# MONTHLY FILING COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

### FORM MCEC COVER SHEET PG 1

The MCEC Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission File)				2 Total pages filed:		
3	COMMITTEE NAME			OFFICE USE ONLY  Date Received		
4	COMMITTEE ADDRESS  Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STA	TE; ZIP CODE			
5	CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST  NICKNAME LAST	MI SUFFIX	Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged		
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY	Y; STATE;	ZIP CODE		
7	CAMPAIGN TREASURER MAILING ADDRESS  Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY	Y; STATE;	ZIP CODE		
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXT	ENSION			
9	REPORT TYPE	Monthly (Enterdate below) 10th day after campa	aign treasurer termina	tion Final Report		
10	REPORT DEADLINE	January 5       April 5         February 5       May 5         March 5       June 5	July 5 August 5 September 5	October 5  November 5  December 5		
11	PERIOD COVERED	Month Day Year  THROUG	iH	Month Day Year		
	GO TO PAGE 2					

# MONTHLY COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM MCEC COVER SHEET PG 2

12 COMMITTEE NAME		1	3 Filer ID (Ethics Commission Filers)		
	T				
14 COMMITTEE ACTIVITY	1. Candidates	A. Supported			
(Attach lists on plain	(Identify by name or, if applicable, classify by party.)	B. Opposed			
paper to complete this					
report if necessary.)	2. Measures	A. Supported			
	(Describe by date and location of election and				
	nature of issue.)	B. Opposed			
	3. Officeholders				
	Assisted (Identify by name or, if				
	applicable, classify by party.)				
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, OF	OLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY)	\$		
	Check here if this repo	ort qualifies for the higher itemization thresh	hold		
	2. TOTAL POLITICAL O	CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	\$				
	4. TOTAL POLITICAL EXPENDITURES				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL COI OF THE REPORTING F	ST DAY \$			
OUTSTANDING LOAN TOTALS	F THE \$				
	•	alty of perjury, that the accompanyin red to be reported by me under Title 1	•		
		Signature of Campaid	ın Treasurer (Declarant)		
	Diagon		,		
(4) 8 651 1 1	Please Co	omplete either option below:			
(1) Affidavit					
AFFIX NOTARY STAMP /	SEALABOVE				
Sworn to and subscrib	ped before me, by the said		this the		
		ch, witness my hand and seal of office			
day or		cii, withess my hand and sear or office	<del>.</del>		
Signature of officer adm	inistering oath Printed r	name of officer administering oath	Title of officer administering oath		
dignature of officer admi	inistering oath Thinted I	OR	The Or Officer authinistering Caur		
(2) Unsworn Declarat	ion				
My name is		, and my date of birth is	·		
My address is		(city) , (s			
	(street)				
Executed in	County, State of	, on the day of (mo	, 2U nth) (year)		
		· ·			
		Signature of Ca	ampaign Treasurer (Declarant)		

## **SUBTOTALS - MCEC**

## FORM MCEC COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
10.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## **MONETARY POLITICAL CONTRIBUTIONS**

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	_	(ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor		(ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	ctions)
		ATTACH ADDIT	IONAL COPIES (	OF THIS SCHEDULE AS N	NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

·	,		•				
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:			
2 FILER NAMI	E		3 Filer ID (Ethics Co	ommission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$				
5 Date	6 Full name of contributor	)	8 Amount of Contribution \$	9 In-kind contribution description			
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	        ide of Texas. Complete Schedule T.			
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	ver (FOR NON-JUDICI	AL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	outor's job title (FOR JL	JDICIAL) (See Instructions)			
<b>14</b> Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fire	m of contributor's spou	se (if any) (FOR JUDICIAL)			
16 If contributor	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description			
	Contributor address; City; State;	Zip Code	Check if travel outsi	 			
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)					
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	outor's job title (FOR JU	JDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law fire	m of contributor's spou	se (if any) (FOR JUDICIAL)			
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHED	ULE AS NEEDED				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

### **PLEDGED CONTRIBUTIONS**

#### SCHEDULE B

If the requested information is not applicable, DO NOT include this page in the report.

