



2016 CAMPAIGN FINANCE REPORT

FOR BALLOT QUESTION COMMITTEES

Please complete ALL entries.

NAME OF COMMITTEE				<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
STREET				
CITY, STATE, ZIP CODE		TELEPHONE NUMBER		
E-MAIL				
NAME OF TREASURER				<input type="checkbox"/> CHECK IF CHANGED FROM PREVIOUS REPORT
MAILING ADDRESS STREET				
CITY, STATE, ZIP CODE		TELEPHONE NUMBER		
E-MAIL				

<u>Type of Report</u>	<u>Due Date</u>	<u>Dates of Report Period</u>
<input type="checkbox"/> Initial	Date of Registration	Beginning of campaign — date of registration
<input type="checkbox"/> April Quarterly	April 11, 2016	January 1, 2016 — March 31, 2016
<input type="checkbox"/> 11-Day Pre-Primary	June 3, 2016	April 1, 2016 — May 31, 2016
<input type="checkbox"/> 42-Day Post-Primary	July 26, 2016	June 1, 2016 — July 19, 2016
<input type="checkbox"/> October Quarterly	October 5, 2016	July 20, 2016 — September 30, 2016
<input type="checkbox"/> 11-Day Pre-General	October 28, 2016	October 1, 2016 — October 25, 2016
<input type="checkbox"/> 42-Day Post-General	December 20, 2016	October 26, 2016 — December 13, 2016
<input type="checkbox"/> January Quarterly	January 17, 2017	December 14, 2016 — December 31, 2016
<input type="checkbox"/> Amendment to: _____		
<input type="checkbox"/> No Activity Report: Use only if the committee had no contributions and no expenditures and did not incur any unpaid debts or obligations during the reporting period. Check the appropriate report above as well.		
<input type="checkbox"/> Termination Report: If the committee will have no further activity. Check the appropriate report above as well.		

I CERTIFY THAT I HAVE EXAMINED THIS REPORT AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE, CORRECT, AND COMPLETE.

 Treasurer's Signature

 Date

**SCHEDULE A
CASH CONTRIBUTIONS**

- For contributors who gave more than \$100, the committee must report the contributor’s name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate “information requested” for the occupation and employer.
- For cash contributions totaling \$100 or less, please enter “unitemized contributions” as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$100 in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR’S NAME, ADDRESS, ZIP CODE	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
Total cash contributions (this page only) ⇒ (combined totals from all Schedule A pages must be listed on Schedule F)				

Key Codes:

- | | |
|--------------------------------|--|
| 1 = Individuals | 7 = Ballot Question Committee |
| 3 = Commercial Source | 9 = Candidate/Candidate Committees |
| 4 = Non Profit Organization | 10 = General Treasury Transfer |
| 5 = Political Action Committee | 13 = Contributors giving \$100 or Less |
| 6 = Political Party Committee | 16 = Financial Institution |

**SCHEDULE A (continued)
CASH CONTRIBUTIONS**

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP CODE	OCCUPATION AND EMPLOYER	TYPE (use key code)	AMOUNT
Total cash contributions (this page only) ⇒ (combined totals from all Schedule A pages must be listed on Schedule F)				

Key Codes:

- | | |
|--------------------------------|--|
| 1 = Individuals | 7 = Ballot Question Committee |
| 3 = Commercial Source | 9 = Candidate/Candidate Committees |
| 4 = Non Profit Organization | 10 = General Treasury Transfer |
| 5 = Political Action Committee | 13 = Contributors giving \$100 or Less |
| 6 = Political Party Committee | 16 = Financial Institution |

**SCHEDULE A-1
IN-KIND CONTRIBUTIONS**

- In-kind contributions are goods and services (including facilities) that a committee received at no cost or at a cost less than the fair market value. They include all goods and services purchased for the committee by others if the committee does not expect to reimburse the person who made the purchase.
- For contributors who gave more than \$100, the committee must report the contributor's name, address, occupation, and employer.
- If employment information has been requested from the contributor and the contributor has not provided it, indicate "information requested" for the occupation and employer.
- For contributions totaling \$100 or less, please enter "unitemized contributions" as the contributor and the total amount and the appropriate key code on a line on this page. Once a contributor has given the committee more than \$100 in a report period, you must list that contributor separately.

DATE RECEIVED	CONTRIBUTOR'S NAME, ADDRESS, ZIP CODE	OCCUPATION AND EMPLOYER	DESCRIPTION (of goods, services, facilities, or discounts received)	TYPE (use key code)	VALUE (estimated fair market value)
Total in-kind contributions (this page only) ⇒ (combined totals from all Schedule A-1 pages must be listed on Schedule F)					

Key Codes:

- | | |
|--------------------------------|--|
| 1 = Individuals | 7 = Ballot Question Committee |
| 3 = Commercial Source | 9 = Candidate/Candidate Committees |
| 4 = Non Profit Organization | 10 = General Treasury Transfer |
| 5 = Political Action Committee | 13 = Contributors giving \$100 or Less |
| 6 = Political Party Committee | 16 = Financial Institution |

SCHEDULE B EXPENDITURES TO SUPPORT OR OPPOSE

- Enter all expenditures made to support or oppose a ballot question, referendum, or citizen initiative, including those in signature-gathering phase.
- Enter all expenditures, including cash contributions from this committee, made to support or oppose a candidate, political action committee, ballot question committee, or party committee.
- Enter the name of the candidate, ballot question, or committee supported or opposed by the expenditure and indicate whether the expenditure was made in support or opposition.

