



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>1. Committee I.D. Number _____</p> <p>2. Committee Name _____</p> <p>5. Committee's Mailing Address _____</p> <p>Area Code and Phone _____</p> <p>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p> <p>7. Treasurer's Business Address _____</p> <p>Area Code and Phone _____</p>	<p>3. This Statement covers From: _____ to _____</p> <p>4. Candidate Last Name _____ First Name _____ M.I. _____</p> <p>4a. Office Sought Including District # or Community Served (If applicable) _____</p> <p>4b. County of Residence _____</p> <p>6. Treasurer's Name & Residential Address _____</p> <p>Area Code & Phone _____</p> <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) _____</p> <p>Area Code and Phone _____</p>
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<p>9. TYPE OF STATEMENT</p> <p>9a. Pre-Election OR 9b. Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <table style="width:100%;"> <tr> <td style="width:50%;">Primary</td> <td style="width:50%;">General</td> </tr> <tr> <td>Convention</td> <td>School</td> </tr> <tr> <td>Special</td> <td>Caucus</td> </tr> </table> <p>Date of Election, Convention or Caucus _____</p>	Primary	General	Convention	School	Special	Caucus	<p>9c. Annual Statement (_____ Coverage Year)</p> <p>9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. Dissolution of Candidate Committee</p> <p style="text-align: center;">Effective Date of Dissolution</p> <p style="text-align: center;">_____</p> <p>By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>
Primary	General						
Convention	School						
Special	Caucus						

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper _____	/	_____	Date _____
Type or Print Name		Signature	
Candidate _____	/	_____	Date _____
Type or Print Name		Signature	

COMPLETING THE CANDIDATE COMMITTEE COVER PAGE

ITEM 1: COMMITTEE I.D. NUMBER: Enter the committee's Campaign Finance Identification Number on each page. The committee's Identification Number appears on the receipt issued upon the submission of the committee's original Statement of Organization.

ITEM 2: COMMITTEE NAME: Enter the committee's official name as listed on the committee's Statement of Organization on each page.

ITEM 3: CAMPAIGN STATEMENT COVERAGE PERIOD: Enter the dates covered by this Campaign Statement.

ITEM 4: CANDIDATE NAME: Enter the candidate's full name (last name, first name, middle initial), the office sought by the candidate, the candidate's county of residence and the candidate's driver license number. If applicable, list the district or jurisdiction number or the name of the community served by the office.

ITEM 5: COMMITTEE MAILING ADDRESS: Enter the committee's mailing address and telephone number.

ITEM 6: TREASURER'S NAME AND ADDRESS: Enter the committee treasurer's full name, residential address and home phone number.

ITEM 7: TREASURER'S BUSINESS ADDRESS: Enter the committee treasurer's business address and phone number.

ITEM 8: DESIGNATED RECORD KEEPER: If the committee has a designated record keeper, enter his or her full name, mailing address and phone number.

ITEM 9: TYPE OF STATEMENT: Check the appropriate box to indicate the type of Campaign Statement being filed. If the committee is dissolving, refer to the Candidate Committee Manual for information on the dissolution of a committee.

ITEM 10: VERIFICATION: The candidate and the treasurer or designated record keeper must verify that all reasonable diligence was used in completion of the Campaign Statement and attached Schedules, and that the contents of the statement are true, accurate and complete to the best of their knowledge and belief. Enter the candidate's and the treasurer's names, or the candidate's and the designated record keeper's names where indicated. The Cover Page must be signed and dated by the candidate and the committee's treasurer or designated record keeper. If the candidate is serving as the committee's treasurer, the candidate signs once on the line for the candidate's signature.