



Michigan Department of State  
Bureau of Elections  
[www.michigan.gov/sos](http://www.michigan.gov/sos)

# **POLITICAL COMMITTEE (PAC) AND INDEPENDENT COMMITTEE (PAC) CAMPAIGN STATEMENT**

## **INSTRUCTIONS AND FORMS**

**Do not use these forms if:**

- **The Committee files with the Michigan Department of State and**
- **Spent or received \$20,000.00 or more in a calendar year.**

**You must file electronically.**

**Questions:**

Contact us at:

Michigan Department of State  
Bureau of Elections  
P.O. Box 20126  
Lansing, Michigan 48901-0726  
Phone: (517) 373-2540  
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**Electronic Filing Help Desk:**

MERTS Plus Helpdesk: (703) 749-4642

MERTS Plus Email: [mertstechsupport@nicusa.com](mailto:mertstechsupport@nicusa.com)

## **COMPLETING INDEPENDENT AND POLITICAL (PAC) CAMPAIGN STATEMENTS**

A Campaign Statement must include a Cover Page, Summary Page and the Schedules that apply to the committee's transactions during the Campaign Statement coverage period. The Schedules are described below:

**Item 1 of each Schedule: COMMITTEE I.D. NUMBER.** Enter the committee's Campaign Finance Identification number as assigned by the filing official on ALL Schedule pages.

**Item 2 of each Schedule: COMMITTEE NAME.** Enter the committee's official name as it appears on the Statement of Organization.

**Schedule 2A, Itemized Contributions.** Schedule 2A is used to report detailed information for contributions or loans from individuals, committees and persons other than financial institutions received by the committee. The committee must report the name, address, date and amount for all money that is deposited into the account it uses for making expenditures to influence the nomination or election of a candidate or the qualification, passage or failure of a ballot question and expenditures for get-out-the-vote activities in Michigan. The information must also include the occupation, employer and business address if cumulative contributions from an individual are \$100.01 or more in a calendar year.

**Schedule 2A-1, Itemized Other Receipts.** Schedule 2A-1 is used to report receipts of money that are not contributions to the committee such as loans or interest from financial institutions, rebates and refunds, returned or uncashed checks, etc.

**Schedule 2A-2, Itemized Contributions - Payroll.** Schedule 2A-2 is used to report contributions from individuals whose contributions are made through payroll deductions.

**Schedule 2-IK, Itemized In-Kind Contributions.** Schedule 2-IK is used to report contributions or loans of goods, services or facilities to the committee and endorsements or guarantees of loans from financial institutions. The information must also include the occupation, employer and business address if cumulative contributions from an individual are \$100.01 or more in a calendar year.

**Schedule 2B, Itemized Expenditures.** Schedule 2B is used to report all direct expenditures of money by the committee that are \$50.01 or more in value and for all expenditures made to other committees.

**Schedule 2B-1, Itemized Independent Expenditures.** Schedule 2B-1 is used to report expenditures in support or opposition to the nomination or election of a candidate or the qualification, passage or defeat of a ballot question and are not under the direction or control of any other committee or agent of a committee and are not direct contributions to a committee.

**Schedule 2B-2, Itemized In-Kind Expenditures.** Schedule 2B-2 is used to report the fair market value of goods or services donated to committees or charitable institutions.

**Schedule B-G, Get-Out-The-Vote Activities.** Schedule B-G is used to report expenditures made by the committee for election day busing of voters to the polls, slate cards, challengers, poll watchers, poll workers and other get-out-the-vote activities such as voter registration drives and phone banks. All committees are required to include, in addition to other information required in their Campaign Statements, an itemized listing of all expenditures made during the reporting period for voter registration or get-out-the-vote activities. Reportable get-out-the-vote expenditures include, but are not limited to:

- Election day busing of voters to the polls. (This includes all types of transportation.)
- Slate cards (printing and distribution)
- Challengers
- Pollwatchers
- Pollworkers
- Get-out-the-vote activities:
  - Telephone banks
  - Election day literature (other than slate cards)
  - Canvassing of voters
  - Transportation other than by bus
  - Voter registration drive

**Schedule 2E, Debts and Obligations.** Schedule 2E is used to report the status of outstanding debts owed to or by the committee and the name of any persons who have endorsed or guaranteed loans for the committee.

**Schedule 2F, Fund Raiser.** Schedule 2F is used to summarize information regarding fund raisers held by the committee.

**SUBTOTAL:** Enter the subtotal of transactions on each page of each type of Schedule.

**SCHEDULE TOTAL:** Enter the total of all transactions on the last page of each type of Schedule.

NUMBER EACH COMPLETED SCHEDULE ON LOWER LEFT-HAND CORNER OF THE SHEET. FOR EXAMPLE, NUMBER THE SHEETS "PAGE 1 OF 3," "PAGE 2 OF 3," AND "PAGE 3 OF 3."



**COMPLETING INDEPENDENT AND POLITICAL (PAC) CAMPAIGN STATEMENT COVER PAGE**

- ITEM 3: CAMPAIGN STATEMENT COVERAGE PERIOD:** Enter the dates covered by this Campaign Statement.
- ITEM 4: COMMITTEE MAILING ADDRESS:** Enter the committee's mailing address and telephone number.
- ITEM 5: TREASURER'S NAME AND ADDRESS:** Enter the committee treasurer's full name, residential address and home phone number.
- ITEM 6: TREASURER'S BUSINESS ADDRESS:** Enter the committee treasurer's business address and phone number.
- ITEM 7: DESIGNATED RECORD KEEPER:** If the committee has a designated record keeper, enter his or her full name, mailing address and phone number
- ITEM 8: TYPE OF STATEMENT:** Indicate the type of Campaign Statement being filed by checking the appropriate box or boxes.
- ITEM 9: VERIFICATION:** The treasurer or designated record keeper must verify that all reasonable diligence was used in completion of the Campaign Statement and that the contents of the statement are true, accurate and complete to the best of his or her knowledge and belief. Enter the treasurer's or the designated record keeper's name were indicated. The Cover Page must be signed and dated by the committee's treasurer or designated record keeper.