If a single expenditure is made to support or oppose multiple candidates, committees, or ballot questions, the expenditure must be itemized by the amount spent per candidate, committee, or question, not as a single expenditure, and each candidate, committee, or ballot question must be identified.

EXPENDITURE TYPES			
CON	Contribution to candidate, party or committee	POL	Polling and survey research
CNS	Campaign consultants	POS	Postage for U.S. Mail and mail box fees
EQP	Equipment (office machines, furniture, cell phones)	PRO	Professional services
FND	Fundraising events	PRT	Print media ads only (newspapers, magazines, etc.)
FOD	Food for campaign events, volunteers	RAD	Radio ads, production costs
LIT	Printing and graphics (flyers, signs, palmcards, t-shirts, etc.)	SAL	Campaign workers' salaries and personnel costs
MHS	Mail house (all services purchased)	TRV	Travel (fuel, mileage, lodging, etc.)
OFF	Office rent, utilities, phone and internet services, supplies	TVN	TV or cable ads, production costs
OTH	Other	WEB	Website design, registration, hosting, maintenance, etc.)
PHO	Phone banks, automated telephone calls		
! REMARKS REQUIRED ON ALL EXPENDITURE TYPES!			
Date:	Payee Name and Address:	Amount	
Type:	Remarks (Required):		
<input type="checkbox"/> Support	Ballot Question/Issue:		
<input type="checkbox"/> Oppose			
Date:	Payee Name and Address:	Amount	
Type:	Remarks (Required):		
<input type="checkbox"/> Support	Ballot Question/Issue:		
<input type="checkbox"/> Oppose			
Total expenditures this page only ⇒			
(combined totals from all Schedule B pages must be listed on Schedule F)			

**SCHEDULE B (continued)
EXPENDITURES TO SUPPORT OR OPPOSE**

Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue:	
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue:	
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue:	
Date:	Payee Name and Address:	Amount
Type:	Remarks (Required):	
<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Ballot Question/Issue:	
Total expenditures this page only ⇒		
(combined totals from all Schedule B pages must be listed on Schedule F)		

SCHEDULE C LOANS AND REPAYMENTS

List all new and continuing loans that were unpaid at any time during this reporting period. If a loan amount is forgiven, the amount forgiven **must** also be entered as a contribution on Schedule A.

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
LENDER'S NAME AND ADDRESS	LOAN BALANCE AT BEGINNING OF PERIOD	ACTIVITY THIS PERIOD (report amount and date)			LOAN BALANCE AT END OF PERIOD (1+2) - 3 - 4
		AMOUNT LOANED THIS PERIOD	AMOUNT REPAYD THIS PERIOD	AMOUNT FORGIVEN THIS PERIOD (Enter on Schedule A also)	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
		DATE AMOUNT	DATE AMOUNT	DATE AMOUNT	
Totals for each column ⇒		Enter on Schedule F, Line 3	Enter on Schedule F, Line 7		Enter on Schedule F, Line 14

**SCHEDULE D
UNPAID DEBTS AND OBLIGATIONS**

- A debt or obligation is incurred if a committee places an order for a good or service without making a payment; makes a promise or agreement to pay for a good or service; signs a contract for a good or service; or receives delivery of a good or service for which the committee has not paid.
- This schedule is a list of all debts and obligations of the committee as of the end of this reporting period. When the obligation has been paid, the expenditure (i.e., the actual payment) must be reported on Schedule B.
- If the committee has not received a bill for goods or services, contact the vendor to obtain the amount owed. If it is impossible to verify the amount of the debt, enter an estimated amount and indicate that the amount is estimated in the purpose section.
- **If obligations from a previous campaign finance report still remain unpaid, you will need to continue to report them on this schedule until they have been paid in full.**

DATE OF OBLIGATION	CREDITOR'S NAME AND ADDRESS	PURPOSE	AMOUNT
Total unpaid debts and obligations (this page only) ⇒ (combined totals from all Schedule D pages must be listed on Schedule F)			

BQC Name: _____

**SCHEDULE F
SUMMARY SCHEDULE**

CASH ACTIVITY

Receipts	Total for this Period
1. Cash Contributions (Schedule A)	
2. Other Cash Receipts (interest, etc.)	
3. Loans (Schedule C)	
4. Total Receipts (lines 1 + 2 + 3)	
Expenditures	Total for this Period
5. Expenditures to Support or Oppose (Schedule B)	
6. Loan Repayment (Schedule C)	
7. Total Payments (lines 5 + 6)	

CASH SUMMARY

	Total for This Period
8. Cash Balance at Beginning of Period	
9. Plus Total Receipts This Period (line 4 above)	
10. Minus Total Payments This Period (line 7 above)	
11. Cash Balance at End of Period	

OTHER ACTIVITY

	Total for This Period
12. In-Kind Contributions (Schedule A-1)	
13. Total Loan Balance at End of Period (Schedule C)	
14. Total Unpaid Debts at End of Period (Schedule D)	