

The information provided does not constitute legal or election advice. If you have any specific questions relating to the qualifying process, please contact the State Board of Elections at (518) 473-5086 or consult an attorney. Also visit the State Board of Election's website on candidate qualifying for more information.

<http://www.elections.ny.gov/RunningOffice.html>

PARTY CAUCUS

Party Name

(Participants sign in sheet)

Caucus Date

Signature	Address	City & State
		Port Chester, NY 10573
		Port Chester, NY 10573
		Port Chester, NY 10573
		Port Chester, NY 10573
		Port Chester, NY 10573
		Port Chester, NY 10573
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		Port Chester, NY 10573
		Port Chester, NY 10573
		Port Chester, NY 10573

CERTIFICATE OF ACCEPTANCE

(Section 6-146, Election Law)

I, _____, residing at
(Candidate's Name)

(Address)

having been designated/nominated by the _____
(Name of Party)

Party, as a candidate for the office of _____
(Title of Office and Political Subdivision)

_____ district, do hereby ACCEPT such designation/nomination and
(District Number if any)

consent to be such candidate of such party at a _____
(Special/Primary/General)

election to be held on _____, 20 ____ .

(Date)

(Signature of Candidate)

State of New York :

County of _____ : ss:

On this _____ day of _____, 20____, before me
personally appeared _____, to me known and known to me to be
the individual described therein, and who executed the foregoing instrument, and
acknowledged to me that he/she executed the same.

Notary Public

(Sample Prepared by State Board of Elections)

CERTIFICATE OF AUTHORIZATION

(Section 6-120, Election Law)

We, _____ and _____
(Presiding Officer) (Secretary)

Presiding Officer and Secretary of the meeting of the _____ Party
of _____, DO HEREBY CERTIFY THAT: at a meeting of the
(Political Subdivision)

_____ Committee of the _____, Party
(Political Subdivision)

held on the ____ day of _____, 20____, a quorum being present, said committee, by
majority vote of the members present, did consent and authorize the nomination/designation of

_____ residing at _____
(Name of Candidate) (Place of Residence)

_____ for the office of _____ as

a candidate of the _____ Party for public office indicated, at the

_____ Election to be held on _____
(Special/Primary/General) (Date of Election)

Said nomination/designation is authorized pursuant to the provisions of Section 6-120 of
the New York State Election Law.

IN WITNESS WHERE OF, we have set our hands this ____ day of _____,
20____.

Presiding Officer

Secretary

On this ____ day of _____, 20____ before me personally came

_____ and _____
to me known and known to me to be the persons described in and who executed the foregoing
instrument and he/she duly acknowledged to me that he/she executed the same.

Notary Public

CERTIFICATE OF NOMINATION VILLAGE OF PORT CHESTER

Village Clerk's Office
222 Grace Church Street
Port Chester, NY

We, the undersigned, Presiding Officer and Secretary of the _____
Caucus for the Village of Port Chester, New York, do hereby certify that at a meeting of said caucus held
in the Village of Port Chester, New York on _____, 20____, the following person(s) was/were
duly nominated for the public office stated, by a majority of the members present:

TITLE OF OFFICE	NAME OF PARTY	NAME OF CANDIDATE	RESIDENCE OF CANDIDATE

WE ALSO CERTIFY THE FOLLOWING NAME PERSONS:

_____ residing at _____
 _____ residing at _____
 _____ residing at _____

were appointed at said meeting of caucus of the Village of Port Chester, County of Westchester, New York,
as the Committee to fill Vacancies in the nomination made, as prescribed by Section 15-108 of the Election
Law.

Signed and dated this _____ day
of _____, 20 ____
at Port Chester, New York

Presiding Officer

Secretary

**COMMITTEE REGISTRATION
TREASURER AND BANK INFORMATION**

NEW YORK STATE BOARD OF ELECTIONS

Section 14-118 of NYS Election Law

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES IN INK AND BE COMPLETED IN FULL

New Registration Amended Registration* (provide Filer ID#): _____

For State Campaign For Local Campaign (provide County): _____

* For sections being amended, also check applicable box(es) on the left and complete the form in full.

A. COMMITTEE NAME: _____

For Acronyms (see instructions): _____

B. COMMITTEE TYPE (see instructions): _____

C. TREASURER:

Full Name _____

Residential Address (no P.O. Box) _____

Mailing Address (P.O. Box allowed) _____

Social Security Number ____/____/____ E-mail Address _____

Telephone: Home _____ Business _____ Cell _____

D. DEPOSITORY/BANK:

Name _____

Address _____

E. CANDIDATE(S) TO BE SUPPORTED OR OPPOSED (Attach additional sheets if necessary):

	ELECTION YEAR	OFFICE/DISTRICT	CANDIDATE FULL NAME	SUPPORT/OPOSE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

F. BALLOT ISSUE(S) (Attach additional sheets if necessary):

SUPPORT/OPOSE

1. _____

2. _____

G. PERSON(S) OTHER THAN TREASURER AUTHORIZED TO SIGN CHECKS:

Full Name 1. _____ 2. _____

Res. Address _____

Phone Number _____

Signature _____

The above information is true to the best of my knowledge and belief

Signature of Treasurer

Date

FORM CF-02 INSTRUCTIONS

A POLITICAL COMMITTEE MUST:

- File this form within five days of choosing a treasurer and depository **and** prior to receiving or expending any funds.
- Complete this form and provide original signature(s) in ink. Copies of signatures, including those on faxes, PDFs or other electronic files are not acceptable.
- File this form at each appropriate board of elections where the candidates, committees and/or ballot proposition(s) being supported or opposed by your committee are required to file their campaign financial disclosure reports.

New Registration: If registering a new committee, check this box. A Filer ID# may be assigned to the committee by the board of elections where you are filing this form, and should be used on all documents and correspondence to the appropriate board(s).

Amended Registration: For an existing committee if any information previously filed has changed, other than the election year, check this box. A fully completed amended registration must be filed within two days of any change. Provide Filer ID# that was assigned by the board of elections where this form was originally filed. State and county boards of elections Filer ID#s may be different.

For State Campaign: For committees supporting or opposing candidates for New York State Governor, Lt. Governor, State Comptroller, State Attorney General, State Senate, State Assembly and State Supreme Court, as well as those supporting or opposing statewide ballot propositions, check this box. These committees must file this form and the required financial disclosure reports with the New York State Board of Elections (NYSBOE).

For Local Campaign: For all other offices and local ballot propositions, check this box and list the county name where the local office is being sought or the ballot proposition is appearing. Committees supporting or opposing such candidates or ballot propositions must file with the appropriate local board of elections or village clerk where the village clerk runs the election. Any committee that files with a local board of elections and that raises or spends or expects to raise or spend more than \$1,000 in a calendar year must also file an original of this form and the required financial disclosure reports with the NYSBOE.

Candidates should not file this form unless they are the treasurer of the committee in question. Candidates filing their own campaign financial disclosure reports should contact the appropriate board(s) of elections to obtain Filer ID#s and PINs, where applicable.

Item A: Enter the name of the committee. If an acronym is used in the name of the committee (e.g. "NYSBOE" = "New York State Board of Elections"), please also spell out the acronym in the space provided.