TI	ne Instruction Guide explains how to complete thi	is form.	1 Total pages Sched	ule B:
2 FILER NAM	E		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL C	F UNITEMIZED PLEDGES		\$	
<b>5</b> Date	6 Full name of pledgor □ out-of-state PAC (ID#:_		8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; S	state; Zip Code		 
			Check if travel outsi	ide of Texas. Complete Schedule T.
<b>10</b> Principal oc	cupation / Job title (See Instructions)	11 Employer (See	e Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S			 
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (See Instructions)	Employer (Se	e Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S			
			Check if travel outsi	l de of Texas. Complete Schedule T.
Principal oc	cupation / Job title (See Instructions)	Employer (Se	e Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Stat	te; Zip Code		
			Check if travel outsi	de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (See Instructions)	Employer (Se	e Instructions)	·
	ATTACH ADDITIONAL COPIES	OF THIS SCHED	JLE AS NEEDED	

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### **LOANS** SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

	The	Instruction Guide explains	how to comp	lete this form.	1 Total pages Schedule E:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS			\$
5	Date of loan	7 Name of lender	out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6	ls lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate
	Y N				11 Maturity date
12	Principal occupation	 on /.Job.title.(See Instructions	)	13 Employer. (See. Instructions)	
14	Description of Coll	ateral		Check if personal fun account (See Instruct	ds were deposited into political tions)
16	GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address;	City;	State; Zip Code	
20	Principal Occupat	tion (See Instructions)		21 Employer (See Instructions)	·
	Date of loan	Name of lender	out-of-state	PAC (ID#:)	Loan Amount (\$)
	Is lender a financial	Lender address;	City;	State; Zip Code	Interest rate
	Institution? Y N				Maturity date
	Principal occupation	on / Job title (See Instructions	)	Employer (See Instructions)	
	Description of Coll	ateral		Check if personal fun	ds were deposited into political
	none			account (See Instruct	tions)
	GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
		Guarantor address;	City;	State; Zip Code	
	not applicable			Employer (See Jastourting)	
	Fillicipal Occupati	on (See Instructions)		Employer (See Instructions)	
		ATTACH ADD	ITIONAL COP	PIES OF THIS SCHEDULE AS NEI	EDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	,	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

## **UNPAID INCURRED OBLIGATIONS**

## SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica		se Travel Out Of District s/Contract Labor Other (enter a category	y not listed above)
	The Instruction Guide explains how to com	plete this form.	
1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEN	IIZED UNPAID INCURRED OBLIGATIONS	\$	
5 Date	6 Payee name	,	
7 Amount (\$)	8 Payee address;	City; State;	Zip Code
9 TYPE OF EXPENDITURE	Political Non-Politica	le	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	<b>o)</b> Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living e	expense
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Offic	e sought Office he	ld
Date	Payee name		
Amount (\$)	Payee address;	City; State;	Zip Code
TYPE OF EXPENDITURE	Political Non-Politic	al	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		e sought Office he	eld
	ATTACH ADDITIONAL COPIES OF THIS SCH	IEDULE AS NEEDED	

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Name of person from whom investment is purchased			
	6 Address of person from whom investment is purchased; Cit	y; State; Zip Code		
	7 Description of investment			
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
	Address of person from whom investment is purchased; City	y; State; Zip Code		
	Description of investment			
	Amount of investment (\$)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

If the requested information is not applicable, **DO NOT include this page in the report.** 

