

# 2019 NOVEMBER ELECTION CAMPAIGN FINANCE REPORT

## FOR POLITICAL ACTION COMMITTEES AND BALLOT QUESTION COMMITTEES

Please complete ALL entries.

<b>NAME OF COMMITTEE</b>				<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
STREET				
CITY, STATE, ZIP CODE		TELEPHONE NUMBER		
E-MAIL				
<b>NAME OF TREASURER</b>				<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
MAILING ADDRESS STREET				
CITY, STATE, ZIP CODE		TELEPHONE NUMBER		
E-MAIL				

<u>Type of Report</u>	<u>Due Date</u>	<u>Dates of Report Period</u>
<input type="checkbox"/> <b>Initial</b>	Within 7 days of Registration	Beginning of campaign (BQC) or Beginning of year (PAC) — date of registration
<input type="checkbox"/> <b>April Quarterly</b>	April 10, 2019	January 1, 2019 — March 31, 2019
<input type="checkbox"/> <b>October Quarterly</b>	October 5, 2019	July 17, 2019 — September 30, 2019
<input type="checkbox"/> <b>11-Day Pre-Election</b>	October 25, 2019	October 1, 2019 — October 22, 2019
<input type="checkbox"/> <b>42-Day Post-Election</b>	December 17, 2019	October 23, 2019 — December 10, 2019
<input type="checkbox"/> <b>January Quarterly</b>	January 15, 2020	December 11, 2019 — December 31, 2019
<input type="checkbox"/> <b>Amendment to:</b> _____		
<input type="checkbox"/> <b>No Activity Report: Use only if the committee had no contributions and no expenditures and did not incur any unpaid debts or obligations during the reporting period. Check the appropriate report above as well.</b>		
<input type="checkbox"/> <b>Termination Report: If the committee will have no further activity. Check the appropriate report above as well.</b>		

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.

\_\_\_\_\_  
Treasurer's Signature

\_\_\_\_\_  
Date

## SCHEDULE A CASH CONTRIBUTIONS

- For contributors who gave more than \$50, the committee must report the contributor’s name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate “information requested” for the occupation and employer.
- For cash contributions totaling \$50 or less, please enter “unitemized contributions” as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$50 in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR’S NAME, ADDRESS, ZIP CODE	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
<b>Total cash contributions (this page only) ⇒</b> <b>(combined totals from all Schedule A pages must be listed on Schedule F)</b>				

**Key Codes:**

- |                                |  |
|--------------------------------|--|
| 1 = Individuals                | 7 = Ballot Question Committee          |
| 3 = Commercial Source          | 9 = Candidate/Candidate Committees     |
| 4 = Non Profit Organization    | 10 = General Treasury Transfer         |
| 5 = Political Action Committee | 13 = Contributors giving \$100 or Less |
| 6 = Political Party Committee  | 16 = Financial Institution             |

**SCHEDULE A (continued)  
CASH CONTRIBUTIONS**

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP CODE	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
<b>Total cash contributions (this page only) ⇒</b> <b>(combined totals from all Schedule A pages must be listed on Schedule F)</b>				

Key Codes:

- |                                |  |
|--------------------------------|--|
| 1 = Individuals                | 7 = Ballot Question Committee          |
| 3 = Commercial Source          | 9 = Candidate/Candidate Committees     |
| 4 = Non Profit Organization    | 10 = General Treasury Transfer         |
| 5 = Political Action Committee | 13 = Contributors giving \$100 or Less |
| 6 = Political Party Committee  | 16 = Financial Institution             |

## SCHEDULE A-1 IN-KIND CONTRIBUTIONS

- In-kind contributions are goods and services (including facilities) that a committee received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the committee by others if the committee does not expect to reimburse the person who made the purchase.
- For contributors who gave more than \$50, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For contributions totaling \$50 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$100 in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP CODE	OCCUPATION AND EMPLOYER	DESCRIPTION (of goods, services, facilities, or discounts received)	TYPE (use key code)	VALUE (estimated fair market value)
<b>Total in-kind contributions (this page only) ⇒</b> <b>(combined totals from all Schedule A-1 pages must be listed on Schedule F)</b>					

**Key Codes:**

- |                                |  |
|--------------------------------|--|
| 1 = Individuals                | 7 = Ballot Question Committee          |
| 3 = Commercial Source          | 9 = Candidate/Candidate Committees     |
| 4 = Non Profit Organization    | 10 = General Treasury Transfer         |
| 5 = Political Action Committee | 13 = Contributors giving \$100 or Less |
| 6 = Political Party Committee  | 16 = Financial Institution             |

## SCHEDULE B EXPENDITURES TO SUPPORT OR OPPOSE

- Enter all expenditures made to support or oppose a ballot question, referendum, or citizen initiative, including those in signature-gathering phase.
- Enter all expenditures, including cash contributions from this committee, made to support or oppose a candidate, political action committee, ballot question committee, or party committee.
- Enter the name of the candidate, ballot question, or committee supported or opposed by the expenditure and indicate whether the expenditure was made in support or opposition.

