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 DATE	S DATE	FILED (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	me Business		Cell		
E-mail address					
TYPE OF REPORT		REPORT SCH	EDULES		
	aghla hay(ag) halaw				Number of Pages
Please check the applic		Individuals/Par	tnership Contribution	ns Sch. A	
[] 32 Day Pre-Primary	[] 32 Day Pre-Special	Corporate Con	tributions	Sch. B	
[] 11 Day Pre-Primary	[]11 Day Pre-Special	All Other Contr	ibutions	Sch. C	
[]10 Day Post-Primary*	. [] 27 Day Post-Special*				
[] 32 Day Pre- General	[] January Periodic, 20	In-Kind Contrib	utions/ Other Receip	ots Sch. D/E	
[] 11 Day Pre-General	[] July Periodic, 20	Expenditure Pa	ayments	Sch. F	
[] 27 Day Post General*	[] Off-Cycle Report [] 24 Hour Notice	Transfers In/O	ut	Sch. G/H	
*Campaign material or a disclai	imer must be submitted with Post Election Reports.	Loans Receive	d/Paid	Sch. I/J	
[] See Material Att	ached [] No Campaign Material Produced	Liabilities/Loan	s Forgivon	Sch. K	
[] Termination Report	[] Amended Report	Liabilities/Loan	s Forgiven	Sch. K	
[] Treasurer Resignation Repo	ort (Letter of resignation attached)	Expenditure/Co	ontribution Refunds	Sch. L/M	
[] In-Lieu-Of Statement		Outstanding Li	abilities	Sch. N	
and/or an authorized c	e an In-Lieu-Of Statement, you must be a candida ommittee solely supporting one candidate or a lely in promoting the success or defeat of a ballot	Partners/Subco	ontractors	Sch. O	
total receipts nor the to	ose of the applicable reporting period, neither the otal expenditures of the campaign have exceeded viously filed an In-Lieu-Of Statement and find that	Housekeeping	Receipts	Sch. P	
you now exceed this \$	1,000 threshold, you must file an itemized report as since the beginning of the campaign. Once an	Housekeeping	Expenses	Sch. Q	
itemized report is requi any future reporting pe	ired, you may not file an In-Lieu-Of Statement for	Summary/State	us Report		
I state that the information c	contained in this report in all respects is true and c	complete to the best of n	ny knowledge, informa	tion and belief.	
	VERIFIC	CATION			
Name – Print or Type		Signature (must be orig	ginal and in ink)		
Title		Date Signed	Telepho	one Number	
ANY FALSE INFORMATION IN	I THIS STATEMENT MAY BE A CLASS A MISDEMEAN	OR, PUNISHABLE BY A F	INE AND/OR UP TO ONE	YEAR IMPRISONME	≣NT,

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		\$	\$
2005	OITY OTATE	710		Φ	Φ
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		Ψ	Ψ
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		Ť	
DATE RECEIVED	NAME		CHECK#	AMOUNT	PREV. AMT.
	STREET	APT		\$	\$
CODE	CITY, STATE	ZIP		Ψ	Ψ
			0/150// ::	446:0:=	DDE:/ Atim
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:

CANDIDATE/CANDIDATE SPOUSE CAN

INDIVIDUAL IND

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 Monetary	y Contributions/Corporate	е		
ELECTION YEAR	FILER ID	REPORT PERIOD DA	TES		PAGE
		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		Ì	
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#		OFOFPREV. 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	<u> </u>	\$	\$	
DATE RECEIVED	NAME		CHECK#	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 / / TO	O / /	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 THE STOR	Φ.
				TOTAL THIS PAGE	\$
				TOTAL ITEMIZED RECEIPTS	\$
				TOTAL UNITEMIZED RECEIPTS	\$
				SCHEDULE TOTAL	\$

