT	\$	
		CITY, STATE	Z	ZIP	CHECK#	
REFUND DATE	ORIGINAL DATE RECEIVED	NAME			NOMA	NT REFUNDED
		STREET	А	PT	\$	
		CITY, STATE	Ž	ZIP	CHECK#	
REFUND DATE	ORIGINAL DATE RECEIVED	NAME			AMOUN	NT REFUNDED
		STREET	А	PT	\$	
		CITY, STATE	Ž	ZIP	CHECK#	
REFUND DATE	ORIGINAL DATE RECEIVED	NAME			NOMA	NT REFUNDED
		STREET	А	PT	\$	
		CITY, STATE	Z	ΖΊΡ	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	/ /			OF
DATE	NAME	1		,	TOTAL ORIC	CODE	POSE LIABILITY AMT OUTSTANDING	
	STREET			APT	() LOAN	EXPL	AIN:	
() CURRENT () PRIOR	CITY, STATE			ZIP	\$		\$ <u></u>	- \$
DATE	NAME				TOTAL ORIO	G. AMT. PURF	POSE LIABILITY AMT	
	STREET			APT	() LIABILIT	Υ		OUTOTANDING
					() LOAN	EXPL	AIN:	
() CURRENT () PRIOR	CITY, STATE			ZIP	\$		\$ <u></u>	- \$
DATE	NAME				TOTAL ORIO	CODE	POSE LIABILITY AMT	
	STREET			APT	() LIABILIT	Y	AIN:	
() CURRENT	CITY, STATE			ZIP				
() PRIOR	·			2.11	\$		\$	- \$
DATE	NAME				TOTAL ORIC	CODE	POSE LIABILITY AMT OUTSTANDING	
	STREET			APT	() LIABILIT	EXPL	AIN:	
() CURRENT () PRIOR	CITY, STATE			ZIP	\$		\$	- \$
DATE	NAME				TOTAL ORIO	G. AMT. PURF	POSE LIABILITY AMT	
	STREET			APT	() LIABILIT			
() CURRENT	CITY, STATE			ZIP		EXPL		
() PRIOR	CITT, STATE			ZIF	\$		\$ <u></u>	- \$
DATE	NAME				TOTAL ORIO	CODE	POSE LIABILITY AMT OUTSTANDING	
	STREET			APT	() LIABILIT	EXPL	AIN:	
() CURRENT () PRIOR	CITY, STATE			ZIP	\$		\$	_ s
DATE	NAME				TOTAL ORIO		POSE LIABILITY AMT	. LOAN AMT.
					() LIABILIT	Y	OUTSTANDING	G OUTSTANDING
	STREET			APT	() LOAN	EXPL	AIN:	
() CURRENT () PRIOR	CITY, STATE			ZIP	\$		\$	- \$
DATE	NAME				TOTAL ORIO	CODE		
	STREET			APT	() LIABILIT			
() CURRENT	CITY, STATE			ZIP		EAPL		
() CURRENT () PRIOR	CIIT, SIAIE			ZIP	\$		\$	- \$