Item B: Committee Type: Select one of the following types (Consult the NYSBOE Campaign Finance Handbook or www.elections.state.ny.us for clarification):

1	Authorized Single Candidate Committee*	6	Party State Committee
2	Political Action Committee (PAC)	6H	Party State Housekeeping Committee
3	Constituted County Committee	7	Duly Constituted Sub-Committee of a County Committee**
3H	Constituted County Housekeeping Committee	7H	Duly Constituted Sub-Committee of a County Committee-Housekeeping**
4	Party County Committee	9	Others (e.g. Multi-Candidate Committee or Unauthorized Committees)
4H	Party County Housekeeping Committee	9B	Ballot Issue
5	Constituted State Committee		
5H	Constituted State Housekeeping Committee		

* The candidate has affirmatively acknowledged that the committee will be raising and spending money on his/her behalf (e.g. Friends of John Doe).

** For committee types 7 and 7H, indicate political subdivision by adding T for Town, C for City, V for Village (e.g. 7T or 7HT). For the City of New York also include the Assembly District number.

Item C: Social Security number is optional.

Item D: Your account must be opened at a banking organization authorized to do business in New York State. The branch where the account is opened and held must be physically located in New York State.

Items E & F: These sections should only be completed by committees that engage in campaign activity in support of or in opposition to a candidate or ballot issue. It should not be completed by a committee that only makes contributions to candidates or their committees (e.g. PACs). **Note:** A **Committee Authorization Status** form (CF-03) must be filed for all candidates listed in Section E.

COMMITTEE AUTHORIZATION STATUS

NEW YORK STATE BOARD OF ELECTIONS
Section 14-112 of NYS Election Law

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES IN INK AND BE COMPLETED IN FULL

Please check one: New Form Amended Form (provide Filer ID#): _____

NAME OF COMMITTEE: _____

For Acronyms (see instructions): _____

A. List in this section those candidates who **have authorized** your committee to aid or take part in their election or nomination (other than by making contributions). Provide name, office and district. (Attach additional sheets if necessary.)

1. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

Candidate's Address: _____

2. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

Candidate's Address: _____

3. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

Candidate's Address: _____

B. List those candidates for whom your committee is aiding or taking part in their election or nomination (other than by making contributions) but who **have not authorized** your committee to do so. (Attach additional sheets if necessary.)

1. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

2. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

3. Date of Election: _____ Office/ District: _____

Candidate's Full Name: _____

VERIFICATION STATEMENT BY TREASURER

I _____, being duly sworn, depose and say that the information provided on this form is complete, true and correct.
(Print Full Name of Treasurer)

Sworn to before me this _____ day

Signature of Committee Treasurer

of _____, 20 ____

Residential Address

(Notary Public or Commissioner of Deeds)

Contact Phone Number

FORM CF-03 INSTRUCTIONS

This form must contain original signature(s) in ink and be notarized or subscribed to. Copies of signatures, including those on faxes, PDFs, or other electronic files, are not acceptable.

- All committees that are taking part in the campaign of any candidate by making direct expenditures on the candidate's behalf must complete this form. It should be filed together with the Committee Registration/Treasurer and Bank Information form (CF-02).
- Enter the name of the committee. If an acronym is used in the name of the committee (e.g. "NYSBOE" = "New York State Board of Elections"), please also spell out the acronym in the space provided.

Section A: List candidate(s), including residential address(es), who have authorized you to be a committee for their campaign. This means the candidate(s) have affirmatively acknowledged to you that your committee is authorized to aid or take part in their campaign, which includes raising and spending money on their behalf. The **authorization is determined by the candidate(s), not the committee.** The mere fact that the candidate (s) know that your committee is conducting activity relative to their campaign does not constitute authorization.

Note: The candidate(s) listed in this section may need to file the Candidate's Authorization for a Committee to Make Campaign Financial Disclosures form (CF-16). See form CF-16 for clarification.

Section B: List candidate(s) who have **not authorized** your committee to aid or take part in their campaign as explained above. Residential address(es) are not required.

- If your committee aids or takes part in the election or nomination of candidates **only by making contributions** and does not otherwise aid or take part in their campaign through direct expenditures, then you **do not** file this form (e.g. PAC's do not file this form).
- This form is required to be filed prior to the first election to which it relates and will remain in effect for each subsequent election. However, if any information provided on this form changes, other than the year of election, then you must file an amended form.

CF-16

CANDIDATE'S AUTHORIZATION FOR A COMMITTEE TO MAKE CAMPAIGN FINANCIAL DISCLOSURES

NEW YORK STATE BOARD OF ELECTIONS
Section 14-104 of NYS Election Law

THIS FORM MUST CONTAIN ORIGINAL SIGNATURES IN INK AND BE COMPLETED IN FULL

New Form

Amended Form

OFFICE: _____ DISTRICT: _____

CANDIDATE'S FULL NAME: _____

CANDIDATE'S ADDRESS:

Residential (no P.O. Box) _____

Mailing (P.O. Box allowed) _____

CANDIDATE'S COUNTY: _____

SOCIAL SECURITY NUMBER: _____ / _____ / _____ E-MAIL ADDRESS: _____

TELEPHONE:

Home _____ Business _____ Cell _____

I SWEAR OR AFFIRM THAT:

- 1) I am a candidate for the office as stated above, and
- 2) All financial activity related to my campaign, including my own, will be disclosed by an authorized committee, which will file on my behalf.

NAME OF AUTHORIZED COMMITTEE: _____

TREASURER'S NAME: _____

TREASURER'S RESIDENTIAL ADDRESS: _____

Sworn to before me, this _____ day

of _____, 20_____

(Notary Public or Commissioner of Deeds)

(Signature of Candidate)

FORM CF-16 INSTRUCTIONS

This form must contain original signatures in ink and be notarized or subscribed to. Copies of signatures, including those on faxes, PDFs, or other electronic files, are not acceptable.

CANDIDATES FOR PUBLIC OFFICE OR PARTY POSITION MAY BE REQUIRED TO FILE THIS FORM.

FILE THIS FORM IF:

You are a candidate with an authorized committee that will make all of the candidate's required campaign financial disclosure filings. These filings would include all the financial activity of the campaign, including the financial activity of the candidate.

DO NOT FILE THIS FORM IF:

- 1) You are a candidate with an authorized committee and you have additional financial activity not reported by your committee: Candidates with an authorized committee that have, or plan on having, any financial activity that will not be disclosed by the committee are required to disclose this other financial activity by filing financial disclosure reports on the required filing dates. These reports would be in addition to the committee's reports.
- 2) You are a candidate without a committee: Candidates that do not have an authorized committee are required to disclose all the financial activity of the campaign by filing disclosure reports on the required filing dates.

WHEN COMPLETING THIS FORM, THE CANDIDATE MUST:

- Provide the office sought, district # (if applicable), candidate's full name, residential address (no P.O. Boxes allowed), county, and telephone number(s).
- Provide an original signature (copies of signatures, including those on faxes, PDFs, or other electronic files, are not acceptable).
- Have this form notarized, or subscribed to by a commissioner of deeds.
- File this form at least 32 days prior to the first election to which it relates.
- Provide additional sheets if this form does not provide enough spaces for the candidate information.
- File an amended CF-16 any time information on the original form changes, other than an election year.