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 Party, Constituted and other committees authorized solely for this candidate						
ELECTION YEAR		REPORT PERI		•		PAGE
		FROM /	/ TO	0 / /		OF
DATE	NAME				TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET			APT	1 🗆	
	OTTLET			7.1. 1		
CHECK #	CITY, STATE			ZIP	2 🗆	\$
DATE	NAME				TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET			APT	1 🗆	
CHECK #	CITY, STATE			ZIP	2 🗆	\$
B.475					TD 444055D T) (D5	A44041117 TD A440550050
DATE	NAME				TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET			APT	1 🗆	
					2 🗆	¢.
CHECK #	CITY, STATE			ZIP		\$
DATE	NAME				TRANSFER TYPE	AMOUNT TRANSFERRED
DATE	NAME					AMOUNT TRANSFERRED
	STREET			APT	1 🗆	
					2 🗆	\$
CHECK #	CITY, STATE			ZIP		\$
DATE	NAME				TRANSFER TYPE	AMOUNT TRANSFERRED
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	STREET			APT	1 🗆	
					2 🗆	\$
CHECK #	CITY, STATE			ZIP		Ψ
DATE	NAME				TRANSFER TYPE	AMOUNT TRANSFERRED
27.1.2						7
	STREET			APT	- 1 □	
					2 🗆	\$
CHECK #	CITY, STATE			ZIP	_	
DATE	NAME				TRANSFER TYPE	AMOUNT TRANSFERRED
					1 🗆	
	STREET			APT	_ · <u>-</u>	
CHECK#	CITY, STATE			ZIP	2 🗆	\$
CHLOR#	CITT, STATE			ZIF		
COMMITTEES OR COM	THE SECTION OF THE SE	DIFFERENT CA	NDIDATE		TOTAL THIS PAGE	\$
TYPE 1 – Between a p	arty or constituted committee a	nd a candidate	or a candidate	e's authorized committee.		
TYPE 2 – Between two	authorized committees SOLEL	.Y supporting t	he same cand	idate	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 🗆			
	JIKLET	AL I				
CHECK #	CITY, STATE	ZIP	2 🗆	\$		
DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED		
			1 🔲			
	STREET	APT				
CHECK #	CITY, STATE	ZIP	2 🗌	\$		
OHEOR #	0111,017112	-				
DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED		
			<u> </u>			
	STREET	APT	7 · -			
OLIFOK #	OUTY OTATE	7/0	2 🗆	\$		
CHECK #	CITY, STATE	ZIP				
DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED		
			1 🗆			
	STREET	APT	┤ ' '			
			2 🗆	\$		
CHECK #	CITY, STATE	ZIP		Ť		
DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED		
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			2 🗆	\$		
CHECK #	CITY, STATE	ZIP		y		
DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERE		
DATE	NAME			AMOUNT TRANSFERRED		
	STREET	APT	1 🗆			
CHECK #	CITY, STATE	ZIP	2 🗆	\$		
DATE	NAME		TRANSFER TYPE	AMOUNT TRANSFERRED		
	STREET	APT	1 🗆			
	OTREET	74 1				
CHECK #	CITY, STATE	ZIP	2 🗆	\$		
NOTE: DO NOT PE	EPORT FUNDS PAID TO INDE	DENDENT	•			
COMMITTEES OR	COMMITTEES AUTHORIZED	BY A DIFFERENT CANDIDATE				
AS A TRANSFER.T	HESE RECEIPTS MUST BE R	EPORTED AS A PAYMENT ON SCHEDULE F.	TOTAL THIS PAGE	\$		
TYPF 1 - Retween	a narty or constituted comm	ittee and a candidate or a candidate's authorized committee.				
I YPE 2 – Between	two authorized committees	SOLELY supporting the same candidate.	SCHEDULE TOTAL			
			LAST PAGE ONLY	\$		
			1			

