# **Campaign Finance and Public Disclosure Board**

190 Centennial Office Building, 658 Cedar St, St Paul, MN 55155

www.cfb.mn.gov

Report of Receipts and Expenditures **Political Party Units** Period Covered: January 1 through October 19, 2020

**REPORT DUE DATE IS October 26, 2020** 

# **FILING INSTRUCTIONS**

- This report may be emailed to cfb.reports@state.mn.us or faxed to 651-539-1196 or 800-357-4114.
- All information on this report is public information and may be published on the Board's website at www.cfb.mn.gov

	COMMITTEE	E INFORMATION NAME OF THE PROPERTY OF THE PROP	NC	
Party unit name				Registration number
Treasurer name		Treasure email address	-	
Treasurer address				
Treasurer city, state, zip			Treasurer telephone (Daytime)	
	REPOR	T OPTIONS		
Check one of	the boxes below <b>only if app</b>	<b>plicable</b> and prov	de the reques	sted information.
No change statement	Check this box only if your committee received <i>no</i> contributions and made <i>no</i> expenditures during this reporting period. Do not use this statement if there was any monetary change. If there was no change:			
	Provide the current cash	h balance: \$		, and sign here
	I, the ☐ treasurer or ☐ certify there has been n			Date complete, true and correct.
Amendment		o change and that committee or fund	t this report is	complete, true and correct.
Amendment	certify there has been n  Check this box if your co	o change and that committee or fund or this period.	t this report is s filing this re	complete, true and correct.
Amendment  Termination	Check this box if your concerning the previously filed report for the provide date of the report Check this box if your concerning the provided the	o change and that committee or fund or this period. ort being amended committee has diss	t this report is s filing this rep d: solved. A com	complete, true and correct.
Termination  This document is a	Check this box if your concerning the previously filed report for the provide date of the report Check this box if your concerning the provided the	o change and that committee or fund or this period.  ort being amended committee has dissets debts and dispet to individuals with	t this report is s filing this report is d:  solved. A composed of all its disabilities by disabilities disabilities by disabilities by disabilities by disabilities by disabilities disabilities by disabilities disa	complete, true and correct.  cort to amend a  mittee may not dissolve assets in excess of \$100.  calling 651-539-1180,

# **COMMITTEE TRANSACTION SUMMARY INSTRUCTIONS**

- **Line 1** Beginning cash balance must be the same as your December 31, 2019, ending cash balance. Beginning cash balances include money on deposit in banks and other depositories including checks, negotiable instruments and other paper commonly accepted by a bank as a deposit.
- **Line 2** Contributions received by your committee.
- **Line 3** Receipts from an individual, financial institution, or other entity received as a loan during this reporting period.
- **Line 4** Income received by your committee that is not a contribution or loan (i.e., interest from an interest bearing account, repayment of a loan made by your committee to an individual or other entity).
- **Line 6** All general expenditures made by your committee that do not fall within any other category listed, including committee operating costs and contributions given to federal and local candidates.
- **Line 7A** All direct cash and in-kind contributions to candidate committees.
- **Line 7B** All approved expenditures made on behalf of state legislative, judicial, or constitutional candidate committees.
- **Line 7C** Total of lines 7A and 7B. The total amount of contributions to candidate committees.
- **Line 8** Cash or in-kind contributions given by your committee to political party units.
- **Line 9** Cash or in-kind contributions given by your committee to political committees or political funds.
- Line 10 Independent expenditures made on behalf of a state legislative, judicial or constitutional office candidate without the expressed or implied consent, authorization, cooperation of, or at the request or suggestion of the candidate, candidate's treasurer, or candidate's agent. If your committee made independent expenditures, you must sign and have notarized the Affidavit of Independent Expenditures on page 20.
- Line 11 All expenditures made by your committee made to promote or defeat a *state ballot question* (constitutional amendment). Expenditures for local referendums should be reported as general expenditures.
- **Line 12** Total expenditures made the committee or fund during the reporting period. This amount should equal the total of lines 6 and 7C through 11.
- **Line 13** Ending cash balance. Reported ending cash balance must be reconcilable with balance stated by committee depositories.