Note: The optional mailing address may include a P.O. Box . E-mail address, Social Security number, cell and business telephone numbers are optional.

WHERE TO FILE THIS FORM:

- Candidates for statewide office, NYS Senate/Assembly, Supreme Court Justice, and certain party offices: File this form with the New York State Board of Elections (NYSBOE).
 - Local candidates (all other offices/party positions): File this form with the applicable city or county board of elections. In addition, file an original of this form with NYSBOE if your authorized committee plans to raise or spend more than \$1,000 in a calendar year.
 - Village candidates: File this form with the village clerk unless the county board is running the village election. If so, file with the county board of elections, and also file an original of this form with NYSBOE if your authorized committee plans to raise or spend more than \$1,000 in a calendar year.
-

ADDITIONAL INFORMATION:

- If the committee named by the candidate on this form (1) does not register by filing the CF-02 form, and (2) does not then file the required disclosure reports, the candidate will be responsible for filing the reports.
- The committee identified on this form must file the CF-03 form in order to complete the authorization process.

STATE OF NEW YORK BOARD OF ELECTIONS DISCLOSURE STATEMENT ---- COVER PAGE

ELECTION YEAR	FILER ID	STATEMENT NUMBER FROM BELOW**	STATEMENT PERIOD DATES FROM / / TO / /	DATE FILED (FOR BOARD USE ONLY)
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IDENTIFICATION

YOU MUST TYPE OR PRINT LEGIBLY IN BLACK OR BLUE INK

Full name of filer (candidate or committee name)

Mailing address of filer - number and street

City State Zip

Check box if mailing address has changed since last report
 [file amended CF-02, CF-03, CF-16 as necessary]

Committee treasurer name (Last) (First)

Is this committee authorized by the candidate? Yes No

OFFICE/DISTRICT/CANDIDATE BEING SUPPORTED

STATEMENT IS BEING FILED BY:

- | | |
|--|--|
| <input type="checkbox"/> Candidate | <input type="checkbox"/> Political Committee * |
| <input type="checkbox"/> Party Committee | <input type="checkbox"/> Constituted Committee |
| <input type="checkbox"/> Housekeeping Account
(For Party/Constituted Committees only) | <input type="checkbox"/> PAC |

* For Authorized or Unauthorized single or multi-candidate committee and for Ballot Issues.

TYPE OF REPORT

**CHECK ONE BOX AND INDICATE STATEMENT NUMBER ABOVE

- | | |
|--|---|
| 1. <input type="checkbox"/> 32 day Pre Primary | 7. <input type="checkbox"/> 32 day Pre Special |
| 2. <input type="checkbox"/> 11 day Pre Primary | 8. <input type="checkbox"/> 11 day Pre Special |
| 3. <input type="checkbox"/> 10 day Post Primary*** | 9. <input type="checkbox"/> 27 day Post Special*** |
| 4. <input type="checkbox"/> 32 day Pre General | 10. <input type="checkbox"/> Periodic Jan. 15, 20__ |
| 5. <input type="checkbox"/> 11 day Pre General | 11. <input type="checkbox"/> Periodic July 15, 20__ |
| 6. <input type="checkbox"/> 27 day Post General*** | 12. <input type="checkbox"/> 24 hour notice |
| | 13. <input type="checkbox"/> Off-Cycle |

*** Campaign material or a disclaimer must be submitted with Post Election statements.

- See Attached No Campaign Material Produced
- Termination Report (you can not terminate if any funds or debts remain)
- Amendment Report Date of original report ____/____/____
- Treasurer Resignation Report: Copy of letter of resignation attached.

I state that the information contained in this statement is in all respects true and complete to the best of my knowledge, information and belief.

VERIFICATION

Name - Print or type

Signature (must be original in blue or black ink only.)

Title

Date Signed Phone number

ANY FALSE INFORMATION IN THIS STATEMENT MAY BE A CLASS A MISDEMEANOR, PUNISHABLE BY A FINE AND/OR UP TO ONE YEAR IMPRISONMENT, PURSUANT TO SECTION 210.45 OF THE PENAL LAW. FOR FURTHER INFORMATION, CONTACT THE NEW YORK STATE BOARD OF ELECTIONS OR YOUR COUNTY BOARD OF ELECTIONS.

STATEMENT INVENTORY

			Number of Pages Amended	Schedules
Individuals/Partnership Contributions (Sch. A)				
Corporate Contributions (Sch. B)				
All Other Contributions (Sch. C)				
In-Kind Contributions/Other Receipts (Sch. D/E)	/	/		
Expenditure Payments (Sch. F)				
Transfers In/Out (Sch. G/H)	/	/		
Loans Received/Paid (Sch. I/J)	/	/		
Liabilities/Loans Forgiven (Sch. K)				
Expenditures Refunds/Contributions Refunded (Sch. L/M)	/	/		
Outstanding Liabilities (Sch. N)				
Partners/Subcontracts (Sch. O)				
Housekeeping Receipts (Sch. P)				
Housekeeping Expenses (Sch. Q)				
Summary/Status Report	/	/		

IN-LIEU-OF STATEMENT

I state that I am a candidate or a treasurer of an authorized committee which supports only one candidate, and at the close of this reporting period neither the total receipts nor the total expenditures of this campaign have exceeded one thousand dollars.

Note: Once you file an itemized statement, you cannot file an In-Lieu-Of Statement for any future reports.

MONETARY CONTRIBUTIONS/Individual & Partnerships Schedule A

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE OF
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT			
Code:	CITY - STATE ZIP		\$	\$
TOTAL THIS PAGE			\$	

CODE:
 CAN = CANDIDATE/CANDIDATE SPOUSE
 IND = INDIVIDUAL
 FAM = FAMILY MEMBER: SEE INSTRUCTIONS
 PART = PARTNERSHIP: Partnerships which contribute over \$2500.00 total, must further define in Schedule O.

Complete this summary on your last page only!

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

MONETARY CONTRIBUTIONS/Corporate Schedule B

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE ___ OF ___
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET APT		\$	\$
	CITY - STATE ZIP			
TOTAL THIS PAGE			\$	

**Complete this summary
on your last page only!**

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

MONETARY CONTRIBUTIONS/All Other Schedule C

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE ____ OF ____
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
DATE RECEIVED	NAME	CHECK#	AMOUNT	PREV. AMT.
	STREET			
	CITY - STATE		\$	\$
TOTAL THIS PAGE			\$	

**Complete this summary
on your last page only!**

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

IN-KIND CONTRIBUTIONS Schedule D

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE ___ OF ___
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DATE RECEIVED	NAME	TYPE CODE:
	STREET APT	\$
CNTRB CODE:	CITY - STATE ZIP	DESCRIPTION
DATE RECEIVED	NAME	TYPE CODE:
	STREET APT	\$
CNTRB CODE:	CITY - STATE ZIP	DESCRIPTION
DATE RECEIVED	NAME	TYPE CODE:
	STREET APT	\$
CNTRB CODE:	CITY - STATE ZIP	DESCRIPTION
DATE RECEIVED	NAME	TYPE CODE:
	STREET APT	\$
CNTRB CODE:	CITY - STATE ZIP	DESCRIPTION