SCHEDULE I Loans Received

COLLEGE		received	
ELECTION YEAR	FILER ID	REPORT PERIOD DATES	PAGE
		FROM / / TO / /	OF
LOAN DATE	LENDER NAME	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	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	Ψ
LOAN DATE	LENDER NAME		LOAN AMOUNT
LOANDATE	LENDER NAME		LOAN AMOUNT
	STREET	APT	
	JIKELI	Al I	
CHECK IF BANK	CITY, STREET	ZIP	 \$
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	OITT, OTKEET	ZII	
LOAN DATE	LENDER NAME		LOAN AMOUNT
20711127112			25,,
	STREET	APT	
CHECK IF BANK LOAN	CITY, STREET	ZIP	\$
LOAN DATE	LENDER NAME		LOAN AMOUNT
	STREET	APT	
CHECK IF BANK	OUT) (OTDEET	710	\$
LOAN	CITY, STREET	ZIP	
LOAN DATE	LENDER NAME		LOAN AMOUNT
LOANDATE	LEINDER INAIVIE		LOAN AWOONT
<u> </u>	STREET	APT	
	J.IKEET	AL I	
CHECK IF BANK	CITY, STREET	ZIP	\$
LOAN	, -		
1	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	1	
	CITY, STATE	ZIP	DATE OF LOAN	\$
PAYMENT DATE	LENDER NAME		CHECK#	AMOUNT
TATMENT BATE			- 011201011	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	1	
	CITY, STATE	ZIP	DATE OF LOAN	\$
PAYMENT DATE	LENDER NAME		CHECK#	AMOUNT
I ATMENT DATE			OHEOK#	AWOUNT
	STREET	APT		\$
	CITY, STATE	ZIP	DATE OF LOAN	
PAYMENT DATE	LENDER NAME		CHECK#	AMOUNT
	STREET	APT	_	
			2475 254 244	\$
	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
ATMENT DATE			CHECK#	AIVIOUNT
	STREET	APT		\$
	CITY, STATE	ZIP	DATE OF LOAN	,
PAYMENT DATE	LENDER NAME		CHECK#	AMOUNT
	STREET	APT	4	
				\$
	CITY, STATE	ZIP	DATE OF LOAN	
	,		TOTAL THIS	
			PAGE	\$

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	LOTRET	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 P		EPORT PERIOD DATES		
			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			AMOUN	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

APT ZIP APT ZIP APT ZIP	/ / TOTAL ORIG. AMT. () LIABILITY () LOAN \$	PURPOSE CODE EXPLAIN: PURPOSE CODE EXPLAIN: PURPOSE CODE EXPLAIN:	LIABILITY AMT. OUTSTANDING \$ LIABILITY AMT. OUTSTANDING \$ LIABILITY AMT. OUTSTANDING	\$OF LOAN AMT. OUTSTANDING \$ LOAN AMT. OUTSTANDING \$ LOAN AMT. OUTSTANDING
APT ZIP APT ZIP	() LIABILITY () LOAN \$	EXPLAIN: PURPOSE CODE EXPLAIN: PURPOSE CODE	S	\$LOAN AMT. LOAN AMT.
ZIP APT ZIP APT	() LOAN \$ TOTAL ORIG. AMT. () LIABILITY () LOAN \$ TOTAL ORIG. AMT. () LIABILITY () LOAN \$ \$ \$	PURPOSE CODE EXPLAIN: PURPOSE CODE	LIABILITY AMT. OUTSTANDING \$\$ LIABILITY AMT.	LOAN AMT. OUTSTANDING \$ LOAN AMT.
APT ZIP APT	TOTAL ORIG. AMT. () LIABILITY () LOAN \$	EXPLAIN: PURPOSE CODE	LIABILITY AMT. OUTSTANDING \$\$ LIABILITY AMT.	LOAN AMT. OUTSTANDING \$ LOAN AMT.
ZIP	() LIABILITY () LOAN \$ TOTAL ORIG. AMT. () LIABILITY () LOAN \$	EXPLAIN: PURPOSE CODE	OUTSTANDING \$ LIABILITY AMT.	\$LOAN AMT.
ZIP	() LIABILITY () LOAN \$ TOTAL ORIG. AMT. () LIABILITY () LOAN \$	EXPLAIN: PURPOSE CODE	OUTSTANDING \$ LIABILITY AMT.	\$LOAN AMT.
ZIP	() LOAN \$ TOTAL ORIG. AMT. () LIABILITY () LOAN \$	PURPOSE CODE	LIABILITY AMT.	LOAN AMT.
APT	TOTAL ORIG. AMT. () LIABILITY () LOAN	CODE	LIABILITY AMT.	LOAN AMT.
	() LIABILITY () LOAN	CODE		
	() LIABILITY () LOAN	CODE		
	() LOAN	EXPLAIN:		
	\$	EXPLAIN:		
ZIP				
	TOTAL ORIG. AMT.	1	\$	\$
		PURPOSE	LIABILITY AMT.	LOAN AMT.
	() LIABILITY	CODE	OUTSTANDING	OUTSTANDING
APT	() LOAN	EXPLAIN:		
ZIP	\$		\$	\$
	TOTAL ORIG. AMT.	PURPOSE CODE_	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING
	() LIABILITY	CODE	COTOTANDINO	OOTOTAIVDIIV
APT	() LOAN	EXPLAIN:		
ZIP	\$		\$	\$
	TOTAL ORIG. AMT.	PURPOSE CODE_	LIABILITY AMT. OUTSTANDING	LOAN AMT. OUTSTANDING
	() LIABILITY	CODE	COTOTANDINO	OOTOTANDING
APT	() LOAN	EXPLAIN:		
ZIP	\$		\$	\$
	TOTAL ORIG. AMT.	PURPOSE	LIABILITY AMT.	LOAN AMT.
	() LIABILITY	CODE	OUTSTANDING	OUTSTANDING
APT	() LOAN	EXPLAIN:		
ZIP	\$		\$	\$
	TOTAL ORIG. AMT.	PURPOSE	LIABILITY AMT.	LOAN AMT.
	() LIABILITY	CODE	OUTSTANDING	OUTSTANDING
ΔDT	() LOAN	EXPLAIN:		
AFI	\$		\$	\$
	ZIP APT ZIP	TOTAL ORIG. AMT. () LIABILITY () LOAN	TOTAL ORIG. AMT. () LIABILITY () LOAN EXPLAIN:	TOTAL ORIG. AMT. () LIABILITY () LOAN () LOAN EXPLAIN:

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 C	ONTRIBUTION
	STREET	APT			
				- \$	
	CITY, STATE	ZIP		"	
PARTNER N	ΔME				
LAST		FIRST	Γ	AMOUNT	PREVIOUS
CTDEET		APT		ATTRIBUTED	AMOUNT
STREET		AFI		\$	\$
CITY, STATE		ZIP			
LAST		FIRST	Г	AMOUNT	PREVIOUS
STREET		APT		ATTRIBUTED	AMOUNT
SIREEI		AFI		\$	\$
CITY, STATE		ZIP			
LAST		FIRST	Г	AMOUNT	PREVIOUS
STREET		APT		ATTRIBUTED	AMOUNT
SIREEI		APT		\$	\$
CITY, STATE		ZIP			
LAST		FIRST	Г	AMOUNT	PREVIOUS
070557		107		ATTRIBUTED	AMOUNT
STREET		APT		\$	\$
CITY, STATE		ZIP			
LAST		FIRST		AMOUNT	PREVIOUS
OTDEET		AST		ATTRIBUTED	AMOUNT
STREET		APT		\$	\$
CITY, STATE		ZIP			
LAST		FIRST		AMOUNT	PREVIOUS
OTDEET		AST		ATTRIBUTED	AMOUNT
STREET		APT		\$	\$
CITY, STATE		ZIP			
LAST		FIRST		AMOUNT	PREVIOUS
OTDEET		ADT		ATTRIBUTED	AMOUNT
STREET		APT		\$	\$
CITY, STATE		ZIP			
			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	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	1 1	OF
	·	DO NOT REPORT TRANS		
DATE PAID	NAME	50 110 1 112 10 11 11 11 11 11	PURPOSE CODE	AMT. PAI
	STREET	APT	EXPLAIN	
CHECK #	CITY, STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	AMT. PAI
	STREET	APT	EXPLAIN	
CHECK #	CITY, STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	AMT. PAIL
	STREET	APT	EXPLAIN	
CHECK #	CITY, STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	AMT DAI
DATE PAID	NAME		PURPOSE CODE	AMT. PAII
	STREET	APT	EXPLAIN	
CHECK #	CITY, STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	AMT. PAIL
	STREET	APT	EXPLAIN	
CHECK #	CITY, STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	AMT. PAIL
	STREET	APT	EXPLAIN	
CHECK #	CITY, STATE	ZIP		\$
DATE PAID	NAME		PURPOSE CODE	AMT. PAIL
	STREET	APT	EXPLAIN	
CHECK #	CITY, STATE	ZIP	_	\$
DATE PAID	NAME		PURPOSE CODE	AMT. PAIL
	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 PER	RIOD DAT	ΓES				
			FROM /	/	ТО	/	1		
1.	OPENING BA	LANCE – Must be the same as lin	e 7 of your previou	s report.				 \$	
2.	CONTRIBUTION	ONS							
	2a) SCHEDUL	LE A – Individuals – total		\$		-			
	2b) SCHEDUL	LE B – Corporations – total		. \$					
	2c) SCHEDUL	_E C – Other – total		\$		_			
	2d) SCHEDULE D – In-Kind – total					_			
	2e) TOTAL Co	ontributions (add 2a through 2d)					\$		
_									
3.	MISCELLANE	OUS RECEIPTS							
		LE E- Other receipts – total							
	,	LE G – Transfers in – total				-			
	,	LE I – Loans received – total				•			
	·	LE – L – Expenditure refunds – total.				_			
		LE – P – Housekeeping receipts – to							
	3f) TOTAL Mis	scellaneous Receipts (add 3a throug	າ 3e)				\$		
4.	TOTAL RECE	IPTS THIS PERIOD (add 26	and 3f)					 \$	
5.	TOTAL (add I	ine 1 and line 4)						 \$	
6.	EXPENSES								
	6a) SCHEDUL	LE F – Disbursements – total		\$					
	6b) SCHEDUL	LE D total – (offset)		\$					
	6c) SCHEDUL	LE H – Transfers out – total		\$					
	6d) SCHEDUL	LE J – Loans repaid – total		\$					
	6e) SCHEDUL	LE M – Contribution refunds – total		\$					
	6f) SCHEDUL	E Q – Housekeeping expenses – tot	al	\$		_			
	6g) TOTAL Ex	xpenses this period (add 6a through	Sf)					 \$	
		END OF PERIOD (subtrac							