# COMMITTEE TRANSACTION SUMMARY

1	Beginning cash balance 1/1/20 (should be the same as the 12/31/19 ending cash balance)		\$			
Α	RECEIPTS:		Cash (Col. 1)	Blank (Col. 2)	In-kind (Col. 3)	Totals (Col. 4)
2	Total contributions received Schedule A1 - CR		\$		\$	\$
3	Receipts from loans payable	Schedule A2 - LP	\$			\$
4	Miscellaneous income	Schedule A2 - MISC	\$			\$
5	TOTAL RECEIPTS	Sum: #2 thru #4	\$		\$	\$
В	DISBURSEMENTS:		Cash (Col. 1)	Unpaid bills (Col. 2)	In-kind (Col. 3)	Totals (Col. 4)
6	General expenditures	Schedule B1 - EXP	\$	\$	\$	\$
7A	Direct contributions to candidate committees	Schedule B2A - CAN	\$			
7B	Approved expenditures for candidate committees	Schedule B2B - CAN	\$	\$		\$
7C	TOTAL CONTRIBUTIONS TO CANDIDATE COMMITTEES	Sum: #7A + #7B	\$	\$	\$	\$
8	Contributions to political party units	Schedule B2 - PPU	\$		\$	\$
9	Contributions to political committees and funds	Schedule B2 - PCF	\$		\$	\$
10	Independent expenditures See required form on page 20	Schedule B3 - IND	\$	\$	\$	\$
11	Ballot question expenditures	Schedule B4 - BQ	\$	\$	\$	\$
12	TOTAL EXPENDITURES Sum: #6 + AND DISBURSEMENTS #7C thru #11		\$	\$	\$	\$
С	ENDING CASH BALANCE:		Cash (Col. 1)	•	'	,
13	B Ending cash balance 10/19/20 Sum: #1 + #5 - #12		\$			

# INSTRUCTIONS for LOANS and UNPAID OBLIGATIONS SUMMARY

# Report on this page all outstanding loans, and unpaid bills owed by your committee.

- **Line 14A** Outstanding balances of all loans incurred by your committee during the <u>current</u> year as reported on Schedule A2-LP, Column 2, page 9.
- **Line 14B** Outstanding balances of all loans incurred by your committee during any <u>prior</u> reporting year as reported on Schedule C, Column 2, page 25.
- **Line 15A** Total unpaid obligations incurred during <u>current</u> year as reported on the Transaction Summary Line 12, Column 2, page 3.
- **Line 15B** Total unpaid obligations incurred during any <u>prior</u> reporting year as reported on Schedule D, Column 1, page 25.

## **CERTIFICATION**

This report must be signed and dated by the current treasurer or deputy treasurer of record. The original signature of the person responsible for preparation or filing of this report is required to make the report complete\*. Only signed reports may be filed with the Board.

<sup>\*</sup>A document filed by facsimile transmission meets this requirement if the original document being transmitted bears the required signature.

# LOANS AND UNPAID OBLIGATIONS SUMMARY Total outstanding balance of all loans incurred during the current 14A Schedule A2 - LP \$ reporting year Total outstanding balance of all loans incurred during any year prior \$ 14B Schedule C to the reporting year 14C Total outstanding balances of all loans Sum of #14A + #14B \$ From page 3, 15A Total unpaid obligations incurred during current reporting year \$ line 12, col. 2 Total unpaid obligations incurred during any year prior to the 15B Schedule D \$ reporting year 15C Total unpaid obligations Sum of #15A + #15B \$ Sum of #14C + #15C \$ Total debt of committee or fund 16 CERTIFICATION , certify that this report is complete, true, and correct. Print or type name Signature of (Check one): Treasurer Deputy treasurer

Any person who signs and certifies to be true a report or statement which the person knows contains false information, or who knowingly omits required information, is subject to a civil penalty imposed by the Board of up to \$3,000 and is subject to criminal prosecution for a gross misdemeanor.

Date

Registration #

## **INSTRUCTIONS FOR SCHEDULE A1 - CR**

Use this schedule to itemize contributions received by your committee.

You must itemize contributions that in aggregate total more than \$200. When multiple contributions are received from the same source, show the source's name once and list all contributions from that source separately under the source's name.

Contributions from individuals, made on a joint checking account, are considered to be a contribution in equal proportions by the person(s) who sign the check unless the treasurer has personal knowledge or ascertains from the account holder who did not sign the check that the person is a joint contributor. If more than \$200 in aggregate is received from <u>each</u> contributor, disclose each contributor on a separate line with all the required information.

