



**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.

3. This Statement covers From: _____ to _____

1. Committee I.D. Number _____

2. Committee Name _____

4. Candidate Last Name _____ First Name _____ M.I. _____

4a. Office Sought Including District # or Community Served (If applicable) _____

4b. County of Residence _____

5. Committee's Mailing Address _____

Area Code and Phone _____
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.

6. Treasurer's Name & Residential Address _____

Area Code & Phone _____

7. Treasurer's Business Address _____

Area Code and Phone _____

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) _____

Area Code and Phone _____

9. TYPE OF STATEMENT
9a. Pre-Election OR 9b. Post-Election
Pre-Election or Post-Election Statement relates to:
Primary
General
Convention
Special
School
Caucus

Date of Election, Convention or Caucus _____

Required ONLY if candidate is not on the ballot:
July Quarterly
October Quarterly
9c. Annual Statement (_____) Coverage Year
9a. _____ amended

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Effective date of dissolution _____

Note: The disposition of residual funds must be reported on U&@ a ^ A B and the Summary Page.

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 RESIDENTIAL 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, o ctm\he"ej genldqz "cpf "gpvgt"cp"ghgevkxg"f cvg"qh'f kuqnnwkqp0

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.

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