1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

**SUMMARY PAGE  
INDEPENDENT OR POLITICAL COMMITTEE**

| <b>RECEIPTS</b>  | Column I<br>This Period        | Column II<br>Cumulative for Calendar Year |
|--|--------------------------------|---|
| 3. Contributions   |                                |   |
| a. Itemized Contributions<br>(Schedule 2A, Column 6 + Schedule 2A-2, Column 8)                               | (3a.) \$ _____                 |   |
| b. Unitemized (less than \$20.01 each - no Schedule)   | (3b.) \$ <u>NOT APPLICABLE</u> |   |
| c. Subtotal of "Contributions"   | (3c.) \$ _____                 | (18.) \$ _____                            |
| 4. Other Receipts (Schedule 2A-1, Column 6)  | (4.) \$ _____                  | (19.) \$ _____                            |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add line 3c + Line 4)                                   | (5.) \$ _____                  | (20.) \$ _____                            |
| <b>IN-KIND CONTRIBUTIONS</b>   |                                |   |
| 6. In-Kind Contributions   |                                |   |
| a. Itemized (Schedule 2-IK, Column 7)  | (6a.) \$ _____                 |   |
| b. Unitemized (less than \$20.01 each - no Schedule)   | (6b.) \$ <u>NOT APPLICABLE</u> |   |
| <b>7. TOTAL IN-KIND CONTRIBUTIONS</b> (Add Line 6a + Line 6b)  | (7.) \$ _____                  | (21.) \$ _____                            |
| <b>EXPENDITURES</b>  |                                |   |
| 8. Expenditures  |                                |   |
| a. Itemized Direct (Schedule 2B, Column 7)   | (8a.) \$ _____                 |   |
| b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)  | (8b.) \$ _____                 |   |
| c. In-Kind Expenditures- Purchase of Goods or Services<br>(Schedule 2B-2, Column 7)                          | (8c.) \$ _____                 |   |
| d. Unitemized (less than \$50.01 each - no Schedule)   | (8d.) \$ _____                 |   |
| e. Subtotal of Expenditures  | (8e.) \$ _____                 | (22.) \$ _____                            |
| 9. Independent Expenditures (Schedule 2B-1, Column 7)  | (9.) \$ _____                  | (23.) \$ _____                            |
| <b>10. TOTAL EXPENDITURES</b> (Add Line 8e + Line 9)   | (10.) \$ _____                 | (24.) \$ _____                            |
| <b>IN-KIND EXPENDITURES</b>  |                                |   |
| 11. In-Kind Expenditures- Endorsements, Donations or Loans of<br>Goods or Services (Schedule 2B-2, Column 8) | (11.) \$ _____                 | (25.) \$ _____                            |
| <b>DEBTS AND OBLIGATIONS</b>   |                                |   |
| 12. Debts and Obligations  |                                |   |
| a. Owed <b>by</b> the Committee (Schedule 2E)  | (12a.) \$ _____                |   |
| b. Owed <b>to</b> the Committee (Schedule 2E)  | (12b.) \$ _____                |   |
| <b>BALANCE STATEMENT</b>   |                                |   |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.)              | (13.) \$ _____                 |   |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts - Column I)     | (14.) + _____                  |   |
| 15. SUBTOTAL Add lines 13 and 14   | (15.) = _____                  |   |
| 16. Amount expended during reporting period<br>(Line 10, Total Expenditures - Column I)                      | (16.) - _____                  |   |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)  | (17.) \$ _____                 | *   |

\*If your ending balance is negative, please recheck your math.

## COMPLETING INDEPENDENT AND POLITICAL (PAC) SUMMARY PAGE

**ITEM 3a and c: ITEMIZED CONTRIBUTIONS:** Enter, in Column I, the grand total of the direct contributions of money listed on Schedule 2A, Column 6 plus any contributions listed on Schedule 2A-2, Column 8. Enter the cumulative of the "contributions" received for the calendar year in Column II (**Item 18**).

**ITEM 4: OTHER RECEIPTS:** Enter in Column I the grand total of the "other receipts" listed on Schedule 2A-1, Column 6. Enter the cumulative of the "other receipts" received for the calendar year in Column II (**Item 19**).

**ITEM 5: TOTAL CONTRIBUTIONS AND OTHER RECEIPTS:** Add Item 3c and Item 4 and enter the total in Column I, Item 5. Enter in Column II (**Item 20**) the sum of Item 18 and Item 19.

**ITEM 6 and 7: ITEMIZED IN-KIND CONTRIBUTIONS:** Enter in Column I the grand total of the in-kind contributions listed on Schedule 2-IK, Column 7. Enter the cumulative amount of the *in-kind contributions* received by the committee for the calendar year in Column II, (**Item 21**). If the Campaign Statement being completed covers portions of two calendar years, report the cumulative for the calendar year that has ended in Column II.

**ITEM 8a: ITEMIZED EXPENDITURES:** Enter in Column I the grand total of the *direct expenditures* listed on Schedule 2B, Column 7. **8b: ITEMIZED GET-OUT-THE-VOTE ACTIVITIES:** Enter in Column I, the total from Schedule B-G, Column 6.

**8c: IN-KIND EXPENDITURES:** Enter in Column I the total from Schedule 2B-2, Column 7. **8d: UNITEMIZED EXPENDITURES:** Enter in Column I the lump sum total of the *direct expenditures* made by the committee during the period covered by the Campaign Statement that were \$50.00 or less and were not itemized on any schedule.

**ITEM 8e: SUBTOTAL:** Add Items 8a, 8b, 8c and 8d and enter the total in Item 9, Column I. Enter the cumulative amount of expenditures of money made by the committee during the calendar year in Column II (**Item 22**).

**ITEM 9: INDEPENDENT EXPENDITURES:** Enter in Column I, Item 9, the grand total of the independent expenditures listed on Schedule 2B-1, Column 7. Enter the cumulative amount of the independent expenditures made by the committee during the calendar year in Column II (**Item 23**).

**ITEM 10: TOTAL EXPENDITURES:** Add Item 8 and 9 and enter the total in Column I, Item 10. Enter the cumulative amount of total expenditures made by the committee during the calendar year in Column II (**Item 24**).

**ITEM 11: IN-KIND EXPENDITURES:** Enter in Column I, Item 11, the grand total of the in-kind expenditures (**NON-MONETARY**) listed on Schedule 2B-2, Column 8. Enter the cumulative amount of the in-kind expenditures made by the committee during the calendar year in Column II (**Item 25**).

**ITEM 12a: DEBTS AND OBLIGATIONS:** Enter the grand total of the debts and obligations owed by the committee at the closing date of the Campaign Statement which were listed on Schedule 2E, Column 9 ("owed by").

**ITEM 12b: DEBTS AND OBLIGATIONS:** Enter the grand total of the debts and obligations owed to the committee at the closing date of the Campaign Statement which were listed on Schedule 2E, Column 9 ("owed to").

**ITEM 13: BEGINNING BALANCE:** Enter the "Ending Balance" from the last Campaign Statement filed by the committee.

**ITEM 14:** Enter the "Total Contributions and Other Receipts" from Column I, Item 5.

**ITEM 15: SUBTOTAL:** Add Item 13 and 14 and enter the total in Item 15.

**ITEM 16:** Enter the "Total Expenditures" from Column I, Item 10.

**ITEM 17: ENDING BALANCE:** Subtract Item 16 from Item 15. If the result in Item 17 is a negative amount, check the addition of all schedules and recalculate the Summary Page totals. The only time the committee should indicate a negative number as the ending balance is if the committee bank account is overdrawn on the closing date of the Campaign Statement.

NOTE: If the Campaign Statement being completed covers portions of two calendar years, enter the cumulative for the calendar year that has ended in Column II.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 2A  
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution # 1

Is this contribution from a PAC? YES 4. Date of Receipt \_\_\_\_\_

Name & Address:

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**5. If over \$100.00 cumulative, please provide:**

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? YES 4. Date of Receipt \_\_\_\_\_

Name & Address:

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**5. If over \$100.00 cumulative, please provide:**

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? YES 4. Date of Receipt \_\_\_\_\_

Name & Address:

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**5. If over \$100.00 cumulative, please provide:**

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? YES 4. Date of Receipt \_\_\_\_\_

Name & Address:

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**5. If over \$100.00 cumulative, please provide:**

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal

Grand Total of All Schedules 2A  
(Complete on last page of Schedule)

Enter this total  
on line 3a of  
Summary Page

## COMPLETING INDEPENDENT AND POLITICAL (PAC) SCHEDULE 2A, ITEMIZED CONTRIBUTIONS

**ITEM 3: NAME AND ADDRESS:** Enter the name and address of each contributor.

- If the contribution is from an individual, enter last name, first name, and middle initial. If the contribution is from a committee (Candidate, Political, Independent or Political Party), enter the committee name and address; do not enter the name of the individual who signed the check. If the contribution is from a Political Committee or an Independent Committee, check the “PAC Receipt? Yes” box. If the contribution is from any source that is not a PAC, leave the box unmarked.
- If the contribution is from a partnership, which has requested attribution to individual partners, report the individuals’ names and addresses with their proportion of the contribution. Do not report the name of the partnership.
- If the contribution is from a person or group that is not an individual or a registered committee, or if the contribution is from an out-of-state committee, report the name and address of the committee on Schedule 2A with the notation “**Memo Itemization Below**” written above the name of the contributor. In the space for the next contribution record immediately following this entry, enter the notation “**Memo Itemization**” and the name and address, date and amount for each person whose contribution was a part of the total contribution.