## Entries must be in alphabetical order.

# For itemized transactions you must disclose the:

- date the contribution was <u>RECEIVED</u> by your committee,
- registration number (required), if contributor is political committee, political fund, party unit, or state candidate committee,
- name of contributor,\*
- contributor's full address (street, city, state, and zip code), and
- amount of contribution(s).

Do **not** itemize contributions that total \$200 or less from any one source.

\* If the contributor is an individual, you must disclose the name of contributor's employer (If self-employed, list "Self" and disclose the individual's occupation).

## For <u>non-itemized</u> transactions:

 Disclose the total of all contributions of \$200 or less from all sources on the "Non-itemized receipts" line at the bottom of the schedule.

# SCHEDULE A1 - CR - CONTRIBUTIONS RECEIVED

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Page	of

Date	Committee registration number REQUIRED	Name and full address of contributor If contributor is an individual list the name of employer (if self-employed, list "self" & disclose the occupation)	Col. 1 Cash	Col. 2 In-kind (List item & fair market value)	Col. 3 Totals Cash & in-kind
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
		Total of non-itemized receipts	\$	\$	\$
		TOTALS	ф	\$	\$
			To page 3, line 2, col. 1	To page 3, line 2, col. 3	To page 3, line 2, col. 4

## **INSTRUCTIONS FOR SCHEDULE A2 - LP**

# All entries must be in alphabetical order.

Use this schedule to itemize loans received <u>during this reporting year</u> that in aggregate total more than \$200 owed to any one financial institution, individual, or other entity.

# For itemized transactions you must disclose the:

- date the loan was originally made,
- name of the lender and any endorsers\*,
- full address (street, city, state, and zip code) of the lender and any endorsers, and
- amount of the loan.
- unpaid balance on loan at the end of the reporting period.

Do **not** itemize loans that total \$200 or less from any one entity.

\*For individuals who are lenders or endorsers, you must disclose the individual's occupation and employer (If self-employed, list "self" and disclose the individual's occupation).

# For non-itemized transactions:

• Disclose the total of all loans of \$200 or less on the "Non-itemized receipts" line at the bottom of the schedule.

# **INSTRUCTIONS FOR SCHEDULE A2 - MISC**

Use this schedule to itemize all receipts from miscellaneous income that in aggregate total more than \$200 from any one source including repayment of loans made by your committee to an individual or other entity.

## For itemized transactions you must disclose the:

- date the receipt was originally received,
- name of the source\*,
- full address (street, city, state, and zip code) of the source of the receipt,
- description of purpose or type of miscellaneous income, and
- amount of receipt(s).

Do **not** itemize receipts that total \$200 or less.

\* For receipts from an individual, you must disclose the individual's occupation and employer (If self-employed, list "self" and disclose the individual's occupation).

# For <u>non-itemized</u> transactions:

• Disclose the total of all receipts from miscellaneous income of \$200 or less on the "Non-itemized receipts" line at the bottom of the schedule.

# SCHEDULE A2 - LP - RECEIPTS FROM LOANS INCURRED IN CURRENT YEAR

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Page	of	

Date	Name and full address  Name of employer if individual  (if self-employed, list "self" & disclose the occupation)	Col. 1 Original loan amount	Col. 2 Outstanding balance on loan
		\$	\$
		\$	\$
		\$	\$
		\$	\$
	Total of non-itemized receipts	\$	\$
	TOTALS	\$	\$
		To page 3, line 3, col. 1 & 4	To page 5, line 14A

# SCHEDULE A2 - MISC - RECEIPTS FROM MISCELLANEOUS INCOME

Date	Name and full address  Name of employer if individual  (if self-employed, list "self" & disclose the occupation)	Description or purpose of miscellaneous income	Total receipts from miscellaneous income
			\$
			\$
			\$
			\$
		Total of non-itemized receipts	\$
		TOTALS	\$
			To page 3, line 4, cols. 1 & 4

# INSTRUCTIONS FOR SCHEDULE B1 - EXP - GENERAL EXPENDITURES

Use this schedule to itemize all expenditures made by your committee including contributions made to federal and local (non Chapter 10A) candidate committees.

You must itemize disbursements that in aggregate total more than \$200 to any one payee. When multiple transactions occur with one payee, show payee's name once and list all transactions with that payee separately under the payee's name.

