



2020 CAMPAIGN FINANCE REPORT

FOR MUNICIPAL, DISTRICT AND COUNTY POLITICAL PARTY COMMITTEES

Please complete ALL entries.

NAME OF COMMITTEE				<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT																					
STREET																									
CITY AND ZIP CODE		TELEPHONE NUMBER																							
E-MAIL																									
NAME OF TREASURER				<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT																					
MAILING ADDRESS STREET																									
CITY AND ZIP CODE		TELEPHONE NUMBER																							
E-MAIL																									
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;"><u>Type of Report</u></th> <th style="text-align: left;"><u>Due Date</u></th> <th style="text-align: left;"><u>Dates of Report Period</u></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> July Semi-Annual Report</td> <td>July 15, 2020</td> <td>January 1, 2020 – June 30, 2020</td> </tr> <tr> <td><input type="checkbox"/> 11-Day Pre-General Report</td> <td>October 23, 2020</td> <td>July 1, 2020 – October 20, 2020</td> </tr> <tr> <td><input type="checkbox"/> January Semi-Annual Report</td> <td>January 15, 2021</td> <td>October 21, 2020 – December 31, 2020</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Amendment to: _____</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> 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.</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Termination Report: If the committee will have no further activity. Check the appropriate report above as well.</td> </tr> </tbody> </table>					<u>Type of Report</u>	<u>Due Date</u>	<u>Dates of Report Period</u>	<input type="checkbox"/> July Semi-Annual Report	July 15, 2020	January 1, 2020 – June 30, 2020	<input type="checkbox"/> 11-Day Pre-General Report	October 23, 2020	July 1, 2020 – October 20, 2020	<input type="checkbox"/> January Semi-Annual Report	January 15, 2021	October 21, 2020 – December 31, 2020	<input type="checkbox"/> Amendment to: _____			<input type="checkbox"/> 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.			<input type="checkbox"/> Termination Report: If the committee will have no further activity. Check the appropriate report above as well.		
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I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.

 Treasurer's or Principal Officer's Signature

 Date

SCHEDULE A CASH CONTRIBUTIONS

- For contributors who gave more than \$200, 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 \$200 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 \$200 in a report period, you must list that contributor separately.
- Duplicate as needed.

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

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 | 12 = Contributors giving \$200 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 \$200, 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 \$200 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 \$200 in a report period, you must list that contributor separately.
- Duplicate as needed.

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

Key Codes:

- | | |
|--------------------------------|--|
| 1 = Individuals | 7 = Ballot Question Committee |
| 3 = Commercial Source | 9 = Candidate/Candidate Committees |
| 4 = Non Profit Organization | 10 = General Treasury Transfer |
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SCHEDULE B

EXPENDITURES TO SUPPORT OR OPPOSE

- 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 all expenditures made to support or oppose a ballot question, referendum, or citizen initiative, including expenditures made in the signature-gathering phase.
- 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.
- Duplicate as needed.

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 ballot question, not as a single expenditure, and each candidate, committee, or ballot question must be identified.

EXPENDITURE TYPES			
APP	Apparel (t-shirts, hats, embroidery, etc.)	PER	Personnel and campaign staff, consulting, and independent contractors
CON	Contribution to party committee, non-profit, other	PHO	Phones (phone banking, robocalls, and texts)
EQP	Equipment of \$50 or more (computer, tablet, phone, furniture, etc.)	POL	Polling and survey research
EVT	Campaign and fundraising events (venue/booth rental, entertainment, supplies, etc.)	POS	Postage for US Mail and mailbox fees
FOD	Food for campaign events or volunteers, catering	PRO	Professional services (graphic design, legal services, web design)
HRD	Hardware and small tools (hammer, nails, lumber, paint, etc.)	RAD	Radio ads and production costs only
LIT	Printed campaign materials (palmcards, signs, stickers, flyers etc.)	TKT	Entrance cost to event (bean suppers, fairs, party events, etc.)
MHS	Mail house and direct mail (design, printing, mailing, and postage)	TRV	Travel (mileage and lodging, etc.)
OFF	Office supplies, rent, utilities, internet service, phone minutes/data	TVN	TV/Cable ads, production, and media buyer costs only
ONL	Social medial and online advertising only	WEB	Website and internet costs (website domain and registration, etc.)
OTH	Other and fees (bank, contribution, and money order fees, etc.)		
! REMARKS REQUIRED ON ALL EXPENDITURE TYPES!			
Date:	Payee Name and Address:	Amount	
Type:	Remarks (Required):		
<input type="checkbox"/> Support	Candidate Name/Ballot Question:		
<input type="checkbox"/> Oppose			
Date:	Payee Name and Address:	Amount	
Type:	Remarks (Required):		
<input type="checkbox"/> Support	Candidate Name/Ballot Question:		
<input type="checkbox"/> Oppose			
Total expenditures this page only ⇒			
(combined totals from all Schedule B pages must be listed on Schedule F)			

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

SCHEDULE B - 1 OPERATING EXPENSES

- List all operational expenditures made to a single payee or creditor that were made during this reporting period. Multiple expenditures for bank fees and vehicle travel may be aggregated and listed as a lump sum provided that the time period of the expenditure be identified in the remark section.
- Duplicate as needed

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ONL	Social medial and online advertising only	WEB	Website and internet costs (website domain and registration, etc.)
OTH	Other and fees (bank, contribution, and money order fees, etc.)		

! REMARKS REQUIRED FOR ALL EXPENDITURE TYPES !

DATE	PAYEE NAME & ADDRESS	TYPE	REMARKS (REQUIRED)	AMOUNT

Total expenditures (this page only) ⇒

(combined totals from all Schedule B-1 pages must be listed on Schedule F)

SCHEDULE B – 1 (continued)
OPERATING EXPENSES

DATE	PAYEE NAME & ADDRESS	TYPE	REMARKS (REQUIRED)	AMOUNT
Total expenditures (this page only) ⇒ (combined totals from all Schedule B-1 pages must be listed on Schedule F)				

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.
- Duplicate as needed.

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

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 unpaid 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 or B-1.
- 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.**
- Duplicate as needed.

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

Committee Name: _____

**SCHEDULE F
SUMMARY SCHEDULE
CASH ACTIVITY**

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

CASH SUMMARY

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

OTHER ACTIVITY

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