**ITEM 4: DATE OF RECEIPT:** Enter the date the contribution was actually received by the treasurer, designated record keeper or other agent designated by the treasurer. Do not enter the date the check was written or the date the contribution was deposited. Only report on the Schedule the contributions received during the period covered by the Campaign Statement.

**ITEM 5: CONTRIBUTOR’S OCCUPATION, EMPLOYER, and BUSINESS ADDRESS:** Complete this Item if the contributor’s cumulative contribution for the calendar year exceeds \$100.00. This applies only to individuals; do not make an entry in the item if the reported contribution is from a committee. If the contribution is from an unincorporated business, use this section to indicate “Not Incorporated.”

**TYPE OF CONTRIBUTION:** There are only two types of contributions of money: DIRECT contribution and LOAN from a person (a person other than a financial institution in the ordinary course of business). Check the appropriate box for each contribution.

- If the contribution is a loan from a person, it must also be reflected on Schedule 2E, Debts and Obligations, as a debt if there is an outstanding balance on the closing date of the Campaign Statement. Check both the “**Direct**” box and the “**Loan From a Person**” box. On the Campaign Statement reporting the expenditure that completely pays off the debt, report the debt on Schedule 2E with a zero balance.
- If the contribution was received at a fund raiser or as the purchase price of a ticket to the recipient committee’s fund raising event, check both the “**Direct**” box and the “**Fund Raiser**” box.

**ITEM 6: AMOUNT OF CONTRIBUTION:** List each contribution separately by date, even if two or more contributions are received from the same person.

**ITEM 7: CUMULATIVE FOR THE CALENDAR YEAR:** Enter the cumulative amount of all contributions received from the contributor for the calendar year through the date of the contribution being reported. Also include the value of any in-kind contributions of goods or services received through this date from the same contributor when calculating the cumulative amount.



**ITEMIZED OTHER RECEIPTS  
SCHEDULE 2A-1  
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

| 3. Name & Address From Whom Received                                      | 4. Date of Receipt                       | 5. Type of Receipt   | 6. Amount |
|---|--|--|-----------|
| Receipt #1<br>Name & Address:   | Date of Receipt _____<br><br>Fund Raiser | Loan from a Lending Institution<br>Interest<br>Refund \Rebate<br>Other (Specify) _____ | \$ _____  |
| Receipt #2<br>Name & Address:   | Date of Receipt _____<br><br>Fund Raiser | Loan from a Lending Institution<br>Interest<br>Refund \Rebate<br>Other (Specify) _____ | \$ _____  |
| Receipt #3<br>Name & Address:   | Date of Receipt _____<br><br>Fund Raiser | Loan from a Lending Institution<br>Interest<br>Refund \Rebate<br>Other (Specify) _____ | \$ _____  |
| Receipt #4<br>Name & Address:   | Date of Receipt _____<br><br>Fund Raiser | Loan from a Lending Institution<br>Interest<br>Refund \Rebate<br>Other (Specify) _____ | \$ _____  |
| Receipt #5<br>Name & Address:   | Date of Receipt _____<br><br>Fund Raiser | Loan from a Lending Institution<br>Interest<br>Refund \Rebate<br>Other (Specify) _____ | \$ _____  |
| Receipt #6<br>Name & Address:   | Date of Receipt _____<br><br>Fund Raiser | Loan from a Lending Institution<br>Interest<br>Refund \Rebate<br>Other (Specify) _____ | \$ _____  |
| Receipt #7<br>Name & Address:   | Date of Receipt _____<br><br>Fund Raiser | Loan from a Lending Institution<br>Interest<br>Refund \Rebate<br>Other (Specify) _____ | \$ _____  |
| Page Subtotal   |  |  |           |
| Grand Total of All Schedules 2A -1<br>(Complete on last page of Schedule) |  |  |           |

Enter this total on  
line 4 of Summary  
Page

## INSTRUCTIONS FOR COMPLETING SCHEDULE 2A-1

**ITEM 3: NAME AND ADDRESS:** Enter the name and address of the person from whom the money was received.

**ITEM 4: DATE OF RECEIPT:** Enter the date the money was actually received by the treasurer, designated record keeper or other agent designated by the treasurer.

**ITEM 5: TYPE OF RECEIPT:** Check the appropriate box to indicate the type of "other receipt": a loan from a lending institution, interest earned on the committee's bank account, a refund or rebate of a deposit, or "other." If "other," provide a brief description in the space provided, such as "Return of excess contribution".

**ITEM 6: AMOUNT:** Enter the total amount of the receipt.



**ITEMIZED CONTRIBUTIONS - PAYROLL**  
**SCHEDULE 2A - 2**  
**INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

**USE THIS FORM ONLY FOR CONTRIBUTIONS THAT ARE PAYROLL DEDUCTIONS FROM INDIVIDUALS - ALL CONTRIBUTORS HAVE THE SAME EMPLOYER AND BUSINESS ADDRESS**

**3. NAME OF EMPLOYER & ADDRESS:** \_\_\_\_\_

| 4. Please enter contributor's name and address:  | 7. Amount          | 8. Cumulative for Calendar year for Each Contributor (Through date of receipt) |
|--|--------------------|--|
| Name & Address:<br>Contribution # 1                      5. Date of Receipt _____<br><br><b>6. If over \$100.00 cumulative, please provide occupation:</b>       | _____<br><br>_____ | \$ _____<br><br>_____  |
| Contribution # 2                      5. Date of Receipt _____<br>Name & Address: _____<br><br><b>6. If over \$100.00 cumulative, please provide occupation:</b> | _____<br><br>_____ | \$ _____<br><br>_____  |
| Contribution # 3                      5. Date of Receipt _____<br>Name & Address: _____<br><br><b>6. If over \$100.00 cumulative, please provide occupation:</b> | _____<br><br>_____ | \$ _____<br><br>_____  |
| Contribution # 4                      5. Date of Receipt _____<br>Name & Address: _____<br><br><b>6. If over \$100.00 cumulative, please provide occupation:</b> | _____<br><br>_____ | \$ _____<br><br>_____  |
| Contribution # 5                      5. Date of Receipt _____<br>Name & Address: _____<br><br><b>6. If over \$100.00 cumulative, please provide occupation:</b> | _____<br><br>_____ | \$ _____<br><br>_____  |
| Contribution # 6                      5. Date of Receipt _____<br>Name & Address: _____<br><br><b>6. If over \$100.00 cumulative, please provide occupation:</b> | _____<br><br>_____ | \$ _____<br><br>_____  |
| Contribution # 7                      5. Date of Receipt _____<br>Name & Address: _____<br><br><b>6. If over \$100.00 cumulative, please provide occupation:</b> | _____<br><br>_____ | \$ _____<br><br>_____  |
| Contribution # 8                      5. Date of Receipt _____<br>Name & Address: _____<br><br><b>6. If over \$100.00 cumulative, please provide occupation:</b> | _____<br><br>_____ | \$ _____<br><br>_____  |
| _____<br><br><b>6. If over \$100.00 cumulative, please provide occupation:</b>   | _____<br><br>_____ | \$ _____<br><br>_____  |
| Page Subtotal  | _____              | _____  |
| Grand Total of All Schedules 2A-2<br>(Complete on last page of Schedule)   | _____              | _____  |

**COMPLETING INDEPENDENT AND POLITICAL (PAC) SCHEDULE 2A-2, ITEMIZED  
CONTRIBUTIONS-PAYROLL**

**ITEM 3: NAME OF EMPLOYER:** All of the contributors on each Schedule 2A-2 have the same employer, and therefore the name of the employer is only listed once at the top of the schedule.