Entries must be in alphabetical order.

## For itemized transactions you must disclose the:

- date your committee made each expenditure,
- name of payee,
- payee's full address, (street, city, state, and zip code),
- · purpose of expenditure, and
- amount of disbursement(s).

# **COMPLIANCE ALERT!**

Reporting reimbursements to people who purchased items on behalf of your committee or payments to credit card companies requires you to provide some extra information.

To report a reimbursement or credit card payment:

- 1) List the name and complete address of the payee (the person being reimbursed or the credit card company being paid).
- 2) In the "specific purpose" column include:
  - a. The name of each vendor of goods or services being reimbursed or that is being paid for through the credit card company;
  - b. If the total of the reimbursement or credit card payment attributable to a vendor is more than \$200, include the vendor's complete address.
  - c. A description of the item or services for which reimbursement is being made;
  - d. The date of the payment;
  - e. The amount of the payment.

Alternatively, a committee may report each underlying expenditure being reimbursed as a separate expenditure to the underlying vendor.

#### Non-itemized transactions:

Disclose the total of all expenditures made of \$200 or less on the "Non-itemized expenditures/disbursements" line at the bottom of the schedule.

# SCHEDULE B1 - EXP - GENERAL EXPENDITURES

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Date	Name and full address of payee, including third party payees	Specific purpose of expenditure (e.g. flyers)	Col. 1 Cash	Col. 2 Contrib. to federal and local committees	Col. 3 Unpaid bills	Col. 4 In-kind (list item & fair market value)	Col. 5 Totals Cash & in-kind
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
	Total of non-it	temized expenditures/disbursements	\$	\$	\$	\$	\$
		TOTALS		\$	\$	\$	\$
			Add totals of co To page 3,	I. 1 & 2 together. line 6, col. 1	To page 3, line 6, col. 2	To page 3, line 6, col. 3	To page 3, line 6, col. 4

## **INSTRUCTIONS FOR SCHEDULE B2A - CAN**

Use this schedule to itemize direct contributions given by your committee to candidate committees for a state legislative, judicial, or constitutional office.

You must itemize contributions that in aggregate total more than \$200. When multiple contributions are given to the same committee, show the receiving committee's name once and list all transactions with that committee under the committee's name.

# Entries must be in alphabetical order by candidate's last name.

# For itemized contributions you must disclose the:

- date the contribution was given by your committee,
- recipient committee's registration number (REQUIRED),
- name of recipient committee,
- recipient committee's full address (street, city, state, and zip code), and
- amount of contribution(s).

If a contribution is returned to your committee in a year other than when it was given, report the return on Schedule A2 – Miscellaneous Income. The description or purpose should be "return of a contribution" and list the year the contribution was given.

Do not itemize contributions that in aggregate total \$200 or less.

#### For Non-itemized transactions:

Disclose the total of all contributions of \$200 or less given to principal campaign committees, on the "Non-itemized expenditures/disbursements" line at the bottom of the schedule.

# SCHEDULE B2A - CAN - DIRECT CONTRIBUTIONS TO CANDIDATE COMMITTEES

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# Entries must be in alphabetical order by candidate's last name.

Date	Committee registration number REQUIRED	Name and full address of committee	Col. 1 Cash	Col. 2 In-kind (list item & fair market value)	Col. 3 Totals Cash & in-kind
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	Total of	non-itemized contributions/disbursements	\$	\$	\$
		TOTALS	\$	\$	\$
			To page 3, line 7A, col 1	To page 3, line 7A, col 3	To page 3, line 7A, col 4

# INSTRUCTIONS FOR SCHEDULE B2B - CAN – APPROVED EXPENDITURES FOR CANDIDATE COMMITTEES

Use this schedule to itemize all approved expenditures made on behalf of candidate committees for a state legislative, judicial, or constitutional office. See page 26 for the definition of approved expenditure.

You must itemize expenditures that in aggregate total more than \$200 on behalf of a candidate. When multiple approved expenditures are made on behalf of the same candidate committee, show the receiving committee's name once and list all transactions with that committee under the committee's name.