PURPOSE OF LIABILITES/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 CO	ONTRIBUTION
	STREET	APT		+	
				\$	
	CITY, STATE	ZIP		Ψ	
PARTNER N	ΔME				
LAST		FIRST		AMOUNT	PREVIOUS
STREET		APT		ATTRIBUTED	AMOUNT
STREET		AFT		\$	\$
CITY, STATE		ZIP			
LAST		FIRST		AMOUNT	PREVIOUS
STREET		APT		ATTRIBUTED	AMOUNT
STREET		AFT		\$	\$
CITY, STATE		ZIP			
LAST		FIRST		AMOUNT	PREVIOUS
STREET		APT		ATTRIBUTED	AMOUNT
SIREEI		API		\$	\$
CITY, STATE		ZIP			
LAST		FIRST		AMOUNT	PREVIOUS
070557		.07		ATTRIBUTED	AMOUNT
STREET		APT		\$	\$
CITY, STATE		ZIP		1	,
LAST		FIRST		AMOUNT	PREVIOUS
070557		.07		ATTRIBUTED	AMOUNT
STREET		APT		\$	\$
CITY, STATE		ZIP		1	,
LAST		FIRST		AMOUNT	PREVIOUS
070557		.07		ATTRIBUTED	AMOUNT
STREET		APT		\$	\$
CITY, STATE		ZIP		1	,
LAST		FIRST		AMOUNT	PREVIOUS
070557				ATTRIBUTED	AMOUNT
STREET		APT		\$	\$
CITY, STATE		ZIP		1	
		T			
			TOTAL AMOUNT ATTRIBUTED	\$	\$
		<u> </u>			
			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	
OLTY OTATE		ZIP	
CITY, STATE		ZIP	
SUBCONTRACT	OR/PROVIDER OF FINISH	IED GOODS/SERVICES:	
NAME			AMOUNT ATTRIBUTED
STREET		APT	\$
CITY, STATE		ZIP	CODE
NAME			AMOUNT ATTRIBUTED
070557		100	•
STREET		APT	\$
CITY, STATE		ZIP	CODE
NAME			AMOUNT ATTRIBUTED
STREET		APT	\$
• • • • • • • • • • • • • • • • • • •		· ·	
CITY, STATE		ZIP	CODE
NAME			AMOUNT ATTRIBUTED
TV (WIL			AMOONTATTRIBUTED
STREET		APT	\$
CITY, STATE		ZIP	CODE
CITT, STATE		ZIF	CODE
NAME			AMOUNT ATTRIBUTED
STREET		APT	•
J			\$
CITY, STATE		ZIP	CODE
NAME			AMOUNT ATTRIBUTED
STREET		APT	\$
CITY STATE		710	CODE
CITY, STATE		ZIP	CODE

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

SCHEDULE P *Non-Campaign Housekeeping Receipts

TREET TY, STATE AME TREET TY, STATE TY, STATE	FROM	1	/	ТО	/	APT ZIP APT	\$ AMOUN	\$	OF_REV. AMOUNT
TREET TY, STATE AME FREET TY, STATE AME	PROW			10		APT ZIP	\$	\$	REV. AMOUNT
TY, STATE AME FREET TY, STATE AME FREET						ZIP			REV. AMOUNT
TREET TY, STATE AME									REV. AMOUNT
TREET TY, STATE AME						APT			REV. AMOUNT
TREET TY, STATE AME						APT	AMOON	NI FF	REV. AMOUNT
TY, STATE AME FREET						APT			
AME								ı	
FREET						ZIP	\$	\$	
							AMOUN	1T PR	REV. AMOUNT
						APT			
TY, STATE						ZIP	\$	\$	
AME							AMOUN	NT PR	REV. AMOUNT
TREET						APT			
TY, STATE						ZIP	\$	\$	
AME							AMOUN	NT PR	REV. AMOUNT
TREET						APT			
TY, STATE						ZIP	\$	\$	
AME							AMOUN	NT PR	REV. AMOUNT
TREET						APT			
TY, STATE						ZIP	\$	\$	
	TREET TY, STATE AME TREET	TREET TY, STATE AME TREET	TREET TY, STATE AME	TREET TY, STATE AME TREET	TREET TY, STATE AME TREET	TREET TY, STATE AME TREET	TREET APT TY, STATE ZIP AME TREET APT TY, STATE ZIP	TREET APT TY, STATE ZIP \$ AMOUNT TREET APT	TREET APT TY, STATE ZIP \$ AMOUNT PR TREET APT TY, STATE ZIP \$ \$ \$

CODE:

INDIVIDUAL CORPORATE IND CORP

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

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 YEA	AR FILER ID	REPORT PERIOD DATES	PAGE
		FROM / / TO / /	OF
	I		0
DATE PAID	NAME	DO NOT REPORT TRANSFERS OUT: PURPOSE CODE	AMT. PAID
	OTDEET	APT EXPLAIN	
	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	\$
DATE PAID	NAME	PURPOSE CODE	AMT. PAID
	STREET	APT EXPLAIN	
CHECK #	CITY, STATE	ZIP	\$
		TOTAL THIS PAGE \$	