**ITEM 4: BUSINESS ADDRESS:** For all of the contributors that have the same business address, that information can be listed once at the top of the Schedule. If the contributors are not all employed at the same address, use a separate Schedule 2A-2 for each business address.

**ITEM 5: CONTRIBUTOR'S NAME AND ADDRESS:** Enter last name first, first name and middle initial, street and number, city, state and zip code.

**ITEM 6: DATE OF RECEIPT:** Enter the date the contribution was deducted from the contributor's payroll.

**ITEM 7: OCCUPATION:** If the person's contribution is \$100.01 or more in a calendar year, enter the contributor's occupation in this space.

**ITEM 8: AMOUNT:** Enter the amount of the contribution.

**ITEM 9: CUMULATIVE:** Enter the cumulative contributions for each contributor for the calendar year.



**ITEMIZED IN-KIND CONTRIBUTIONS  
SCHEDULE 2-IK  
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I. D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

| 3. Name and Address from whom received<br><small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs).</small> | 4. Type of In-Kind Contribution (Check applicable box)<br>5. Date of Receipt<br>6. Name & Address of Vendor from whom goods or services were purchased  | 7. Amount or Fair Market Value | 8. Cumulative for Calendar Year (Through date in Item 5) |
|--|---|--------------------------------|--|
| Contribution # 1<br>Name & Address:<br><br>PAC Receipt? YES<br><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br>Employer Name & Address:<br><br>Fund Raiser Contribution  | 4. Endorsement or guarantee of bank loan<br><br>Goods Donated or Loaned<br>Services Donated<br>Goods or Services Purchased by Others<br>Goods or Services Purchased by Others- <b>LOAN</b><br>Description _____<br><br>5. <b>DATE OF RECEIPT:</b> _____<br><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> | \$ _____                       | \$ _____   |
| Contribution # 2<br>Name & Address:<br><br>PAC Receipt? YES<br><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br>Employer Name & Address:<br><br>Fund Raiser Contribution  | 4. Endorsement or guarantee of bank loan<br><br>Goods Donated or Loaned<br>Services Donated<br>Goods or Services Purchased by Others<br>Goods or Services Purchased by Others- <b>LOAN</b><br>Description _____<br><br>5. <b>DATE OF RECEIPT:</b> _____<br><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> | \$ _____                       | \$ _____   |
| Contribution # 3<br>Name & Address:<br><br>PAC Receipt? YES<br><br><b>If over \$100.00 cumulative, please provide:</b><br>Occupation:<br>Employer Name & Address:<br><br>Fund Raiser Contribution  | 4. Endorsement or guarantee of bank loan<br><br>Goods Donated or Loaned<br>Services Donated<br>Goods or Services Purchased by Others<br>Goods or Services Purchased by Others- <b>LOAN</b><br>Description _____<br><br>5. <b>DATE OF RECEIPT:</b> _____<br><br>6. <b>VENDOR NAME &amp; ADDRESS:</b> | \$ _____                       | \$ _____   |

Page Subtotal

Grand Total of all Schedules 2-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6a of  
Summary Page

## COMPLETING INDEPENDENT AND POLITICAL (PAC) SCHEDULE 2-IK, ITEMIZED IN-KIND CONTRIBUTIONS

**ITEM 3: CONTRIBUTOR'S NAME AND ADDRESS:** Enter the contributor's name and address. Check the "PAC Receipt? Yes" box if the contribution is from a PAC (Political or Independent Committee). **CONTRIBUTOR'S OCCUPATION, EMPLOYER, AND BUSINESS ADDRESS:** Complete if the cumulative value of in-kind contributions, also direct contribution received from the contributor exceeds \$100.00 in a calendar year and the contributor is an individual.

**ITEM 4: TYPE OF IN-KIND CONTRIBUTION:** Check one of the five indicated categories for each in-kind contribution. Endorsement or guarantee of bank loan: An endorsement is made when a contributor guarantees a financial institution that he or she will repay a loan from that financial institution if the committee defaults on payments. The amount endorsed is the amount to be reported as an in-kind contribution. Goods donated or loaned: Items that are given to the committee without charge, or items loaned to the committee for temporary use with an expectation that the items will be returned to the contributor. The value to be reported as an in-kind contribution is the fair market value or amount it would have cost the committee to purchase or rent similar items in the local community. Example: use of a computer, use of office furniture. Services donated: Labor or services for which the contributor or other persons would normally be compensated that is donated to the committee without charge. Example: accounting, legal or clerical services; free music for fund raising event provided by professional band, etc. (as long as they are not incorporated). The amount to be reported as an in-kind contribution is the amount usually charged to the general public for such or similar services. Goods or services purchased by others: The purchase, by a contributor, of materials, supplies or services for the committee. Example: payment of the committee's printing bill by a contributor; purchase of office supplies or postage stamps; purchase of food for a fund raiser. The amount to be reported as an in-kind contribution is the amount the contributor paid for the goods or services. Goods or services purchased by others - LOAN: The purchase, by a contributor, of materials, supplies or services for the committee for which the contributor wishes to be reimbursed. The examples would be the same as above, except for the fact the committee is expected to repay the contributor the cost incurred. Therefore, the amount is reported both as an in-kind contribution from the contributor on Schedule 2-IK, Itemized In-Kind Contributions, and as a debt owed by the committee to the contributor on Schedule 2E, Debts and Obligations. **DESCRIPTION:** Enter a brief, clear description of each in-kind contribution that describes the goods or services contributed and, if not obvious, the purpose of the goods or services. If the contribution is related to a fund raiser event sponsored or co-sponsored by the committee, check the "Fund Raiser" box.

**ITEM 5: DATE OF RECEIPT:** Enter the date the in-kind contribution was received by the committee. The date must be within the period covered by the Campaign Statement

**ITEM 6: VENDOR NAME AND ADDRESS:** If the in-kind contribution consists of goods or services purchased on behalf of the committee by a contributor, enter the name and address of the vendor or person where the goods or services were purchased.

**ITEM 7: AMOUNT:** Enter the fair market value of the contribution; if the contribution was purchased, enter the amount paid.

**ITEM 8: CUMULATIVE FOR CALENDAR YEAR:** Enter the cumulative value of all in-kind contributions and itemized contributions of money made by the same contributor during the calendar year through the date of the contribution being reported. The contributions are cumulative in date order.