STATUS REPORT

ELECTION YEAR	FILER ID#	REPORT PER	IOD DATES	
		FROM / /	TO / /	
B. STATUS OF CONT				
•		• •	·	\$
•	•			\$
				\$
8d) Contribut	tions refunded, from the	nis summary, line 6e .		\$
·	•	•		\$
*This figure v	vill be 0 (zero) if this is	s the first report of a n	ew campaign.	
. STATUS OF CAME	PAIGN EXPENSES			
		n line 9f of your previo	us report*	\$
9b) Campaig	n expenses this perio	d, line 6a		\$
9c) In-Kind o	ffset, Schedule D tota	l		\$
9d) TOTAL a	dd lines 9a throug9c			\$
				\$
9f) SUB-TOT	AL campaign expens	es to date (line 9d mir	nus 9e)	\$
9g) Outstand	ling liabilities (Schedu	le N total, excluding lo	pans)	\$
	•		•	\$
		s the first report of a n		
TOTAL AMO	OUNT ALLOCATED (please use additional pa	ges if necessary)	\$
). STATUS OF LOA		a 10f of your previous	report	\$
•		-	•	\$
*	· ·	-		
•	·			\$ \$
•		•	•	
*		_	•	\$
TOI) Balance	of loans made to date	e (iiile 100 iiilius 100	and 10e)	Φ
	SEKEEPING RECEIL eeping receipts ONLY		r previous report	\$
•		-		\$
•				· · · · · · · · · · · · · · · · · · ·
,		s to date. (line 11a nli	us 11b)	\$
		s to date, (line 11a plu	us 11b)	\$
•	SEKEEPING EXPEN	ISES		
1 MI HULLEND	eeping expenses ONI	ISES LY, from line 12c of yo	our previous report	· · · · · \$
•	eeping expenses ONI eeping expenses this	ISES LY, from line 12c of your period, from this sum	our previous report	\$ \$ \$