CONTRIBUTOR CODE:

- CAN = CANDIDATE/ CANDIDATE SPOUSE
- FAM = FAMILY MEMBERS (SEE INSTRUCTIONS)
- CORP = CORPORATE
- IND = INDIVIDUAL
- PART = PARTNERSHIP
- COM = COMMITTEE

CONTRIBUTION TYPE CODE:

- 1 = SERVICES/FACILITIES PROVIDED
- 2 = PROPERTY GIVEN
- 3 = CAMPAIGN EXPENSES PAID

TOTAL THIS PAGE	\$
TOTAL ITEMIZED CONTRIBUTIONS	\$
TOTAL UNITEMIZED CONTRIBUTIONS	\$
SCHEDULE TOTAL LAST PAGE ONLY	\$

OTHER RECEIPTS Schedule E

DATE RECEIVED	NAME	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT		\$
	CITY - STATE ZIP		
DATE RECEIVED	NAME	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT		\$
	CITY - STATE ZIP		
DATE RECEIVED	NAME	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT		\$
	CITY - STATE ZIP		
DATE RECEIVED	NAME	<input type="checkbox"/> INTEREST/DIVIDEND <input type="checkbox"/> PROCEEDS SALE/LEASE <input type="checkbox"/> OTHER _____	RECEIPT AMOUNT
	STREET APT		\$
	CITY - STATE ZIP		

TOTAL THIS PAGE	\$
TOTAL ITEMIZED RECEIPTS	\$
TOTAL UNITEMIZED RECEIPTS	\$
SCHEDULE TOTAL LAST PAGE ONLY	\$

EXPENDITURE/PAYMENTS Schedule F

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE OF
DO NOT report Transfers Out:				
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	_____		
CHECK NO.	CITY - STATE			\$
TOTAL THIS PAGE				\$

Expenditure Purpose Codes

CMAIL	Campaign Mailings	POLLS	Polling Costs
CONSL	Campaign Consultant *	POSTA	Postage
CONSV	Constituent Services	PRINT	Print Ads
CNTRB	Political Contributions	PROFL	Professional Services *
FUNDR	Fundraising	RADIO	Radio Ads
LITER	Campaign Literature	RENTO	Office Rent
OFFCE	Office Expenses	TVADS	Television Ads
OTHER	Other: Must Provide Explanation	VOTER	Voter Registration Materials or Services
PETIT	Petition Expenses	WAGES	Campaign Workers' Salaries
INT	Interest Expense		

**Complete this summary
on your last page only!**

①	TOTAL ITEMIZED EXPENDITURES	\$
②	TOTAL UNITEMIZED EXPENDITURES	\$
③	Schedule Total	\$

* Sub Contractors must be further defined in Schedule O – See Instructions

**Receipts from Party Committee and other committees
authorized solely for this candidate (TRANSFERS IN) Schedule G**

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE OF
DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED	
	STREET APT	1 <input type="checkbox"/>		
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$	
DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED	
	STREET APT	1 <input type="checkbox"/>		
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$	
DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED	
	STREET APT	1 <input type="checkbox"/>		
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$	
DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED	
	STREET APT	1 <input type="checkbox"/>		
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$	
DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED	
	STREET APT	1 <input type="checkbox"/>		
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$	
			TOTAL THIS PAGE	\$
			SCHEDULE TOTAL Last Page Only	\$

TYPE 1 – Party/Constituted Committees
TYPE 2 – Committee Solely Supporting
Same Candidate

NOTE: DO NOT REPORT FUNDS RECEIVED FROM INDEPENDENT COMMITTEES OR COMMITTEES AUTHORIZED BY A DIFFERENT CANDIDATE AS A TRANSFER. THESE RECEIPTS MUST BE REPORTED AS A CONTRIBUTION ON SCHEDULE C.

**Payments to Party Committee and other committees
authorized solely for this candidate (TRANSFERS OUT) Schedule H**

DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$
DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$
DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$
DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$
DATE	NAME	TRANSFER TYPE	AMOUNT TRANSFERRED
	STREET APT	1 <input type="checkbox"/>	
CHECK #	CITY - STATE ZIP	2 <input type="checkbox"/>	\$
			TOTAL THIS PAGE
			\$
			SCHEDULE TOTAL Last Page Only
			\$

TYPE 1 – Party/Constituted Committees
TYPE 2 – Committee Solely Supporting
Same Candidate

NOTE: DO NOT REPORT FUNDS PAID TO INDEPENDENT COMMITTEES OR COMMITTEES AUTHORIZED BY A DIFFERENT CANDIDATE AS A TRANSFER. THESE PAYMENTS MUST BE REPORTED AS A PAYMENT ON SCHEDULE F.

LOANS RECEIVED Schedule I

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE OF
---------------	----------	---	------------

LOAN DATE	LENDER NAME	STREET	APT	LOAN AMOUNT
<input type="checkbox"/> Check if Bank Loan	CITY - STATE		ZIP	\$

LOAN DATE	LENDER NAME	STREET	APT	LOAN AMOUNT
<input type="checkbox"/> Check if Bank Loan	CITY - STATE		ZIP	\$

LOAN DATE	LENDER NAME	STREET	APT	LOAN AMOUNT
<input type="checkbox"/> Check if Bank Loan	CITY - STATE		ZIP	\$

LOAN DATE	LENDER NAME	STREET	APT	LOAN AMOUNT
<input type="checkbox"/> Check if Bank Loan	CITY - STATE		ZIP	\$

LOAN DATE	LENDER NAME	STREET	APT	LOAN AMOUNT
<input type="checkbox"/> Check if Bank Loan	CITY - STATE		ZIP	\$

	TOTAL THIS PAGE	\$
	SCHEDULE TOTAL Last Page Only	\$

List any loans received during the reporting period. When submitting this schedule to the Board of Elections, a **copy of the evidence of indebtedness for each loan must be attached to the statement.** If the loan was received from a lending institution, the evidence of indebtedness must include the name and address of any obligor of the loan, or any other person who endorses, co-signs, or otherwise provides security for such loan.