**ITEMIZED DIRECT EXPENDITURES  
SCHEDULE 2B  
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

| 3. Name and address of person or vendor to whom the expenditure was made            | 5. Candidate or Ballot Question Information  | 6. Date       | 7. Amount | 8. Cumulative for Election or Election Cycle |
|---|--|---------------|-----------|--|
| Expenditure #1<br>Name & Address: _____<br><br>4. Purpose: _____<br><br>Fund Raiser | 5. _____<br>Name of Candidate<br><br>_____<br>Office Sought & District # or Jurisdiction<br><br>_____<br>County<br><br>_____<br>Ballot Proposal<br>Check box if expenditure is payment of Debt<br>or Obligation reported on previous statement | _____<br>Date | \$ _____  | \$ _____                                     |
| Expenditure #2<br>Name & Address: _____<br><br>4. Purpose: _____<br><br>Fund Raiser | 5. _____<br>Name of Candidate<br><br>_____<br>Office Sought & District # or Jurisdiction<br><br>_____<br>County<br><br>_____<br>Ballot Proposal<br>Check box if expenditure is payment of Debt<br>or Obligation reported on previous statement | _____<br>Date | \$ _____  | \$ _____                                     |
| Expenditure #3<br>Name & Address: _____<br><br>4. Purpose: _____<br><br>Fund Raiser | 5. _____<br>Name of Candidate<br><br>_____<br>Office Sought & District # or Jurisdiction<br><br>_____<br>County<br><br>_____<br>Ballot Proposal<br>Check box if expenditure is payment of Debt<br>or Obligation reported on previous statement | _____<br>Date | \$ _____  | \$ _____                                     |
| Expenditure #4<br>Name & Address: _____<br><br>4. Purpose: _____<br><br>Fund Raiser | 5. _____<br>Name of Candidate<br><br>_____<br>Office Sought & District # or Jurisdiction<br><br>_____<br>County<br><br>_____<br>Ballot Proposal<br>Check box if expenditure is payment of Debt<br>or Obligation reported on previous statement | _____<br>Date | \$ _____  | \$ _____                                     |

Subtotal this page

Grand Total of all Schedules 2B  
(Complete on last page of Schedule)

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Enter this total  
on line 8a of the  
Summary Page

## **COMPLETING INDEPENDENT AND POLITICAL (PAC) SCHEDULE 2B, ITEMIZED EXPENDITURES**

**ITEM 3: NAME AND ADDRESS OF PERSON PAID:** Enter the name and address of each individual or business the committee made an expenditure of more than \$50.00 through a single expenditure or through a series of expenditures during the period covered by the Campaign Statement. Enter the name and address of each Political Committee, Independent Committee, Candidate Committee, Ballot Question Committee or Political Party Committee the committee made an expenditure in any amount during the period covered by the Campaign Statement.

If a third party made expenditures on behalf of the committee such as for media buys or reimbursement, report the additional detail information for this expenditure as a Memo Itemization. Report the gross expenditure made by the committee with the notation "**Memo Itemization Below**" written above the name of the person, business or vendor to whom the payment was made by the committee, the date of the payment, and the total amount paid. In the space for the next expenditure record immediately following this entry, enter the notation "**Memo Itemization**" and indicate the ballot proposal involved. Check the applicable boxes for in-kind or independent, support or oppose and enter the date of the expenditure. Report the allocated amount for the proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that proposal (for the election) through the date of the expenditure being itemized. Repeat until the itemization is completed for each proposal related to the expenditure being itemized. Please see example at the back of this booklet.

**ITEM 4: PURPOSE:** Describe the purpose of the expenditure. When reporting a mileage reimbursement to a staff member, enter the word "mileage" along with the number of miles and the reimbursement rate in the purpose field of the expenditure record. An example of mileage reimbursement reporting is shown in the examples at the end of this packet of forms.

**ITEM 5: CANDIDATE NAME OR BALLOT QUESTION INFORMATION:** If the expenditure was made to a Candidate Committee in support of that candidate's nomination or election, enter the candidate's name, the office sought by the candidate, the district # or jurisdiction served by the office and the candidate's county of residence. If the expenditure was made to a Ballot Question Committee in support or opposition to the qualification, passage or defeat of a ballot proposal, identify the proposal and indicate whether it is a statewide, multi-county, or single county issue. If listing a single county issue, list the county involved. If listing a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue reside. If it is a statewide proposal, leave the county name blank. Check the box if the expenditure was made to repay a debt or obligation owed by the committee that was reported on a previous campaign statement.

Check the Fund Raiser box if the expenditure is related to a fund raising event sponsored or co-sponsored by this PAC.

**ITEM 6: DATE OF EXPENDITURE:** Enter the date the expenditure was made.

**ITEM 7: AMOUNT OF EXPENDITURE:** Enter the full amount of the expenditure.

**ITEM 8: CUMULATIVE FOR ELECTION OR ELECTION CYCLE:** If the expenditure was made to support or oppose a candidate, enter the cumulative amount the committee has expended to support or oppose the candidate during this cycle. A candidate's current "election cycle" began on the **day following the date of the general election** in which the office sought by the candidate last appeared on the ballot and ends on the **day of the next general election** in which the office sought by the candidate will appear on the ballot. If the expenditure was made to support or oppose a ballot proposal, enter the cumulative amount the committee has expended to support or oppose the proposal to date. Include all direct, in-kind expenditures and independent expenditures involved. Expenditures for or against a ballot proposal accumulate for the election in which the proposal appears on the ballot.



**ITEMIZED INDEPENDENT EXPENDITURES  
SCHEDULE 2B-1  
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

**Complete this form to report Independent Expenditures made for or against a candidate or a ballot issue. Do not use this schedule to report any direct expenditures to Candidate Committees or Ballot Question Committees, or the provision of in-kind goods or services to Candidate Committees or Ballot Question Committees.**

| 3. Name and address of person or vendor paid   | 5. Candidate or Ballot Proposal Information | 6. Date | 7. Amount | 8. Cumulative for Election or Election Cycle |
|--|---|---------|-----------|--|
| <p>Expenditure #1<br/>Name &amp; Address: _____</p>  |   |         |           |  |
| <p>5. _____<br/>Name of Candidate</p>  |   |         |           |  |
| <p>_____ Date \$ _____ \$ _____<br/>Office Sought &amp; District # or Jurisdiction</p>   |   |         |           |  |
| <p>_____ Ballot Proposal</p>   |   |         |           |  |
| <p>_____ County</p>  |   |         |           |  |
| <p>4. Purpose: _____<br/>Support: _____ Oppose <input type="checkbox"/> Check box if expenditure is payment of Debt or<br/>Obligation reported on previous statement</p> |   |         |           |  |
| <p>Expenditure #2<br/>Name &amp; Address: _____</p>  |   |         |           |  |
| <p>5. _____<br/>Name of Candidate</p>  |   |         |           |  |
| <p>_____ Date \$ _____ \$ _____<br/>Office Sought &amp; District # or Jurisdiction</p>   |   |         |           |  |
| <p>_____ Ballot Proposal</p>   |   |         |           |  |
| <p>_____ County</p>  |   |         |           |  |
| <p>4. Purpose: _____<br/>Support: _____ Oppose <input type="checkbox"/> Check box if expenditure is payment of Debt or<br/>Obligation reported on previous statement</p> |   |         |           |  |
| <p>Expenditure #3<br/>Name &amp; Address: _____</p>  |   |         |           |  |
| <p>5. _____<br/>Name of Candidate</p>  |   |         |           |  |
| <p>_____ Date \$ _____ \$ _____<br/>Office Sought &amp; District # or Jurisdiction</p>   |   |         |           |  |
| <p>_____ Ballot Proposal</p>   |   |         |           |  |
| <p>_____ County</p>  |   |         |           |  |
| <p>4. Purpose: _____<br/>Support: _____ Oppose <input type="checkbox"/> Check box if expenditure is payment of Debt or<br/>Obligation reported on previous statement</p> |   |         |           |  |

Subtotal this page

Grand Total of all Schedules 2B-1  
(Complete on last page of Schedule)

Enter this total  
on line 9 of the  
Summary Page

**COMPLETING INDEPENDENT AND POLITICAL (PAC) SCHEDULE 2B-1, ITEMIZED INDEPENDENT EXPENDITURES**

**ITEM 3: NAME AND ADDRESS OF PERSON PAID:** Enter the name and address of each individual or business to which the committee made an expenditure in any amount during the period covered by the Campaign Statement that was made to support or oppose a candidate or ballot question.