#### Entries must be in alphabetical order by candidate's last name.

# For itemized contributions you must disclose the:

- date the approved expenditure was made by your committee,
- benefitted committee's registration number (REQUIRED),
- name of recipient committee,
- benefitted committee's full address (street, city, state, and zip code),
- name and address of the vendor paid for the expenditure,
- purpose of expenditure (for example; 1000 lawn signs)
- cash payment for expenditure
- unpaid bill from expenditure

<u>Do not</u> itemize approved expenditures that in aggregate total \$200 or less for a benefitted candidate.

#### For Non-itemized transactions:

Disclose the total of all approved expenditures \$200 or less made on behalf of candidates, on the "Non-itemized expenditures/disbursements" line at the bottom of the schedule.

# SCHEDULE B2B - CAN - APPROVED EXPENDITURES FOR CANDIDATE COMMITTEES

Make photocopies of this page if additional space is needed. Page \_\_\_\_ of \_ Committee Col. 2 Name and full address Name and full address Col 1. Col. 3 registration Date **Purpose of expenditure** Unpaid Cash **Totals** number of committee of vendor bills **REQUIRED** # \$ \$ \$ # \$ \$ \$ # \$ \$ \$ # \$ \$ \$ \$ \$ \$ Non-itemized expenditures/disbursements \$ \$ \$ **TOTALS** To page 3, To page 3, To page 3, line 7B, col. 1 line 7B, col 2 line 7B, col 4

# **INSTRUCTIONS FOR SCHEDULE B2 - PPU**

Use this schedule to itemize contributions given by your committee to political party units.

You must itemize contributions that in aggregate total more than \$200. When multiple contributions are given to the same party unit, show the receiving party unit's name once and list all transactions with that party unit under the party unit's name.

# Entries must be in alphabetical order.

# For itemized contributions you must disclose the:

- date the contribution was given by your committee,
- recipient party unit's registration number (REQUIRED),
- name of recipient party unit,
- recipient party unit's full address (street, city, state, and zip code), and
- amount of contribution(s).

If a contribution is returned to your committee in a year other than when it was given, report the return on Schedule A2 – Miscellaneous Income. The description or purpose should be "return of a contribution" and list the year the contribution was given.

<u>Do not</u> itemize contributions that in aggregate total \$200 or less.

#### For Non-itemized transactions:

Disclose the total of all contributions of \$200 or less given to political party units on the "Non-itemized expenditures/disbursements" line at the bottom of the schedule.

# SCHEDULE B2 - PPU - CONTRIBUTIONS TO POLITICAL PARTY UNITS

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# Entries must be in alphabetical order

Date	Committee registration number REQUIRED	Name and full address of committee (for approved expenditure, also list name and full address of vendor paid)	Col. 1 Cash	Col. 2 In-kind (list item & fair market value)	Col. 3 Totals Cash & in-kind
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
To	tal of non-ite	mized contributions/disbursements	\$	\$	\$
		TOTALS	\$ Table 200	\$ Table 200	\$
			To page 3, line 8, col 1	To page 3, line 8, col 3	To page 3, line 8, col 4

## **INSTRUCTIONS FOR SCHEDULE B2 - PCF**

Use this schedule to itemize contributions given by your committee to other political committees and political funds. This includes independent expenditure committees and funds and ballot question committees and funds.

You must itemize contributions that in aggregate total more than \$200. When multiple contributions are given to the same committee, show the receiving committee's name once and list all transactions with that committee under the committee's name.

# Entries must be in alphabetical order.

# For itemized contributions you must disclose the:

- date the contribution was given by your committee,
- recipient committee 's registration number (REQUIRED),
- name of recipient committee,
- recipient committee 's full address (street, city, state, and zip code), and
- amount of contribution(s).

If a contribution is returned to your committee in a year other than when it was given, report the return on Schedule A2 – Miscellaneous Income. The description or purpose should be "return of a contribution" and list the year the contribution was given.

Do not itemize contributions that in aggregate total \$200 or less.

#### For Non-itemized transactions:

Disclose the total of all contributions of \$200 or less given to other political committees and political funds on the "Non-itemized expenditures/disbursements" line at the bottom of the schedule.