LOAN REPAYMENTS Schedule J

ORIGINAL DATE OF LOAN	LENDER NAME	STREET	APT	CHECK NO.	AMOUNT
	CITY - STATE		ZIP	DATE	\$

ORIGINAL DATE OF LOAN	LENDER NAME	STREET	APT	CHECK NO.	AMOUNT
	CITY - STATE		ZIP	DATE	\$

ORIGINAL DATE OF LOAN	LENDER NAME	STREET	APT	CHECK NO.	AMOUNT
	CITY - STATE		ZIP	DATE	\$

ORIGINAL DATE OF LOAN	LENDER NAME	STREET	APT	CHECK NO.	AMOUNT
	CITY - STATE		ZIP	DATE	\$

ORIGINAL DATE OF LOAN	LENDER NAME	STREET	APT	CHECK NO.	AMOUNT
	CITY - STATE		ZIP	DATE	\$

	TOTAL THIS PAGE	\$
	SCHEDULE TOTAL Last Page Only	\$

LIABILITIES/LOANS FORGIVEN Schedule K

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE OF
DATE	VENDOR/LENDER	STREET APT CITY / STATE ZIP	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN AMOUNT FORGIVEN
	ORIGINAL DATE OF LIABILITY/ LOAN		
	DATE		
DATE	VENDOR/LENDER	STREET APT CITY / STATE ZIP	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN AMOUNT FORGIVEN
	ORIGINAL DATE OF LIABILITY/ LOAN		
	DATE		
DATE	VENDOR/LENDER	STREET APT CITY / STATE ZIP	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN AMOUNT FORGIVEN
	ORIGINAL DATE OF LIABILITY/ LOAN		
	DATE		
DATE	VENDOR/LENDER	STREET APT CITY / STATE ZIP	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN AMOUNT FORGIVEN
	ORIGINAL DATE OF LIABILITY/ LOAN		
	DATE		
DATE	VENDOR/LENDER	STREET APT CITY / STATE ZIP	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN AMOUNT FORGIVEN
	ORIGINAL DATE OF LIABILITY/ LOAN		
	DATE		
DATE	VENDOR/LENDER	STREET APT CITY / STATE ZIP	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN AMOUNT FORGIVEN
	ORIGINAL DATE OF LIABILITY/ LOAN		
	DATE		
DATE	VENDOR/LENDER	STREET APT CITY / STATE ZIP	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN AMOUNT FORGIVEN
	ORIGINAL DATE OF LIABILITY/ LOAN		
	DATE		
DATE	VENDOR/LENDER	STREET APT CITY / STATE ZIP	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN AMOUNT FORGIVEN
	ORIGINAL DATE OF LIABILITY/ LOAN		
	DATE		
DATE	VENDOR/LENDER	STREET APT CITY / STATE ZIP	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN AMOUNT FORGIVEN
	ORIGINAL DATE OF LIABILITY/ LOAN		
	DATE		
DATE	VENDOR/LENDER	STREET APT CITY / STATE ZIP	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN AMOUNT FORGIVEN
	ORIGINAL DATE OF LIABILITY/ LOAN		
	DATE		
DATE	VENDOR/LENDER	STREET APT CITY / STATE ZIP	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN AMOUNT FORGIVEN
	ORIGINAL DATE OF LIABILITY/ LOAN		
	DATE		
DATE	VENDOR/LENDER	STREET APT CITY / STATE ZIP	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN AMOUNT FORGIVEN
	ORIGINAL DATE OF LIABILITY/ LOAN		
	DATE		
DATE	VENDOR/LENDER	STREET APT CITY / STATE ZIP	<input type="checkbox"/> LIABILITY <input type="checkbox"/> LOAN AMOUNT FORGIVEN
	ORIGINAL DATE OF LIABILITY/ LOAN		
	DATE		
COPY OF EVIDENCE FROM VENDOR/LENDER INDICATING FORGIVENESS MUST BE ATTACHED.			TOTAL THIS PAGE \$
			SCHEDULE TOTAL (LAST PAGE ONLY) \$

EXPENDITURE REFUNDS Schedule L

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE OF
---------------	----------	---	------------

DATE RECEIVED	NAME	ORIG. PAYMENT DATE
	STREET	APT
	CITY / STATE	ZIP
		AMOUNT \$

DATE RECEIVED	NAME	ORIG. PAYMENT DATE
	STREET	APT
	CITY / STATE	ZIP
		AMOUNT \$

DATE RECEIVED	NAME	ORIG. PAYMENT DATE
	STREET	APT
	CITY / STATE	ZIP
		AMOUNT \$

DATE RECEIVED	NAME	ORIG. PAYMENT DATE
	STREET	APT
	CITY / STATE	ZIP
		AMOUNT \$

DATE RECEIVED	NAME	ORIG. PAYMENT DATE
	STREET	APT
	CITY / STATE	ZIP
		AMOUNT \$

	TOTAL THIS PAGE	\$
	SCHEDULE TOTAL LAST PAGE ONLY	

CONTRIBUTIONS REFUNDED Schedule M

REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME	AMOUNT REFUNDED
		STREET	\$
		CITY - STATE	CHECK #

REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME	AMOUNT REFUNDED
		STREET	\$
		CITY - STATE	CHECK #

REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME	AMOUNT REFUNDED
		STREET	\$
		CITY - STATE	CHECK #

REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME	AMOUNT REFUNDED
		STREET	\$
		CITY - STATE	CHECK #

REFUND DATE	ORIG. DATE. REC.	CONTRIBUTOR NAME	AMOUNT REFUNDED
		STREET	\$
		CITY - STATE	CHECK #

	TOTAL THIS PAGE	\$
	SCHEDULE TOTAL Last page only	\$

OUTSTANDING LIABILITIES/LOANS Schedule N

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE OF
---------------	----------	---	------------

DATE	NAME	Total Orig. Amt.	Purpose Code	Liability Amount Outstanding	Loan Amount Outstanding
	STREET APT	<input type="checkbox"/> Liability <input type="checkbox"/> Loan \$ _____	Explain: _____ _____	\$ _____	\$ _____
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE ZIP				
	STREET APT	<input type="checkbox"/> Liability <input type="checkbox"/> Loan \$ _____	Explain: _____ _____	\$ _____	\$ _____
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE ZIP				
	STREET APT	<input type="checkbox"/> Liability <input type="checkbox"/> Loan \$ _____	Explain: _____ _____	\$ _____	\$ _____
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE ZIP				
	STREET APT	<input type="checkbox"/> Liability <input type="checkbox"/> Loan \$ _____	Explain: _____ _____	\$ _____	\$ _____
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE ZIP				
	STREET APT	<input type="checkbox"/> Liability <input type="checkbox"/> Loan \$ _____	Explain: _____ _____	\$ _____	\$ _____
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE ZIP				
	STREET APT	<input type="checkbox"/> Liability <input type="checkbox"/> Loan \$ _____	Explain: _____ _____	\$ _____	\$ _____
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE ZIP				
	STREET APT	<input type="checkbox"/> Liability <input type="checkbox"/> Loan \$ _____	Explain: _____ _____	\$ _____	\$ _____
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE ZIP				
	STREET APT	<input type="checkbox"/> Liability <input type="checkbox"/> Loan \$ _____	Explain: _____ _____	\$ _____	\$ _____
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE ZIP				
	STREET APT	<input type="checkbox"/> Liability <input type="checkbox"/> Loan \$ _____	Explain: _____ _____	\$ _____	\$ _____
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE ZIP				
	STREET APT	<input type="checkbox"/> Liability <input type="checkbox"/> Loan \$ _____	Explain: _____ _____	\$ _____	\$ _____
<input type="checkbox"/> CURRENT <input type="checkbox"/> PRIOR	CITY - STATE ZIP				

