**Municipal Clerk Contact Information Here**

# 24-HOUR REPORT OF CONTRIBUTIONS AND EXPENDITURES

## For Municipal Political Action Committees and Ballot Question Committees

| COMMITTEE INFORMATION | |
|---|---|
| Name of committee | Phone |
| Mailing address, city, state, zip code | |

| TREASURER INFORMATION | |
|---|---|
| Name of treasurer | Phone |
| Mailing address, city, state, zip code | |

| FILING SCHEDULE FOR 2015 | | |
|---|---|---|
| **Election** | **Election Date** | **Reporting Period** |
| Municipal elections held in June | June 9, 2015 | May 27, 2015—June 8, 2015 |
| Municipal elections held in November | November 3, 2015 | October 21, 2015—November 2, 2015 |

| WHEN TO FILE | WHAT CONTRIBUTIONS SHOULD BE REPORTED | WHAT EXPENDITURES SHOULD BE REPORTED |
|---|---|---|
| Within 24 hours, including weekends and holidays, of receiving the contribution or making the expenditure, incurring the obligation, or placing the order. Reports can be filed via the committee's electronic filing website. | Any single contribution of $5,000 or more received during the reporting period. | Any single expenditure of $1,000 or more made during the reporting period. Orders placed with or obligations made to vendors for goods or services are considered expenditures at the time the orders or obligations are made. Overhead costs, such as rent, taxes, utilities and some salary payments are not required to be reported. |

**IMPORTANT REMINDERS**

The information contained in this report must also be included on the appropriate schedule of the next regularly scheduled campaign finance report.

If an expenditure is disclosed in an independent expenditure report, it is not necessary to file a separate 24-hour report for the same expenditure.

| CONTRIBUTIONS OF $5,000 OR MORE | |
|---|---|
| Contributor Name | Date of contribution |
| Address | Amount of contribution |
| City, state, zip code | |
| Occupation | Employer |
| | |
| Contributor Name | Date of contribution |
| Address | Amount of contribution |
| City, state, zip code | |
| Occupation | Employer |

| EXPENDITURES OF $1,000 OR MORE | |
|---|---|
| Payee/Creditor | Date of expenditure |
| Address | Amount of expenditure |
| City, state, zip code | |
| Purpose of expenditure | |
| Expenditure made on behalf of (name of candidate or ballot question) | In support or opposition? |
| | |
| Payee/Creditor | Date of expenditure |
| Address | Amount of expenditure |
| City, state, zip code | |
| Purpose of expenditure | |
| Expenditure made on behalf of (name of candidate or ballot question) | In support or opposition? |

I, _____ , certify that the information in this report is true, correct and complete.

Signature of Treasurer _____ Date _____

Duplicate as needed.