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 lir	ine 7 of your previous report\$
2.	CONTRIBUTION	ONS	
	2a) SCHEDUI	LE A – Individuals – total	\$
	2b) SCHEDUI	LE B – Corporations – total	\$
	2c) SCHEDUL	_E C – Other – total	\$
	2d) SCHEDUI	LE D – In-Kind – total	\$
	2e) TOTAL Co	ontributions (add 2a through 2d)	\$
•	MICOELLANIE		
3.		OUS RECEIPTS	
			\$
	•		\$
	,		\$
	·	·	ıl\$
			total
	3f) TOTAL Mis	scellaneous Receipts (add 3a throug	ıgh 3e)\$
4.	TOTAL RECE	IPTS THIS PERIOD (add 2	2e and 3f)\$
5.	TOTAL (add I	ine 1 and line 4)	s
6.	EXPENSES		
	6a) SCHEDUI	LE F – Disbursements – total	\$
	6b) SCHEDUI	LE D total – (offset)	\$
	6c) SCHEDUL	_E H – Transfers out – total	\$
	6d) SCHEDUI	LE J – Loans repaid – total	\$
	6e) SCHEDUI	LE M – Contribution refunds – total	\$
	6f) SCHEDUL	E Q – Housekeeping expenses – to	otal\$
	6g) TOTAL Ex	xpenses this period (add 6a through	n 6f)\$
			ct line 6g from line 5)\$\$

