# CAMPAIGN FINANCIAL DISCLOSURE STATEMENT
## For State and Local Candidates
## For Single-Candidate Committees

1. Date: _____  2.a. Candidate or Committee Name: _____

2.b. If Committee, Name of Candidate: _____ 3. Election Date:_____

4. Campaign Address: _____

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

5. Candidate Home Address: _____

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

   Candidate  Email  Address: _____

6. Office Sought: (include district number, if applicable) _____

7. Name of Political Treasurer (may be candidate): _____

   Political Treasurer Email Address: _____

8. Category or Report: (check one)

☐ First Quarter  ☐ Second Quarter  ☐ Third Quarter  ☐ Fourth Quarter  ☐ Pre-Primary  ☐ Pre-General
☐ Mid-Year Supplemental  ☐ Year-End Supplemental

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

10. Detailed Disclosure: (Check one)

☐ This campaign is exempt from detailed disclosures because contributions (including in-kind) received total $1,000 or less AND expenditures total $1,000 or less for this reporting period. (Complete items 12.d., 12.e., and 12.f.)

☐ This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than $1,000 and/or expenditures total more than $1,000 for this reporting period.

11. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code.

_____  _____  _____  _____
Candidate Signature  Date  Political Treasurer Signature  Date

_____  _____  _____  _____
Witness Signature  Date  Witness Signature  Date

12. Summary:

   a.  Balance On Hand Last Report ...................................................... $ _____

   b.  Total Receipts This Period ........................................................... $ _____

   c.  Total Disbursements This Period ................................................ $ _____

   d.  Balance On Hand (12.a. plus 12.b. minus 12.c.) ............................ $ _____

   e.  Total Loans Outstanding .............................................................. $ _____

   f.  Total Obligations Outstanding .................................................... $ _____

# SUMMARY PAGE - CANDIDATE

13. Name of Candidate or Committee: _____

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

15. Receipts:

    a.  Unitemized Contributions ($100 or less from each source this period) ........... $ _____
       (Note: Effective January 16, 2023, Unitemized Contributions are capped at $2,000.  See *Instructions* for more information.)

    b.  Itemized Contributions (over $100 from each source this period) ................... $ _____

    c.  Loans Received This Reporting Period.......................................................... $ _____

    d.  Interest Received This Reporting Period ..................................................... $ _____

    e.  Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be shown in item 12.b.) .................. $ _____

16. Disbursements:

    a.  Total Expenditures (other than loan payments)......................................... $ _____
       (Note: Effective January 16, 2023, all expenditures must be itemized.)

    b.  Loan Repayments Made This Period ............................................................ $ _____

    c.  Total Obligation Payments Made This Period.............................................. $ _____

    d.  Total Disbursements (add 16.a. and 16.b.) (must be shown in item 12.c.)......................... $ _____

17. In-Kind Contributions:

    a.  Unitemized In-Kind Contributions Received This Period ..................................... $ _____

    b.  Itemized In-Kind Contributions Received This Period ......................................... $ _____

    c.  Total In-Kind Contributions Received This Period ............................................. $ _____

18. Obligations:

    a.  Total Obligations Outstanding (must be shown in item 12.f.) ....................................... $ _____

# ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: _____

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

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

COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION.

Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

Contribution Received For:         Primary Election         General Election         Runoff (Local Elections Only)

Amount of Contribution: $_____ Date  of  Contribution: _____ Aggregate This Election: $ _____

Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

Contribution Received For:         Primary Election         General Election         Runoff (Local Elections Only)

Amount of Contribution: $_____ Date  of  Contribution:_____ Aggregate This Election: $ _____

Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

Contribution Received For:         Primary Election         General Election         Runoff (Local Elections Only)

Amount of Contribution: $_____ Date  of  Contribution:_____ Aggregate This Election: $ _____

Business or Organization Name: _____ **OR**

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

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

Occupation: _____ Employer: _____

Contribution Received For:         Primary Election         General Election         Runoff (Local Elections Only)