# SCHEDULE B2 - PCF - CONTRIBUTIONS TO POLITICAL COMMITTEES AND POLITICAL FUNDS

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# Entries must be in alphabetical order

Date	Committee registration number REQUIRED	Name and full address of committee (for approved expenditure, also list name and full address of vendor paid)	Col. 1 Cash	Col. 2 In-kind (list item & fair market value)	Col. 3 Totals Cash & in-kind
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
	#		\$	\$	\$
Tota	l of non-iter	nized contributions/disbursements	\$	\$	\$
		TOTALS	\$	\$	\$
			To page 3, line 9, col 1	To page 3, line 9, col 3	To page 3, line 9, col 4

## **INSTRUCTIONS FOR SCHEDULE B3 - IND**

Use this schedule to itemize independent expenditures made by your committee to advocate the election or defeat of a state legislative, judicial or constitutional office candidate only.

#### Independent expenditure definition:

• An independent expenditure is an expenditure that advocates the election or defeat of a clearly identified candidate that is made without the express or implied consent, authorization, cooperation of, and not in concert with, or at the request or suggestion of any candidate, candidate's treasurer, or candidate's agent.

## Reporting Instructions for Independent Expenditures

- List independent expenditures alphabetically by the last name of the candidate that the expenditure was for or against.
- In the vendor column, list the name and address of the vendor paid. Use additional rows for multiple independent expenditures affecting the same candidate.
- If you do not spend more than \$200 on independent expenditures to elect or defeat a specific candidate, you do not itemize the expenditures under any candidate's name. Instead you include the amount in the Non-itemized Independent Expenditure total at the bottom of the schedule.
- Be sure to indicate if each itemized expenditure was for or against the candidate.
- If your committee makes an independent expenditure that lists more than one candidate you must allocate the cost of the expenditure between the candidates and report the allocated amount under each candidate's name.
- Return a completed Affidavit of Independent Expenditures (on the bottom of this page) with your report.

# **AFFIDAVIT OF INDEPENDENT EXPENDITURES**

# State of Minnesota, County of \_\_\_\_\_\_\_) ss I, the undersigned treasurer, being first duly sworn, states as follows: 1. The \_\_\_\_\_\_\_ made independent expenditures as described on schedule B3-Ind of the report which this affidavit Name of committee accompanies. The independent expenditures made by the committee were not made with the authorization or expressed or implied consent of, or in cooperation or in concert with, or at the request or suggestion of any candidate, any candidate's principal campaign committee or agent. Notarization Sworn to and subscribed before me this \_\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signature of notary public or other officer empowered to administer oaths

**Notary Seal** 

# SCHEDULE B3 - IND - INDEPENDENT EXPENDITURES

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# FOR STATE LEGISLATIVE, CONSTITUTIONAL AND JUDICIAL OFFICE CANDIDATES ONLY LIST INDEPENDENT EXPENDITURES FOR LOCAL CANDIDATES ON SCHEDULE B1 - EXPENDITURES

Name of candidate affected and office sought (List last name, first name)	Candidate Registration Number REQUIRED	Date of Expenditure	Check One Candidate Expenditure is		Candidate Expenditure is		Candidate Expenditure is		Candidate re Expenditure is		cate of Candidate Expenditure is		<b>Vendor</b> (Name and Address of Vendor Paid)	Specific purpose of expenditure	Col. 1 Cash	Col. 2 Unpaid bills	Col. 3 In-kind (list item & fair market value)	Col. 4 Totals Cash & in-kind
	#						\$	\$	\$	\$								
	#						\$	\$	\$	\$								
	#						\$	\$	\$	\$								
	#						\$	\$	\$	\$								
	#						\$	\$	\$	\$								
	#						\$	\$	\$	\$								
							\$	\$	\$	\$								
				To	tal of non-itemized expe	enditures/disbursements												
						TOTALS	\$	\$	\$	\$								
							To page 3, line 10, col.1	To page 3, line 10 col. 2	To page 3, line 10 col. 3	To page 3, line 10, col. 4								

# INSTRUCTIONS FOR SCHEDULE B4 - BQ - BALLOT QUESTION EXPENDITURES

Use this schedule to itemize expenditures made toward promoting or defeating a constitutional amendment

You must itemize expenditures that in aggregate total more than \$200 to any one ballot question. When multiple transactions occur with one vendor, show the vendor's name once and list all transactions with that vendor separately under the vendor's name.

Entries must be in alphabetical order.

# For itemized contributions you must disclose the:

- date the expenditure was made by your committee;
- name of the vendor, including third party payees;
- vendor's full address (street, city, state, and zip code);
- identification of the ballot question
- Indication whether expenditure is in support of or opposition to the constitutional amendment
- amount and purpose of expenditure(s);

<u>Do not</u> itemize expenditures that total \$200 or less on any one ballot question.