**ITEM 4: PURPOSE:** Describe the purpose of the expenditure. Check the appropriate box to indicate if the expenditure is to support or oppose the candidate or proposal.

If a third party made expenditures on behalf of the committee such as for media buys or reimbursements, report the additional detail information for this expenditure as a Memo Itemization. Report the gross expenditure made by the committee with the notation "**Memo Itemization Below**" written above the name of the person, business or vendor to whom the payment was made by the committee, the date of the payment, and the total amount paid. In the space for the next expenditure record immediately following this entry, enter the notation "**Memo Itemization**" and indicate the ballot proposal involved. Check the applicable boxes for in-kind or independent, support or oppose and enter the date of the expenditure. Report the allocated amount for the proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that proposal (for the election) through the date of the expenditure being itemized. Repeat until the itemization is completed for each proposal related to the expenditure being itemized

**ITEM 5: CANDIDATE NAME:** If the independent expenditure was made to support or oppose a candidate, enter the candidate's name, the office sought by the candidate, the district # or jurisdiction served by the office and the candidate's county of residence. **BALLOT ISSUE:** If the independent expenditure was made to support or oppose a ballot proposal, identify the proposal and indicate whether it is a statewide, multi-county or single-county issue. If listing a single county issue, list the county involved. If listing a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue reside. Check the box if the expenditure was made to repay a debt or obligation owed by the committee that was reported on a previous campaign statement.

**ITEM 6: DATE OF EXPENDITURE:** Enter the date the expenditure was made.

**ITEM 7: AMOUNT OF EXPENDITURE:** Indicate the amount spent for each candidate or issue supported or opposed.

**ITEM 8: CUMULATIVE FOR ELECTION CYCLE:** If the expenditure was made to support or oppose a candidate, enter the cumulative amount the committee has expended to support or oppose the candidate during the candidate's "**election cycle**" as independent expenditures only. Do not include any in-kind or direct expenditures; they are cumulated separately from independent expenditures on the Schedules for direct and in-kind expenditures as they count against contribution limits to each candidate. An independent expenditure does not count against the contribution limit of the candidate. A candidate's current election cycle began on the day following the date of the general election in which the office sought by the candidate last appeared on the ballot and ends on the day of the next general election in which the office sought by the candidate will appear on the ballot. If the expenditure was made to support or oppose a ballot proposal, enter the cumulative amount of all expenditures the committee has made to support or oppose the proposal to date. For ballot proposals, all types of expenditures are cumulated together, including direct, in-kind and independent for the election in which the proposal appears on the ballot.



**ITEMIZED IN-KIND EXPENDITURES  
SCHEDULE 2B-2  
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I. D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

| 3. Name and Address of person or committee to whom goods or services were donated or loaned, or for whom goods or services were purchased.   | 4. Type of In-Kind Expenditure (Check applicable box)<br>5. Date of Expenditure<br>6. Name & Address of Vendor from whom goods or services were purchased  | 7. Amount or Money Spent (Purchased Goods or Services) | 8. Fair Market Value (Loan Endorsement or Guarantee, Loan or Donation of Goods or Services) | 9. Cumulative for the Election or Election Cycle (Through date in Item 5) |
|--|--|--|---|---|
| Expenditure #1<br>Name & Address: _____<br><br>_____<br>Name of Candidate<br>_____<br>Office Sought & District # or Jurisdiction<br>_____<br>County<br>_____<br>Ballot Proposal<br>_____ | 4. Endorsement or guarantee of bank loan<br><br>Goods Donated or Loaned<br><br>Services Donated<br>\$ _____<br><br>Goods or Services Purchased<br><br>Goods or Services Purchased - <b>LOAN</b><br><br>Description _____<br><br>5. <b>DATE OF EXPENDITURE:</b> _____<br>6. <b>VENDOR NAME &amp; ADDRESS:</b> _____ |  |   |   |
| Expenditure #2<br>Name & Address: _____<br><br>_____<br>Name of Candidate<br>_____<br>Office Sought & District # or Jurisdiction<br>_____<br>County<br>_____<br>Ballot Proposal<br>_____ | 4. Endorsement or guarantee of bank loan<br><br>Goods Donated or Loaned<br><br>Services Donated<br>\$ _____<br><br>Goods or Services Purchased<br><br>Goods or Services Purchased - <b>LOAN</b><br><br>Description _____<br><br>5. <b>DATE OF EXPENDITURE:</b> _____<br>6. <b>VENDOR NAME &amp; ADDRESS:</b> _____ |  |   |   |
| Expenditure #3<br>Name & Address: _____<br><br>_____<br>Name of Candidate<br>_____<br>Office Sought & District # or Jurisdiction<br>_____<br>County<br>_____<br>Ballot Proposal<br>_____ | 4. Endorsement or guarantee of bank loan<br><br>Goods Donated or Loaned<br><br>Services Donated<br>\$ _____<br><br>Goods or Services Purchased<br><br>Goods or Services Purchased - <b>LOAN</b><br><br>Description _____<br><br>5. <b>DATE OF EXPENDITURE:</b> _____<br>6. <b>VENDOR NAME &amp; ADDRESS:</b> _____ |  |   |   |

Page Subtotal

Grand Total of all Schedules 2B-2  
(Complete on last page of Schedule)

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Enter this total on line 8c of the Summary Page

Enter this total on line 11 of the Summary Page

**COMPLETING INDEPENDENT AND POLITICAL (PAC) SCHEDULE 2B-2, ITEMIZED IN-KIND EXPENDITURES**

**ITEM 3: NAME AND ADDRESS OF PERSON OR COMMITTEE TO WHOM GOODS OR SERVICES WERE DONATED OR LOANED, OR FOR WHOM GOODS OR SERVICES WERE PURCHASED:** If the goods or services were purchased and given, or purchased and loaned to a Candidate Committee, enter the name and address of the recipient committee, the candidate's name, office sought, including the district number or jurisdiction, and the candidate's county of residence. If the goods or services were purchased and given, or purchased and loaned to a Ballot Question Committee, enter the name and address of the recipient committee and identify the proposal, indicating whether it is a statewide, multi-county or single county issue. If listing a single-county issue, list the county involved. If listing a multi-county issue, list the county where the greatest number of electors eligible to vote on the issue reside.

**ITEM 4: TYPE OF IN-KIND EXPENDITURE:** Indicate the type of in-kind expenditure by checking the appropriate box. Describe the item or goods or services in the space provided.

**ITEM 5: DATE OF EXPENDITURE:** Enter the date money was spent, or the goods or services were made available to the recipient committee.

**ITEM 6: VENDOR NAME AND ADDRESS:** If the goods or services were purchased by the contributing committee on behalf of the recipient committee, enter the name of the vendor (business or person) who was actually paid for the goods or services. If goods or services were provided and no money was spent, leave this item blank.

**ITEM 7: AMOUNT OF MONEY SPENT:** For goods or services that were purchased, enter the amount of money spent. If no money was spent, leave this item blank.

