



**POLITICAL PARTY 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> <p>2. Committee Name</p>	<p>3. This Statement covers From: _____ To: _____</p> <p>4. Committee's Mailing Address: Area Code & 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.</p>	
<p>5. Treasurer's Name & Residential Address Area Code & Phone</p>		
<p>6. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper) Area Code & Phone</p>		
<p>7. TYPE OF STATEMENT</p> <p>7a. PRE-ELECTION OR 7b. POST ELECTION</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p>PRIMARY GENERAL SCHOOL SPECIAL CONVENTION CAUCUS</p> <p style="text-align: center;">Date of Election _____</p>	<p>7c. ANNUAL STATEMENT () Coverage Year</p> <p>7d. AMENDMENT TO CAMPAIGN STATEMENT</p> <p>Complete Items 7a, 7b, 7c or 7e to indicate which Statement is being amended</p> <p style="text-align: center;">JULY QUARTERLY OCTOBER QUARTERLY</p>	<p>7e. DISSOLUTION OF COMMITTEE</p> <p style="text-align: center;">_____ Effective Date of Dissolution</p> <p>By checking this item, I certify that the committee has no assets 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>Note: The disposition of residual funds must be reported on Schedule 1B.</p>

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, or 6 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 can not be waived.**

8. 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.

Current Treasurer			
or			
	Type or Print Name	Signature	Date
Designated Record Keeper			
	Type or Print Name	Signature	Date

COMPLETING POLITICAL PARTY COMMITTEE COVER PAGE

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

Item 4: COMMITTEE MAILING ADDRESS. Enter the committee mailing address and telephone number.

Item 5: TREASURER'S NAME AND ADDRESS. Enter the committee treasurer's full name, residential or business address and a phone number where the treasurer may be reached during business hours.

Item 6: DESIGNATED RECORD KEEPER. If the committee has a designated record keeper, enter his or her full name, mailing address and telephone number.

Item 7: TYPE OF STATEMENT. Check the appropriate boxes to indicate the type of Campaign Statement being filed. For a pre or post-election statement, include the date of the election in the space provided.

Item 8: VERIFICATION. The treasurer or designated record keeper must verify that all reasonable diligence was used in the 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 treasurer's or the designated record keeper's name, signature and date where indicated