TOTAL THIS PAGE		
SCHEDULE TOTAL		

Purpose of Liability/Loan Codes

- | | |
|---|--|
| CMAIL Campaign Mailings
CONSL Campaign Consultant
CONSV Constituent Services
FUNDR Fundraising
LITER Campaign Literature
LOAN Loans
OFFCE Office Expenses
OTHER Other: Must Provide Explanation
PETIT Petition Expenses | POLLS Polling Costs
POSTA Postage
PRINT Print Ads
PROFL Professional Services
RADIO Radio Ads
RENTO Office Rent
TVADS Television Ads
VOTER Voter Registration Materials or Services
WAGES Campaign Workers' Salaries |
|---|--|

PARTNERS

SUBCONTRACTS Schedule O

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /	PAGE OF
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AMT OF CONTRIBUTION \$	PARTNERSHIP NAME	PAYEE NAME
DATE RECEIVED	STREET APT CITY - STATE ZIP	STREET APT CITY - STATE ZIP

PARTNER NAME					PROVIDER OF FINISHED GOODS/SERVICES:			
LAST	FIRST	MI	AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED		
STREET	APT		\$	\$	STREET	APT	\$	
CITY / STATE	ZIP				CITY / STATE	ZIP	CODE	_____
LAST	FIRST	MI			AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET	APT		\$	\$	STREET	APT	\$	
CITY / STATE	ZIP				CITY / STATE	ZIP	CODE	_____
LAST	FIRST	MI			AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET	APT		\$	\$	STREET	APT	\$	
CITY / STATE	ZIP				CITY / STATE	ZIP	CODE	_____
LAST	FIRST	MI			AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET	APT		\$	\$	STREET	APT	\$	
CITY / STATE	ZIP				CITY / STATE	ZIP	CODE	_____
LAST	FIRST	MI			AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET	APT		\$	\$	STREET	APT	\$	
CITY / STATE	ZIP				CITY / STATE	ZIP	CODE	_____
LAST	FIRST	MI			AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET	APT		\$	\$	STREET	APT	\$	
CITY / STATE	ZIP				CITY / STATE	ZIP	CODE	_____
LAST	FIRST	MI			AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET	APT		\$	\$	STREET	APT	\$	
CITY / STATE	ZIP				CITY / STATE	ZIP	CODE	_____
LAST	FIRST	MI			AMOUNT ATTRIBUTED	PREVIOUS AMOUNT	NAME	AMT ATTRIBUTED
STREET	APT		\$	\$	STREET	APT	\$	
CITY / STATE	ZIP				CITY / STATE	ZIP	CODE	_____

TOTAL AMOUNT ATTRIBUTED	A	A
TOTAL AMOUNT UNITEMIZED	B	B
TOTAL AMOUNT CONTRIBUTION	A+B	A+B

**PLEASE USE "PURPOSE CODES"
FOUND ON SCHEDULE F or N**

* NON CAMPAIGN HOUSEKEEPING RECEIPTS Schedule P

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATE FROM / / TO / /	PAGE ____ OF ____
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DATE RECEIVED	NAME	AMOUNT	PREV. AMT.
CODE:	STREET APT	\$	\$
CHECK #	CITY - STATE ZIP		
DATE RECEIVED	NAME		
CODE:	STREET APT	\$	\$
CHECK #	CITY - STATE ZIP		
DATE RECEIVED	NAME		
CODE:	STREET APT	\$	\$
CHECK #	CITY - STATE ZIP		
DATE RECEIVED	NAME		
CODE:	STREET APT	\$	\$
CHECK #	CITY - STATE ZIP		
DATE RECEIVED	NAME		
CODE:	STREET APT	\$	\$
CHECK #	CITY - STATE ZIP		
DATE RECEIVED	NAME		
CODE:	STREET APT	\$	\$
CHECK #	CITY - STATE ZIP		
DATE RECEIVED	NAME		
CODE:	STREET APT	\$	\$
CHECK #	CITY - STATE ZIP		
DATE RECEIVED	NAME		
CODE:	STREET APT	\$	\$
CHECK #	CITY - STATE ZIP		
DATE RECEIVED	NAME		
CODE:	STREET APT	\$	\$
CHECK #	CITY - STATE ZIP		
DATE RECEIVED	NAME		
CODE:	STREET APT	\$	\$
CHECK #	CITY - STATE ZIP		
DATE RECEIVED	NAME		
CODE:	STREET APT	\$	\$
CHECK #	CITY - STATE ZIP		
DATE RECEIVED	NAME		
CODE:	STREET APT	\$	\$
CHECK #	CITY - STATE ZIP		
DATE RECEIVED	NAME		

TOTAL THIS PAGE	\$
------------------------	----

CODE:
 IND = INDIVIDUAL
 CORP = CORPORATE
 PART = PARTNERSHIP: Partnerships which contribute over \$2500.00 total, must further define in Schedule O.
 COMM = POLITICAL COMMITTEE

Complete this summary on your last page only!

* This schedule to be used only by party or constituted committee.

①	TOTAL ITEMIZED CONTRIBUTIONS	\$
②	TOTAL UNITEMIZED CONTRIBUTIONS	\$
③	Schedule Total	\$

* NON-CAMPAIGN HOUSEKEEPING EXPENSES Schedule Q

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		PAGE OF
DO NOT report Transfers Out:				
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
DATE PAID	NAME	PURPOSE CODE	EXPLAIN	AMT PAID
	STREET APT	-----		
CHECK NO.	CITY - STATE			\$
TOTAL THIS PAGE				\$

Expenditure Purpose Codes (use on Schedule Q only)

- RENTO Office Rent
- UTILS Utilities
- PAYRL Payroll
- POSTA Postage
- PROFL Professional Services
- OFEXP Office Expenses
- MAILS Mailings
- OTHER Other: Provide Explanation
- VOTER Voter Registration Materials or Services

**Complete this summary
on your last page only!**

①	TOTAL ITEMIZED EXPENDITURES	\$
②	TOTAL UNITEMIZED EXPENDITURES	\$
③	Schedule Total	\$

* This schedule to be used only by party or constituted committee.

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES FROM / / TO / /		
---------------	----------	---	--	--

SUMMARY OF RECEIPTS / EXPENDITURES

1. OPENING BALANCE - must be the same as line 7 of your previous report \$ _____

2. CONTRIBUTIONS

- 2a) SCHEDULE A - Individuals - total..... \$ _____
- 2b) SCHEDULE B - Corporations - total..... \$ _____
- 2c) SCHEDULE C - Other - total..... \$ _____
- 2d) SCHEDULE D - In-kind - total..... \$ _____
- 2e) Total Contributions (add 2a through 2d).....\$ _____

3. MISCELLANEOUS RECEIPTS

- 3a) SCHEDULE E - Other receipts - total.....\$ _____
- 3b) SCHEDULE G - transfers in - total.....\$ _____
- 3c) SCHEDULE I - loans received - total.....\$ _____
- 3d) SCHEDULE L - Expenditure refunds - total.....\$ _____
- 3e) SCHEDULE P - Housekeeping receipts - total....\$ _____
- 3f) Total Miscellaneous Receipts (add 3a through 3e).....\$ _____

