

**2020 ELECTION 24-HOUR REPORT OF CONTRIBUTIONS AND EXPENDITURES****FOR MUNICIPAL, DISTRICT AND COUNTY POLITICAL PARTY 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 2020 ELECTION		
Election	Election Date	Reporting Period
Primary Election	June 9, 2020	May 27, 2020 - June 8, 2020
General Election	November 3, 2020	October 21, 2020 - November 2, 2020
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 must be filed with the Commission.	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 _____