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politio	By Gift/Award	erage Expense ds/Memorials Expense vices	Polling E Printing I Salaries/		- -	Travel In District  Travel Out Of District  Other (enter a category	·
The Instruction	Guide explains how to c	omplete this form.		USE A NEW P	AGE FOR E	ACH CREDIT CARE	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME					3 FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD				\$	
5 CREDIT CARD ISSUER	Name of financial institu	tion					
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cre	dit Card Issue	r Paid	
7 PAYEE	(a) Payee name		(b) Payee add	l dress;	City	, State,	Zip Code
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories I	isted at the top of this sched	dule)	(b) Description	1		
Non-Political	(c) Check if travel ou	tside of Texas. Complete	e Schedule T.		Check if Austin,	TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cre	dit Card Issue	r Paid	
PAYEE	(a) Payee name	•	(b) Payee add	dress;	City	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the top of this sched	dule)	(b) Description	1		
Political Non-Political	(c) Check if travel ou	tside of Texas. Complete	e Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cre	dit Card Issue	r Paid	
PAYEE	(a) Payee name	4	(b) Payee ad	dress;	City	state,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories I	isted at the top of this sched	lule)	(b) Description	1		
Non-Political	(c) Check if travel ou	tside of Texas. Complete	e Schedule T.		Check if Aust	in, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE I

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)			
4 Date	5 Payee name	-						
<b>6</b> Amount (\$)	7 Payee address;	City		State	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	rding type of	information			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	finformation			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information			
Date	Payee name							
Amount (\$)	Payee address;	City		State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Name of person from whom amount is received	8 Amount (\$)			
6 Address of person from whom amount is received; City; Stat	te; Zip Code			
7 Purpose for which amount is received Check if p	political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; Sta	ite; Zip Code			
Purpose for which amount is received Check if p	political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; Stat	te; Zip Code			
Purpose for which amount is received Check if p	political contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; Sta	ate; Zip Code			
Purpose for which amount is received Check if p	political contribution returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

The Instruction Guide explains how to complete this form.			1 Total pages Schedule T:			
2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / Corp	ooration or Lab	or Organization / Pledgo	or / Payee			
5 Contribution / Expenditure	reported on:					
Schedule A2	Schedule E	Schedule B(J	) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS					
6 Dates of travel 7 Name of person(s) traveling						
8 Departure city or name of departure location						
9 Destination city or name of destination location						
10 Means of transportation						
Name of Contributor / Corp	poration or Lab	or Organization / Pledgo	or / Payee			
Contribution / Expenditure	reported on:					
Schedule A2	Schedule E	Schedule B(J	) Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F		Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel Name of person(s) traveling						
Departure city or name of departure location						
Destination city or name of destination location						
Means of transportation Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Contribution / Expenditure	reported on:					
Schedule A2	Schedule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1		
Schedule F2	Schedule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS		
Dates of travel	Name of perso	n(s) traveling				
Departure city or name of departure location						
	Destination city or name of destination location					
Means of transportation	Р	urpose of travel (includin	ng name of conference, so	eminar, or other event)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						



## **AFFIDAVIT FOR COMMITTEE: ELECTRONIC FILING EXEMPTION**

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2025, a campaign treasurer of a political committee that has accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in any calendar year must file all		Receipt # Amount \$			
subsequent reports electronically.			Date Processed		
Filer name	Filer ID #		Date Imaged		
I swear or affirm that the political comore than \$33,910 in political control calendar year.					
2. I further swear or affirm that the po computer equipment to keep currer making political contributions to the	nt records of political contribution	e camp s, politi	aign treasu cal expend	rer does not use itures, or persons	

- 3. I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- 4. I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- 5. I am filing this affidavit with the report due on understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

#### Please complete either option below:

(1) Affidavit

(1)7 11102011						
			Signature of Campaign Treasurer			
NOTARY STAMP/SEAL						
Sworn to and subscribed before me	by		this	s the	day of	,
20, to certify which, witn	ess my hand and seal of	office.				
Signature of officer administering oath	Printed	name of officer administe	ering oath		Title of officer	administering oath
		OR				
(2) Unsworn Declaration						
My name is	, and my date of birth is					······································
My address is	(street)	,	(city)	,, (state)		(country)
Executed in	County, State of	, on the	day of _	(month)	, 20 (year)	
			Signature	of Campaid	ın Treasurer (De	eclarant)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

**OFFICE USE ONLY** 

Date Hand-delivered or Date Postmarked

or persons

Date Received