**ITEM 8: FAIR MARKET VALUE:** Enter the amount of loan endorsed or guaranteed, or the fair market value of the goods or services donated or loaned to a committee. The depreciated value of capital assets may be used if the fair market value cannot be determined in any other way.

**ITEM 9: CUMULATIVE FOR ELECTION CYCLE:** If the expenditure was made to support or oppose a candidate, enter the cumulative amount the committee has expended to support or oppose the candidate during their election cycle. Include in the cumulative amount, all direct and in-kind expenditures made for the candidate through the expenditure date. A candidate's current "election cycle" began on the day following the date of the general election in which the office sought by the candidate last appeared on the ballot and ends on the day of the next general election in which the office sought by the candidate will appear on the ballot. If the expenditure was made to support or oppose a ballot proposal, enter the cumulative amount the committee has expended to support or oppose the proposal to date. Include all direct, in-kind expenditures and independent expenditures involved. Expenditures for or against a ballot proposal accumulate for the election in which the proposal appears on the ballot.



**EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES  
SCHEDULE B - G  
POLITICAL PARTY, POLITICAL OR INDEPENDENT COMMITTEES**

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

**USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY.**

Describe the specific Get-Out-The -Vote activity in Item 4f. **ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED**

| 3. Name and address of person or vendor to whom the expenditure was made   | 4. Type of Activity   | 5. Date                  | 6. Amount |
|--|---|--------------------------|-----------|
| Expenditure #1<br>Name & Address: _____  | a. Election Day Busing of Voters To The Polls<br>b. Slate Cards    c. Challengers<br>d. Poll Watchers    e. Poll Workers<br>f. Get-Out-The Vote Activity (Specify): _____ | _____ Date               | \$ _____  |
| For Activity Type b - f, check one:<br>In-Kind                      Independent  |   |                          |           |
| If in support of, or in opposition to, a ballot proposal or candidate, check one:<br>Support                      Oppose |   |                          |           |
| Check box if expenditure is payment on debt or obligation reported on previous statement                                 | Cumulative for Candidate or Ballot Proposal<br>\$ _____   |                          |           |
| Candidate Name _____   | Office Sought & District # or Jurisdiction _____  | Candidate's County _____ |           |
| Statewide Proposal Name _____  | Local Proposal Name _____   | Indicate County _____    |           |
| Expenditure #2<br>Name & Address: _____  | a. Election Day Busing of Voters To The Polls<br>b. Slate Cards    c. Challengers<br>d. Poll Watchers    e. Poll Workers<br>f. Get-Out-The Vote Activity (Specify): _____ | _____ Date               | \$ _____  |
| For Activity Type b - f, check one:<br>In-Kind                      Independent  |   |                          |           |
| If in support of, or in opposition to, a ballot proposal or candidate, check one:<br>Support                      Oppose |   |                          |           |
| Check box if expenditure is payment on debt or obligation reported on previous statement                                 | Cumulative for Candidate or Ballot Proposal<br>\$ _____   |                          |           |
| Candidate Name _____   | Office Sought & District # or Jurisdiction _____  | Candidate's County _____ |           |
| Statewide Proposal Name _____  | Local Proposal Name _____   | Indicate County _____    |           |
| Expenditure #3<br>Name & Address: _____  | a. Election Day Busing of Voters To The Polls<br>b. Slate Cards    c. Challengers<br>d. Poll Watchers    e. Poll Workers<br>f. Get-Out-The Vote Activity (Specify): _____ | _____ Date               | \$ _____  |
| For Activity Type b - f, check one:<br>In-Kind                      Independent  |   |                          |           |
| If in support of, or in opposition to, a ballot proposal or candidate, check one:<br>Support                      Oppose |   |                          |           |
| Check box if expenditure is payment on debt or obligation reported on previous statement                                 | Cumulative for Candidate or Ballot Proposal<br>\$ _____   |                          |           |
| Candidate Name _____   | Office Sought & District # or Jurisdiction _____  | Candidate's County _____ |           |
| Statewide Proposal Name _____  | Local Proposal Name _____   | Indicate County _____    |           |

Subtotal this page

Grand Total of all Schedules B-G  
(Complete on last page of Schedule)  
Enter this total on Line Summary Page

**COMPLETING INDEPENDENT AND POLITICAL (PAC) SCHEDULE B-G, GET-OUT-THE VOTE  
ACTIVITIES**

**ITEM 3: NAME AND ADDRESS OF PERSON OR VENDOR TO WHOM THE EXPENDITURE WAS MADE:** Enter the complete address of each person paid for get-out-the-vote activities. If the person listed here paid other persons or vendors, detail information must be reported using Memo Itemizations. Report the gross expenditure made by the committee with the notation “**Memo Itemization Below**” written above the name of the person, business or vendor to whom the payment was made by the committee, the date of the payment, and the total amount paid. In the space for the next expenditure record immediately following this entry, enter the notation “**Memo Itemization**” and indicate the ballot proposal and/or candidate involved. Report the allocated amount for the proposal in parenthesis as a reminder that it is not to be added into the total again. Enter the cumulative expenditure amount for that proposal (or the election candidate per election cycle) through the date of the expenditure being itemized. Repeat until the itemization is completed for each proposal and/or candidate related to the expenditure being itemized. Indicate, by checking the appropriate box, whether the expenditure is “in-kind” or “independent”, and whether the expenditure is in support or in opposition to a candidate or ballot proposal.

**ITEM 4: TYPE OF ACTIVITY:** Check the appropriate box to indicate the type of activity for which the expenditure was made. For get-out-the-vote activity and voter registration expenditures that are not specifically listed on the schedule, specify the particular activity in the space provided

**ITEM 5: DATE:** Enter the date on which the expenditure was made to the entity in Item 3.

**ITEM 6: AMOUNT:** Enter the total amount paid to the entity in Item 3. If the expenditure was related to only one candidate, indicate whether the expenditure was in-kind or independent, and whether in support or in opposition by checking the applicable boxes. Report the name, office sought, district number or jurisdiction and the county of residence of the candidate, and the election cycle cumulative expenditures for that candidate through the date of this expenditure. If the expenditure is in support of, or in opposition to, a specific ballot proposal, indicate whether the expenditure was in-kind or independent, and whether in support or in opposition by checking the applicable boxes. Report the name of the proposal and indicate whether it is a proposal to be voted on statewide or locally. If locally (county, city, township, village, school district), indicate the name of the county where the voters will vote on the proposal. If the proposal will be voted on in more than one county, but not statewide, indicate the county with the greatest number of voters eligible to vote on the proposal. If the expenditure is in support of, or in opposition to, more than one candidate, or multiple ballot proposals, or a combination of candidates and proposals (as in slate cards), the cost must be allocated to each candidate or proposal, using MEMO ITEMIZATIONS as explained under Item #3.  
Please Note:

**For cumulative expenditures related to a candidate:**

If the committee checks the in-kind box, the cumulative must reflect all direct and in-kind expenditures made to that candidate through the date of the expenditure being itemized. Independent expenditures related to that candidate are accumulated separately.

**For cumulative expenditures related to a ballot proposal:**

Accumulate direct, in-kind and independent expenditures together through the date of the expenditure being itemized.



