

**NOVEMBER ELECTION 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 2019 NOVEMBER ELECTION		
Election	Election Date	Reporting Period
Municipal elections held November	November 5, 2019	October 23, 2019—November 4, 2019

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 <u>single</u> contribution of \$5,000 or more received during the reporting period.	Any <u>single</u> 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 _____