#### For Non-itemized transactions:

You must disclose the total of all expenditures of \$200 or less on the "Non-itemized expenditures/disbursements" line at the bottom of the form.

# SCHEDULE B4 - BQ - BALLOT QUESTION EXPENDITURES

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Date	Name and full address of vendor (including third party payees)	Identification of Ballot Question	For or	diture is Against ndment A	Purpose of Expenditure	Col. 1 Cash	Col 2. Unpaid bills	Col. 3 In-kind (list item & fair market value)	Col. 4 Totals Cash & in-kind
						\$	\$	\$	\$
						\$	\$	\$	\$
						\$	\$	\$	\$
						\$	\$	\$	\$
	Non-itemized expenditures/disbursements					\$	\$	\$	\$
	TOTALS					\$	\$	\$	\$
							To page 3, line 11 col. 2	To page 3, line 11, col. 3	To page 3, line 11, col. 4

# INSTRUCTIONS FOR SCHEDULE C - LOANS INCURRED IN PRIOR YEARS

#### You must disclose the:

- date the loan was originally made,
- name of the lender or endorser\*,
- full address of lender or endorser (street, city, state, and zip code),
- original amount of loan
- amount of the outstanding balance.

# INSTRUCTIONS FOR SCHEDULE D - PRIOR YEAR UNPAID OBLIGATIONS

Use this schedule to itemize all unpaid obligations from any year prior to the reporting year.

# You must disclose the:

- month, day, year the obligation to pay was incurred,
- name of the creditor or individual owed,
- full address (street, city, state, and zip code) of the creditor or individual owed,
- purpose of the credit extension, and
- outstanding balance of the obligation.

<sup>\*</sup> For receipts from an individual, you must disclose the individual's occupation and employers (if self-employed, list "self" and disclose the individual's occupation).

# SCHEDULE C - LOANS INCURRED IN PRIOR YEARS

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Page	of	

Date of original loan	Name, full address, employer, and occupation for each lender, endorser, or borrower (if self-employed, list "self" and the occupation)	Col. 1 Original loan amount	Col. 2 Outstanding balance
		\$	\$
		\$	\$
		\$	\$
		\$	\$
	TOTALS	\$	\$
			To page 5, line 14B

# SCHEDULE D - UNPAID OBLIGATIONS FROM PRIOR YEARS

Name and full address of each creditor	Purpose of credit extension	Col. 1 Outstanding Amount
		\$
		\$
		\$
		\$
	TOTALS	\$ To page 5, line 15B
	Name and full address of each creditor	

#### **DEFINITIONS**

#### **Approved Expenditure**

An expenditure made on behalf of a candidate by another entity that is authorized with the expressed or implied consent of, or in cooperation or in concert with, or at the request or suggestion of the candidate, the candidate's campaign committee, or the candidate's agent.

An approved expenditure of more than \$20 must have prior authorization in writing by the candidate or treasurer stating the maximum amount to be spent and the purpose of the expenditure

# Independent Expenditures

Expenditures made on behalf of a candidate without the express or implied consent, authorization, cooperation of, or at the request or suggestion of the candidate, the candidate's treasurer, or the candidate's agent. A political committee or political fund may make an independent expenditure provided that:

- the communication contains a statement (disclaimer) that the activity is an independent expenditure and the candidate is not responsible for it; and
- this statement (disclaimer) is included in oral communications, in conspicuous type on the front page of all literature and advertisements published or posted, and at the end of all broadcast advertisements; and
- the treasurer of the committee making the independent expenditure reports the expenditure on an *Affidavit and Report of Independent Expenditures* with a sworn statement that the expenditure was not made with the authorization or expressed or implied consent of, or in cooperation with or in concert with, or at the request or suggestion of any candidate, candidate's committee, or candidate's agent.

**Loans Payable** Loans that the committee owes to a financial institution, individual,

or other entity.

**Loans Receivable**Loans that are owed to the committee from other individuals or

entities.

Miscellaneous income Money received by the committee that is not a contribution or loan

(i.e., interest from an interest bearing account).

**Unpaid bills** Advance of credit for goods or services for which payment has not

been made. An advance of credit is an unpaid bill from the time it

is incurred, regardless of when an actual invoice is received.