4. TOTAL RECEIPTS THIS PERIOD (add 2e and 3f).....\$ _____

5. TOTAL (add line 1 and line 4).....\$ _____

6. EXPENSES

- 6a) Schedule F - Disbursements - total.....\$ _____
- 6b) Schedule D total..(offset).....\$ _____
- 6c) Schedule H - Transfers out - total..... \$ _____
- 6d) Schedule J - Loans repaid - total.....\$ _____
- 6e) Schedule M - Contribution refunds - total.....\$ _____
- 6f) Schedule Q - Housekeeping expenses - total.....\$ _____
- 6g) TOTAL Expenses this period (add 6a through 6f).....\$ _____

7. BALANCE AT END OF PERIOD (subtract line 6g from line 5).....\$ _____

ELECTION YEAR	FILER ID	STATEMENT PERIOD DATES		
		FROM / / TO / /		

STATUS REPORT

8. STATUS OF CONTRIBUTIONS

- 8a) Contributions received, from line 8e of your previous report * \$ _____
- 8b) Contributions received this period, line 2e \$ _____
- 8c) TOTAL, line 8a plus 8b \$ _____
- 8d) Contributions refunded, from this summary, line 6e \$ _____
- 8e) TOTAL contributions to date (line 8c minus 8d) \$ _____

*This figure will be 0 (zero) if this is the first report of a new campaign.

9. STATUS OF CAMPAIGN EXPENSES

- 9a) Campaign expenses paid, from line 9f of your previous report* \$ _____
- 9b) Campaign expenses this period, line 6a \$ _____
- 9c) In-Kind offset, Schedule D total \$ _____
- 9d) TOTAL add lines 9a through 9c \$ _____
- 9e) Refunds of campaign expenses, from this summary, line 3d \$ _____
- 9f) SUB-TOTAL campaign expenses to date (line 9d minus 9e) \$ _____
- 9g) Outstanding liabilities (Schedule N total, excluding loans) \$ _____
- 9h) Total Campaign Expenses to date (line 9f plus line 9g) \$ _____

*This figure will be 0 (zero) if this is the first report of a new campaign.

9i) EXPENSE ALLOCATION SECTION (Schedule R of Electronic filing)

(See instructions for 9i on page 59.)

Candidate name	Office/District	Election Year	\$ Amount

TOTAL AMOUNT ALLOCATED (please use additional pages if necessary) \$ _____

10. STATUS OF LOANS MADE

- 10a) Loans made to date, from line 10f of your previous report \$ _____
- 10b) Loans made this period, from your records \$ _____
- 10c) TOTAL, line 10a plus 10b \$ _____
- 10d) Amounts included in 10c above, which were repaid this period \$ _____
- 10e) Amounts included in 10c above, which were forgiven this period \$ _____
- 10f) Balance of loans made to date (line 10c minus 10d and 10e) \$ _____

11. STATUS OF HOUSEKEEPING RECEIPTS

- 11a) Housekeeping receipts ONLY, from line 11c of your previous report \$ _____
- 11b) Housekeeping receipts this period, from this summary, line 3e \$ _____
- 11c) TOTAL housekeeping receipts to date, (line 11a plus 11b) \$ _____

12. STATUS OF HOUSEKEEPING EXPENSES

- 12a) Housekeeping expenses ONLY, from line 12c of your previous report \$ _____
- 12b) Housekeeping expenses this period, from this summary, line 6f \$ _____
- 12c) TOTAL housekeeping expenses to date (line 12a plus 12b) \$ _____

POLL WATCHER CERTIFICATE

(FOR USE ON ELECTION DAY)
Section 8-500, Election Law

I/We, the undersigned, being _____, do hereby
(Chair / Candidate)
Appoint _____ who is a qualified voter in the Village
(Watcher's name)
of Port Chester in the County of Westchester, State of New York to be a watcher
for the election to be held on March 16, 2021 in the _____ election
(Election District Number)
district, in the Village of Port Chester, County of Westchester, State of New York.

Signature

Title:

POLL WATCHER CERTIFICATE

(FOR USE ON ELECTION DAY)
Section 8-500, Election Law

I/We, the undersigned, being _____, do hereby
(Chair / Candidate)
Appoint _____ who is a qualified voter in the Village
(Watcher's name)
of Port Chester in the County of Westchester, State of New York to be a watcher
for the election to be held on March 16, 2021 in the _____ election
(Election District Number)
district, in the Village of Port Chester, County of Westchester, State of New York.

Signature

Title:

POLL WATCHER CERTIFICATE

(FOR USE ON ELECTION DAY)
Section 8-500, Election Law

I/We, the undersigned, being _____, do hereby
(Chair / Candidate)
Appoint _____ who is a qualified voter in the Village
(Watcher's name)
of Port Chester in the County of Westchester, State of New York to be a watcher
for the election to be held on March 16, 2021 in the _____ election
(Election District Number)
district, in the Village of Port Chester, County of Westchester, State of New York.

Signature

Title:

Guidelines

- Watchers shall be appointed by the chair of any party committee or independent body whose candidates appear on the ballot or any two or more candidates in a primary election.
- Each watcher must be a qualified voter of the city or county in which he/she is to serve.
- Watcher certificates must be delivered to an inspector at the election district.
- Not more than three watchers for any party committee or independent body or candidates whose names appear on the ballot may be appointed to serve at the same election district.
- Watchers may be present at the polling place at least fifteen minutes before the unlocking and examinations of any voting machine or ballot box at the opening of the polls, until after the signing of the inspectors' returns and proclamation of the result.
- Not more than one watcher appointed by each party committee or independent body or candidates whose names appear on the ballot may be within the guardrail at any one time.

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- Not more than one watcher appointed by each party committee or independent body or candidates whose names appear on the ballot may be within the guardrail at any one time.

CERTIFICATE OF DECLINATION

(Section 6-146, Election Law)

I, _____, residing at
(Candidate's Name)

(Address)

having been designated/nominated by the _____
(Name of Party)

Party, as a candidate for the office of _____
(Title of Office and Political Subdivision)

_____ district, at a _____
(District Number if any) (Special/Primary/General)

election to be held on _____, 20____,

do hereby DECLINE such designation/nomination.

(Date)

(Signature of Candidate)

State of New York :

County of _____ : ss:

On this _____ day of _____, 20____, before me personally appeared _____, to me known and known to me to be the individual described therein, and who executed the foregoing instrument, and acknowledged to me that he/she executed the same.

Notary Public

(Sample Prepared by State Board of Elections)

CERTIFICATE OF SUBSTITUTION BY PARTY COMMITTEE AFTER DECLINATION, DEATH OR DISQUALIFICATION

(Section 6-148, Election Law)

WHEREAS, there exists a vacancy in the nomination for the office of _____ in
(title of office and political subdivision)
the _____ district by the _____ Party caused by the
(district number if any) (name of party)
declination/death/disqualification of _____.
(name of original candidate)

THEREFORE, WE, the undersigned, Presiding Officer and Secretary at a meeting at which there was a quorum of
the _____ Party committee members last elected in the _____
(name of party) (political subdivision)
(or members of such other committee as the rules of the party may provide), do hereby certify that the following named individual
was nominated to fill the above mentioned vacancy by a majority of the committee members present at said meeting:

Name of new candidate: _____

Place of residence: _____

DATE: _____

Signature of Presiding Officer

Secretary

AFFIDAVIT

We, the undersigned, hereby affirm that we were the Presiding Officer and Secretary at the committee meeting referred to in the above certificate and that the statements in such certificate are true:

Presiding Officer

Secretary

Sworn to before me this _____
day of _____, 20__

Notary Public

CONSENT BY SUBSTITUTED CANDIDATE

I, _____ hereby accept the above nomination of the _____
(name of substituted candidate) (name of political party)

Party, for the office of _____,
(Title of Office & Political Subdivision) (district #, if any)

Signature of Candidate

On this ____ day of _____, 20 ____, before me personally appeared _____
to me known and known to me to be the individual described in, and who executed the foregoing instrument, and acknowledged
to me that he/she executed the same.