**If a single expenditure is made to support or oppose multiple candidates, committees, or ballot questions, the expenditure must be itemized by the amount spent per candidate, committee, or question, not as a single expenditure, and each candidate, committee, or ballot question must be identified.**

EXPENDITURE TYPES			
<b>CON</b>	Contribution to candidate, party or committee	<b>POL</b>	Polling and survey research
<b>CNS</b>	Campaign consultants	<b>POS</b>	Postage for U.S. Mail and mail box fees
<b>EQP</b>	Equipment (office machines, furniture, cell phones)	<b>PRO</b>	Professional services
<b>FND</b>	Fundraising events	<b>PRT</b>	Print media ads only (newspapers, magazines, etc.)
<b>FOD</b>	Food for campaign events, volunteers	<b>RAD</b>	Radio ads, production costs
<b>LIT</b>	Printing and graphics (flyers, signs, palmcards, t-shirts, etc.)	<b>SAL</b>	Campaign workers' salaries and personnel costs
<b>MHS</b>	Mail house (all services purchased)	<b>TRV</b>	Travel (fuel, mileage, lodging, etc.)
<b>OFF</b>	Office rent, utilities, phone and internet services, supplies	<b>TVN</b>	TV or cable ads, production costs
<b>OTH</b>	Other	<b>WEB</b>	Website design, registration, hosting, maintenance, etc.)
<b>PHO</b>	Phone banks, automated telephone calls		

**! REMARKS REQUIRED ON ALL EXPENDITURE TYPES!**

Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support	Ballot Question/Issue:	
<input type="checkbox"/> Oppose		
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support	Ballot Question/Issue:	
<input type="checkbox"/> Oppose		
<b>Total expenditures this page only ⇒</b>		
<b>(combined totals from all Schedule B pages must be listed on Schedule F)</b>		

**SCHEDULE B (continued)  
EXPENDITURES TO SUPPORT OR OPPOSE**

Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue:	
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue:	
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue:	
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue:	
<b>Total expenditures this page only ⇒</b> <b>(combined totals from all Schedule B pages must be listed on Schedule F)</b>		

### SCHEDULE C LOANS AND REPAYMENTS

List all new and continuing loans that were unpaid at any time during this reporting period. If a loan amount is forgiven, the amount forgiven **must** also be entered as a contribution on Schedule A.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
<b>LENDER'S NAME AND ADDRESS</b>	<b>LOAN BALANCE AT BEGINNING OF PERIOD</b>	<b>ACTIVITY THIS PERIOD (report amount and date)</b>			<b>LOAN BALANCE AT END OF PERIOD (1+2) - 3 - 4</b>
		<b>AMOUNT LOANED THIS PERIOD</b>	<b>AMOUNT REPAYD THIS PERIOD</b>	<b>AMOUNT FORGIVEN THIS PERIOD (Enter on Schedule A also)</b>	
		DATE  AMOUNT	DATE  AMOUNT	DATE  AMOUNT	
		DATE  AMOUNT	DATE  AMOUNT	DATE  AMOUNT	
		DATE  AMOUNT	DATE  AMOUNT	DATE  AMOUNT	
		DATE  AMOUNT	DATE  AMOUNT	DATE  AMOUNT	
		DATE  AMOUNT	DATE  AMOUNT	DATE  AMOUNT	
		DATE  AMOUNT	DATE  AMOUNT	DATE  AMOUNT	
<b>Totals for each column ⇒</b>		<b>Enter on Schedule F, Line 3</b>	<b>Enter on Schedule F, Line 7</b>		<b>Enter on Schedule F, Line 14</b>

### SCHEDULE D UNPAID DEBTS AND OBLIGATIONS

- A debt or obligation is incurred if a committee places an order for a good or service without making a payment; makes a promise or agreement to pay for a good or service; signs a contract for a good or service; or receives delivery of a good or service for which the committee has not paid.
- This schedule is a list of all debts and obligations of the committee as of the end of this reporting period. When the obligation has been paid, the expenditure (i.e., the actual payment) must be reported on Schedule B.
- If the committee has not received a bill for goods or services, contact the vendor to obtain the amount owed. If it is impossible to verify the amount of the debt, enter an estimated amount and indicate that the amount is estimated in the purpose section.
- **If obligations from a previous campaign finance report still remain unpaid, you will need to continue to report them on this schedule until they have been paid in full.**

DATE OF OBLIGATION	CREDITOR'S NAME AND ADDRESS	PURPOSE	AMOUNT
<b>Total unpaid debts and obligations (this page only) ⇒</b> <b>(combined totals from all Schedule D pages must be listed on Schedule F)</b>			



BQC Name: \_\_\_\_\_

**SCHEDULE F  
SUMMARY SCHEDULE**

**CASH ACTIVITY**

<b>Receipts</b>	<b>Total for this Period</b>
1. Cash Contributions (Schedule A)	
2. Other Cash Receipts (interest, etc.)	
3. Loans (Schedule C)	
4. Total Receipts (lines 1 + 2 + 3)	
<b>Expenditures</b>	<b>Total for this Period</b>
5. Expenditures to Support or Oppose (Schedule B)	
6. Loan Repayment (Schedule C)	
7. Total Payments (lines 5 + 6)	

**CASH SUMMARY**

	<b>Total for This Period</b>
8. Cash Balance at Beginning of Period	
9. Plus Total Receipts This Period (line 4 above)	
10. Minus Total Payments This Period (line 7 above)	
11. Cash Balance at End of Period	

**OTHER ACTIVITY**

	<b>Total for This Period</b>
12. In-Kind Contributions (Schedule A-1)	
13. Total Loan Balance at End of Period (Schedule C)	
14. Total Unpaid Debts at End of Period (Schedule D)	