STATUS REPORT

		FROM / /	TO / /	
STATUS OF CONT				
·		•	•	\$
·				\$
				\$
8d) Contributi	ons refunded, from t	this summary, line 6e.		\$
·		•		\$
*This figure w	ill be 0 (zero) if this i	is the first report of a ne	ew campaign.	
. STATUS OF CAMP	AIGN FXPFNSFS			
		m line 9f of your previo	us report*	\$
9b) Campaigr	n expenses this perio	od, line 6a		\$
9c) In-Kind of	fset, Schedule D tota	al		\$
9d) TOTAL ad	dd lines 9a throug9c			\$
9e) Refunds	of campaign expense	es, from this summary,	line 3d	\$
9f) SUB-TOT	AL campaign expens	ses to date (line 9d min	nus 9e)	
9g) Outstandi	ng liabilities (Schedu	ule N total, excluding lo	ans)	\$
9h) Total Can	npaign Expenses to	date (line 9f plus line 9	g)	\$
on) rotal can				
*This figure w	ill be 0 (zero) if this i	is the first report of a no Schedule R of Electron Office/District		E FS)) \$ Amount
*This figure w	ill be 0 (zero) if this i	Schedule R of Electron	ew campaign. nic Filing System Software (I	
*This figure w) EXPENSE ALLOC Candidate Na	ill be 0 (zero) if this i	Schedule R of Electron Office/District	ew campaign. nic Filing System Software (I	\$ Amount
*This figure w) EXPENSE ALLOC Candidate Na TOTAL AMO D. STATUS OF LOAI	ill be 0 (zero) if this in ATION SECTION (Some UNT ALLOCATED INS MADE	Office/District (please use additional page	ew campaign. nic Filing System Software (I Election Year ges if necessary)	\$ Amount
*This figure was a second of the second of t	ATION SECTION (Some UNT ALLOCATED NS MADE lade to date, from line	Office/District Office as additional pages and 10f of your previous	ew campaign. nic Filing System Software (I Election Year ges if necessary)	\$ Amount \$
*This figure w) EXPENSE ALLOC Candidate Na TOTAL AMO D. STATUS OF LOAI 10a) Loans m 10b) Loans m	ATION SECTION (Some UNT ALLOCATED NS MADE hade to date, from line hade this period, from	Office/District Office as additional page and 10f of your previous on your records	ew campaign. nic Filing System Software (I Election Year ges if necessary)	\$ Amount \$ \$ \$
*This figure was a second of the second of t	ATION SECTION (Some UNT ALLOCATED (NS MADE) (ande to date, from line) (ande this period, from line) (10a plus 10b	Office/District Office as e additional page and 10f of your previous myour records	ew campaign. nic Filing System Software (I Election Year ges if necessary)	\$ Amount \$\$
*This figure was a second of the second of t	ATION SECTION (Some WINT ALLOCATED (Some lade to date, from line) added to the period, from line 10a plus 10b	Office/District Office/District (please use additional page) ne 10f of your previous in your records	ew campaign. nic Filing System Software (I Election Year ges if necessary)	\$ Amount \$\$ \$\$ \$\$ \$\$ \$
*This figure was in the state of the state o	ATION SECTION (Some WINT ALLOCATED of the state of the s	Office/District Office/District (please use additional pagents and your records	ew campaign. nic Filing System Software (I Election Year ges if necessary) report this period en this period	\$ Amount \$\$ \$\$ \$\$ \$\$ \$
*This figure was in the state of the state o	ATION SECTION (Some WINT ALLOCATED of the state of the s	Office/District Office/District (please use additional pagents and your records	ew campaign. nic Filing System Software (I Election Year ges if necessary) report this period en this period	\$ Amount \$ \$ \$ \$ \$
*This figure was in the state of the state o	ATION SECTION (Some WINT ALLOCATED (Some line) WINT ALLO	Office/District Office/District (please use additional pagents and your records	ew campaign. nic Filing System Software (I Election Year ges if necessary)	\$ Amount \$\$
*This figure was a straight of the straight of	ATION SECTION (Some WINT ALLOCATED (Some lade to date, from line added in 10c about included in 10c about inc	Office/District Office/District (please use additional page) ne 10f of your previous in your records ove, which were repaid ove, which were forgive te (line 10c minus 10d at the page) IPTS Y, from line 11c of your	r previous report	\$ Amount \$\$ \$\$ \$\$ \$\$ \$
*This figure w) EXPENSE ALLOC Candidate Na TOTAL AMO D. STATUS OF LOAI 10a) Loans m 10b) Loans m 10c) TOTAL, 10d) Amounts 10e) Amounts 10f) Balance 1. STATUS OF HOU 11a) Houseke 11b) Houseke	ATION SECTION (Some WINT ALLOCATED To Same WINT ALLO	Office/District Office/District (please use additional pagents and your records	ew campaign. nic Filing System Software (I Election Year ges if necessary) report this period and 10e) r previous report ary, line 3e	\$ Amount \$
*This figure was in the state of the state o	ATION SECTION (Some WINT ALLOCATED To Same WINT ALLO	Office/District Office/District (please use additional pagents and your records	ew campaign. nic Filing System Software (I Election Year ges if necessary) report this period and 10e) r previous report ary, line 3e	\$ Amount \$\$ \$\$ \$\$ \$
*This figure was in EXPENSE ALLOC Candidate National TOTAL AMO TOTAL AMO TOTAL AMO TOTAL, 10a) Loans or 10c) TOTAL, 10d) Amounts 10e) Amounts 10f) Balance 11. STATUS OF HOUS 11a) Houseke 11b) Houseke 11c) TOTAL in TOTAL	ATION SECTION (Some WINT ALLOCATED WINT ALLO	Office/District Office/District (please use additional page of the 10f of your previous on your records	report	\$ Amount \$\$ \$\$ \$\$ \$\$ \$
*This figure was in Expense allocate National Amounts of Loans of 10c) Total, 10d) Amounts 10d) Amounts 10d) Balance 11. STATUS OF HOUSE 11d) Houseke 11d) Total in Expense 11c) Total in 12d) Houseke 12d)	ATION SECTION (Some UNT ALLOCATED To Same UNT ALLOCATED To Same UNT ALLOCATED To Same to date, from line adde to date, from line adde this period, from line 10a plus 10b	Office/District Office/District (please use additional pagents and your previous mayour records	ew campaign. nic Filing System Software (I Election Year ges if necessary) report this period en this period and 10e) r previous report ary, line 3e us 11b)	\$ Amount \$\$ \$\$ \$\$ \$