Notary Public

Sample Cover Sheet

Designating and Independent Petitions

[Place Name of Party or Independent Body Here]

Name of Candidate	Residence Address <i>(Also mailing address if different)</i>	Public Office or Party Position <i>(Include district number where appropriate)</i>

Volume Number	
Total Number of Volumes in Petition	

The petition contains the number, or in excess of the number, of valid signatures required by Election Law.

Contact Person to Correct Deficiencies:

Name _____
(Please print)

Residence Address _____
(Also mailing address if different)

Phone _____ **Fax** _____
(Include if notice by fax desired)

Email _____
(Include if notice by email desired)

I hereby authorize that any notice of any determination made by the Board of Elections be transmitted to the person named above.

Optional: For candidates for statewide office, Member of Assembly or State Senator only

The following website address is submitted to be published on the state board of elections website pursuant to Election Law § 4-123 for the candidate listed opposite:

Name of Candidate	Website Address

Signature of Candidate or Agent

Sample Cover SheetE

Village Independent Nominating Petition Cover Sheet

LOGO

“Independent Party Name”

Name of Candidate

Public Office

Term

Residence

I do hereby (insert names of at least three person, all of whom shall be registered voters within such village)

as a committee to fill vacancies in accordance with the provision of the election law

Total Number of Volumes in Petition

Identification Numbers

The petition contains the numbers, or in excess of the number, of valid signatures required by the Election Law.

Contact Person to Correct Deficiencies:

Name: _____

Residence

Address: _____

Phone: _____

Fax: _____

Email: _____

I hereby authorize that notice of any determination made by the Board of Elections be transmitted to the person named above:

Candidate or Agent

The information presented above does not constitute legal or election advice. If you have any specific questions relating to the qualifying process, please contact the State Board of Elections at (518) 473-5086 or consult an attorney. Also visit the State Board of Election's website on candidate qualifying for more information. <http://www.elections.ny.gov/RunningOffice.html>

Village Independent Nominating Petition Sec. 15-108, Election Law

I, the undersigned, do hereby state that I am a registered voter of the Village of _____, that my present place of residence is truly stated opposite my signature, and that I do hereby nominate the following named person (or persons) as a candidate (or as candidates) for election to public office (or public offices) to be voted for at the election to be held on the ____ day of _____, 20 ____, and that I select the name (fill in name) _____ as the name of the independent body making the nomination (or nominations) and (fill in emblem) _____ as the emblem of such body.

Name of Candidate	Public Office <i>(Include district number, if applicable)</i>	Term	Residence Address

I do hereby appoint (here insert the names and addresses of at least three persons, all of whom shall be registered voters within such political unit), as a committee to fill vacancies in accordance with the provisions of the election law.

In witness whereof, I have hereunto set my hand, the day and year placed opposite my signature.

Date	Name of Signer <i>(Signature required. Printed name may be added)</i>	Residence
1. / / 20__		
	Printed Name →	
2. / / 20__		
	Printed Name →	
3. / / 20__		
	Printed Name →	
4. / / 20__		
	Printed Name →	
5. / / 20__		
	Printed Name →	

(You may use fewer or more signature lines - this is only to show format.)

Statement of Witness:

I (name of witness) _____ state that I am a duly qualified voter of the State of New York. I now reside at (residence address) _____. Each of the voters whose names are subscribed to this petition sheet, containing (fill in number) _____ signatures, subscribed his or her name in my presence.

I understand that this statement will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Date

Signature of Witness

The information presented below does not constitute legal or election advice. If you have any specific questions relating to the qualifying process, please contact the State Board of Elections at (518) 473-5086 or consult an attorney. Also visit the State Board of Election's website on candidate qualifying for more information.
<http://www.elections.ny.gov/RunningOffice.html>

S A M P L E

VILLAGE INDEPENDENT NOMINATING PETITION

Sec 15-108, ELECTION LAW

I, the undersigned, do hereby state that I am a registered voter of the Village of Port Chester, that my present place of residence is truly stated opposite my signature, and I do hereby nominate the following named person (or persons) as a candidate (or Candidates) for election to public office (or public offices) to be voted for at the election to be held on the 16 day of March, 2021, and that I select the name ???????????????????? as the name of the independent body making the nomination (or nominations) and ? as the emblem of such body.

NAME OF CANDIDATE(S)	PUBLIC OFFICE	TERM	PLACE OF RESIDENCE
	Mayor	2 Years	Port Chester (Town of Rye), NY 10573

I do hereby appoint:

Name	Residence

as a committee to fill vacancies in accordance with the provisions of the Election Law.

IN WITNESS WHEREOF, I have signed this petition on the day and year stated before my signature.

	Date	Name of Signer Print your Name	Residence
1	/ /2021	_____	Port Chester, NY Town of Rye, NY
2	/ /2021	_____	Port Chester, NY Town of Rye, NY
3	/ /2021	_____	Port Chester, NY Town of Rye, NY
4	/ /2021	_____	Port Chester, NY Town of Rye, NY
5	/ /2021	_____	Port Chester, NY Town of Rye, NY
6	/ /2021	_____	Port Chester, NY Town of Rye, NY
7	/ /2021	_____	Port Chester, NY Town of Rye, NY
8	/ /2021	_____	Port Chester, NY Town of Rye, NY
9	/ /2021	_____	Port Chester, NY Town of Rye, NY
10	/ /2021	_____	Port Chester, NY Town of Rye, NY

STATEMENT OF WITNESS

I, _____ state that I am a duly qualified voter and now reside at _____ in the Village of Port Chester in the State of New York in the County of Westchester.

Each of the individuals whose names are subscribed to this petition sheet, containing _____ (fill in number) signatures, subscribed his or her name in my presence.

I understand that this statement will be accepted for all purposes as the equivalent of an affidavit and, if it contains a material false statement, shall subject me to the same penalties as if I had been duly sworn.

Date: _____, 2021

Signature of Witness

WITNESS IDENTIFICATION INFORMATION: The following information for the witness named above must be completed prior to filing with the board of elections in order for this petition sheet to be valid: Town or City: Rye Town County: Westchester

NOTARY PUBLIC OR COMMISSIONER OF DEEDS

On the dates above indicated before me personally came each of the voters whose signatures appear on this petition sheet containing (fill in number) _____ signatures, who signed same in my presence and who, being by me duly sworn, each for himself or herself, said that the foregoing statement made and subscribed by him or her was true.

Date: _____, 2021

Signature and Official Title of Officer Administering Oath