**DEBTS AND OBLIGATIONS  
SCHEDULE 2E**

1. Committee I.D. Number \_\_\_\_\_

**POLITICAL OR INDEPENDENT COMMITTEE**

2. Committee Name \_\_\_\_\_

This Schedule itemizes:

a. Debts and obligations owed by or forgiven the committee **OR** b. Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

| 3. Name and mailing Address of person, vendor or financial institution to whom debt is owed.<br><br>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any. | 4. Type of Obligation (Description)<br>5. Indicate date debt was incurred<br>6. Indicate original amount of debt | 7. Date and amount of each payment   | 8. Cumulative payment to date on debt | 9. Outstanding Balance at close of this period (Item 6 minus Item 8) |          |          |          |          |                          |
|---|--|--|---------------------------------------|--|----------|----------|----------|----------|--------------------------|
| Debt #1<br>Owed to or by: _____<br>Corp? Yes  | 4. Type: _____<br>5. <b>Date Debt Was Incurred:</b> _____<br>6. <b>Original Amount of Debt</b><br>\$ _____       | <table border="1"> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> </table> | \$ _____                              | \$ _____   | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____<br><br>FORGIVEN |
| \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| Debt #2<br>Owed to or by: _____<br>Corp? Yes  | 4. Type: _____<br>5. <b>Date Debt Was Incurred:</b> _____<br>6. <b>Original Amount of Debt</b><br>\$ _____       | <table border="1"> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> </table> | \$ _____                              | \$ _____   | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____<br><br>FORGIVEN |
| \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| Debt #3<br>Owed to or by: _____<br>Corp? Yes  | 4. Type: _____<br>5. <b>Date Debt Was Incurred:</b> _____<br>6. <b>Original Amount of Debt</b><br>\$ _____       | <table border="1"> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> <tr><td>\$ _____</td></tr> </table> | \$ _____                              | \$ _____   | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____<br><br>FORGIVEN |
| \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| \$ _____  |  |  |                                       |  |          |          |          |          |                          |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____  |  |  |                                       |  |          |          |          |          |                          |

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 2E  
(Complete on last page of Schedule showing amounts owed by or to the committee.)

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page

**A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.**

## **COMPLETING INDEPENDENT AND POLITICAL (PAC) SCHEDULE 2E, DEBTS AND OBLIGATIONS**

Check **box a** if this Schedule 2E will be used to list debts and obligations owed by or forgiven the committee.

Check **box b** if this Schedule 2E will be used to list debts and obligations owed to or forgiven by the committee.

### **ITEM 3: NAME AND MAILING ADDRESS:**

**DEBTS AND OBLIGATIONS OWED BY OR FORGIVEN THE COMMITTEE:** Enter the name and mailing address of any person, vendor or financial institution that:

- the committee owed an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or
- forgave a debt during the current reporting period that the committee listed as outstanding on the last Campaign Statement filed by the committee.

**DEBTS AND OBLIGATIONS OWED TO OR FORGIVEN BY THE COMMITTEE:** Enter the name and mailing address of any person, vendor or financial institution that:

- owed the committee an outstanding amount on a debt or obligation as of the closing date of the Campaign Statement, or
- during the period covered by the Campaign Statement being completed, the committee forgave a debt or obligation that was listed on the last Campaign Statement as owed to the committee. Check the box to indicate whether the debt is owed to an incorporated business. If the debt is a loan and was guaranteed or endorsed by someone, please fill in the name of the endorser and the amount endorsed in the space provided.

**ITEM 4: TYPE OF OBLIGATION:** Describe the debt or obligation.

**ITEM 5: DATE DEBT WAS INCURRED:** Enter the date the debt or obligation was incurred. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

**ITEM 6: ORIGINAL AMOUNT OF DEBT:** Enter the original amount of the debt or obligation. If the committee maintained a running account with a vendor, treat each new charge as a separate debt.

**ITEM 7: DATES AND AMOUNTS OF PAYMENTS:** Enter the amount and the date of each payment on the debt or obligation.

**ITEM 8: CUMULATIVE PAYMENTS:** Enter the total amount paid by or to the committee on the debt or obligation as of the closing date of the Campaign Statement.

**ITEM 9: OUTSTANDING BALANCE:** Enter the outstanding amount owed by or to the committee on the debt or obligation as of the closing date of the Campaign Statement. Check the box if the loan has been forgiven.

### **Special Disclosure Note: Reporting Forgiven Debts and Obligations**

If a loan or other type of debt owed by the committee was forgiven, check the box "FORGIVEN" in item 9.

Do *not* list a loan forgiven the committee on the Itemized Contributions Schedule (Schedule 2A) as a new contribution. Report the debt forgiven the committee as an in-kind contribution on the Itemized In-Kind Contributions Schedule (Schedule 2-IK).

When totaling the Debts and Obligations Schedule, do not add forgiven debts or obligations into the total. An incorporated commercial lending institution or business cannot forgive a loan or debt owed by the committee.



**FUND RAISER SCHEDULE 2F  
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name \_\_\_\_\_

**- USE A SEPARATE SHEET FOR EACH EVENT -**

|                                     |  |                                  |   |
|-------------------------------------|--|----------------------------------|---|
| 3. Date Event Was Held<br><br>_____ | 4. Number of Individuals Attending or Participating (whichever is greater) | 5. Type of Fund Raising Activity | 6. Address and Name (If any) of the place where the activity was held<br><br><input type="checkbox"/> Private Residence |
|-------------------------------------|--|----------------------------------|---|

7. Total Contributions \_\_\_\_\_

8. Other Receipts \_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8) \_\_\_\_\_

10. Total Cost of Event \_\_\_\_\_

\*Includes In-Kind Contributions and All Expenditures Made For the Event

11. Check if event was a joint fund raiser and complete the following:

| Co-Sponsor(s) | Contribution Split (%) | Expenditure Split (%) |
|---------------|------------------------|-----------------------|
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |
| _____         | _____                  | _____                 |

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Direct Contributions Schedule (2A), Itemized In-Kind Contributions Schedule (2-1K), Itemized Expenditures Schedule (2B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.

## **COMPLETING INDEPENDENT AND POLITICAL (PAC) SCHEDULE 2F, FUND RAISER**

**ITEM 3: DATE OF EVENT:** Enter the date the fund raising event was held.

**ITEM 4: NUMBER OF PEOPLE ATTENDING:** Enter the larger of the following two numbers:

1) the number of persons who attended the fund raising event, or 2) the number of persons who contributed to the committee in connection with the fund raising event.

**ITEM 5: TYPE OF FUND RAISING ACTIVITY:** Describe the type of fund raising event held. Examples: A dinner, an auction, reception or a dance.

**ITEM 6: NAME AND ADDRESS OF PLACE:** Enter the address and name (if any) of the facility where the fund raising event was held. Check the box in Item 6 if the event was held at a private residence. This tells the filing official that there should be no expenditures on Schedule 2B for facility rental for this fund raiser.

**ITEM 7: TOTAL CONTRIBUTIONS:** Enter the total amount of contributions received by the committee in connection with the fund raising event.

**ITEM 8: OTHER RECEIPTS:** Enter the amount of any "other receipts" the committee received in connection with the fund raising event. This would include, for example, refunds of deposits refunded to the committee in connection with the event.

**ITEM 9: GROSS RECEIPTS:** Enter the total of lines 7 and 8. This provides the gross receipts received by the committee in connection with the fund raising event.

**ITEM 10 TOTAL COST OF EVENT:** Enter the total cost of holding the fund raising event. This includes the value of in-kind contributions (reported on Schedule 2-IK, Itemized In-Kind Contributions) in addition to any expenditures made for the event. The expenditures must be reported on Schedule 2B, Itemized Expenditures.

**ITEM 11 JOINT FUND RAISERS:** If the event held was a joint fund raiser, check the box and enter the name(s) of the co-sponsor(s) of the event. Also show the percentage of the contributions received by each of the co-sponsors and the percentage of the costs paid by each of the co-sponsors.