Amount of Contribution: $_____ Date  of  Contribution:_____ Aggregate This Election: $ _____

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

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name: _____

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

3.  Total in-kind contributions from preceding page (enter $0 if first page) $ _____

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

Business or Organization Name: _____ **OR**

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

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

Occupation: _____   Employer: _____

In-Kind Contribution Received For:          Primary Election          General Election          Runoff (Local Elections Only)

In-Kind Contribution Value: $_____   In-Kind Contribution Date: _____   Aggregate This Election: $ _____

Description of In-Kind Contribution:  _____

Business or Organization Name: _____ **OR**

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

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

Occupation: _____   Employer: _____

In-Kind Contribution Received For:          Primary Election          General Election          Runoff (Local Elections Only)

In-Kind Contribution Value: $_____   In-Kind Contribution Date: _____   Aggregate This Election: $ _____

Description of In-Kind Contribution:  _____

Business or Organization Name: _____ **OR**

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

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

Occupation: _____   Employer: _____

In-Kind Contribution Received For:          Primary Election          General Election          Runoff (Local Elections Only)

In-Kind Contribution Value: $_____   In-Kind Contribution Date: _____   Aggregate This Election: $ _____

Description of In-Kind Contribution:  _____

Business or Organization Name: _____ **OR**

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

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

Occupation: _____   Employer: _____

In-Kind Contribution Received For:          Primary Election          General Election          Runoff (Local Elections Only)

In-Kind Contribution Value: $_____   In-Kind Contribution Date: _____   Aggregate This Election: $ _____

Description of In-Kind Contribution:  _____

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

# ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: _____

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

3.  Total campaign expenditures from preceding page (enter $0 if first page) $ _____

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

Business or Organization Name: _____ **OR**

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

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

Purpose of Expenditure: _____

Amount of Expenditure: $ _____   Date of Expenditure: $ _____

Business or Organization Name: _____ **OR**

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

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

Purpose of Expenditure: _____

Amount of Expenditure: $ _____   Date of Expenditure: $ _____

Business or Organization Name: _____ **OR**

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

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

Purpose of Expenditure: _____

Amount of Expenditure: $ _____   Date of Expenditure: $ _____

Business or Organization Name: _____ **OR**

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

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

Purpose of Expenditure: _____

Amount of Expenditure: $ _____   Date of Expenditure: $ _____

Business or Organization Name: _____ **OR**

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

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

Purpose of Expenditure: _____

Amount of Expenditure: $ _____   Date of Expenditure: $ _____

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

# ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name: _____

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

3. Complete the appropriate items for each loan totaling more than one hundred dollars ($100).

**Complete the following for the source of each loan received and/or outstanding during the period.**

Business or Organization Name: _____ **OR**

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

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

Outstanding Loan Balance (Beginning) ............................... $ _____

Loans Received ........................................................ $ _____

Loan Payments ........................................................ $ _____

Outstanding Loan (End) ............................................... $ _____

Loan Received For:         Primary Election          General Election          Runoff (Local Elections Only)

Date of Loan: _____

**List all endorsers or guarantors for above loan (If more space is needed, please attach additional pages.)**

Business or Organization Name: _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

Business  or  Organization  Name:  _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

Business  or  Organization  Name:  _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

Business  or  Organization  Name:  _____ **OR**

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

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

Amount Guaranteed Outstanding: $_____

**Totals for all loans** (Complete this page for each outstanding loan during the period.  Complete this section only on last page of loans. Total loans received and loan payments should be shown on summary page. Outstanding loan balance should be shown on front page.)

Balance (Beginning) .................................................. $ _____

Loans Received ........................................................ $ _____

Loan Payments ........................................................ $ _____

Outstanding Loan (End) ............................................... $ _____

# ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name: _____

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

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

Business Name: _____

First Name: _____  Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

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

Business Name: _____

First Name: _____  Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

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

Business Name: _____

First Name: _____  Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

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

Business Name: _____

First Name: _____  Middle Name: _____

Last Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

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

TOTALS

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

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

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