



**INDEPENDENT/POLITICAL  
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

|   |  |         |         |            |        |         |        |  |
|---|--|---------|---------|------------|--------|---------|--------|--|
| <p>1. Committee I.D. Number</p> <hr/> <p>2. Committee Name</p>  | <p>3. This Statement covers From: _____ To _____</p> <hr/> <p>4. Committee's Mailing Address</p><br><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>5. Treasurer's Name and Residential Address</p><br><br><br><p style="text-align: center;">Area Code and Phone _____</p>  |  |         |         |            |        |         |        |  |
| <p>6. Treasurer's Business Address</p><br><br><br><p style="text-align: center;">Area Code and Phone _____</p>  | <p>7. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)</p><br><br><br><p style="text-align: center;">Area Code and Phone _____</p>  |         |         |            |        |         |        |  |
| <p>8. TYPE OF STATEMENT:</p> <p>APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <b><u>STATE LEVEL</u></b></p> <p>8a. <u>QUARTERLY STATEMENTS</u></p> <p>January 31</p> <p>April 25</p> <p>July 25</p> <p>October 25</p> <p>8b. SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT</p> | <p>APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <b><u>COUNTY LEVEL</u></b></p> <p>8c. ANNUAL STATEMENT<br/>( _____ Coverage Year) Local<br/>Candidates Exempted</p> <p>8d. PRE-ELECTION OR</p> <p>8e. POST-ELECTION</p> <p>Pre-Election or Post-Election Statement relates to:</p> <table style="width:100%; border: none;"> <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> <p>_____</p> <p>July 25 Quarterly</p> <p>October 25 Quarterly</p> | PRIMARY | GENERAL | CONVENTION | SCHOOL | SPECIAL | CAUCUS | <p>APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON <b><u>STATE AND COUNTY LEVEL</u></b></p> <p>8f. AMENDMENT TO CAMPAIGN STATEMENT<br/>(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being amended)</p> <p>8g. <b>DISSOLUTION OF COMMITTEE</b></p> <p>_____</p> <p>Effective Date of Dissolution</p> <p>By checking this item, I/We certify that the committee has no asset or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p><b>Note:</b> The disposition of residual funds must be reported on Schedule 2B and the Summary Page.</p> |
| PRIMARY   | GENERAL  |         |         |            |        |         |        |  |
| CONVENTION  | SCHOOL   |         |         |            |        |         |        |  |
| SPECIAL   | CAUCUS   |         |         |            |        |         |        |  |
| <p>9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.</p>  |  |         |         |            |        |         |        |  |
| <p>Current Treasurer or _____ / _____ Date _____<br/>Designated Record Keeper Type or Print Name Signature</p>  |  |         |         |            |        |         |        |  |

**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 RESIDENTIAL 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.