

# LEGISLATIVE CAUCUS REPORT OF CONTRIBUTIONS & EXPENDITURES

## FORM LEG COVER SHEET PG 1

The Form LEG Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3 CAUCUS NAME</b> <b>4 CAUCUS CHAIR</b> <input type="checkbox"/> Change of Address			<b>OFFICE USE ONLY</b> MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX <b>5 CAUCUS MAILING ADDRESS</b> Address or P.O. Box; Apt/Suite # City; State; Zip Code	
<b>6 REPORT TYPE</b> <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> FINAL			Date Received	
<b>7 PERIOD COVERED</b> Month Day Year      Month Day Year / / Through / /			Date Hand-delivered or Date Postmarked	
<b>8 NO REPORTABLE ACTIVITY</b> <input type="checkbox"/> Check here if the caucus has no reportable activity during this report period. (Sign below and submit this page only.)			Receipt #	Amount \$
<b>9 CONTRIBUTION TOTALS</b> 1. TOTAL UNITEMIZED CONTRIBUTIONS FROM NON-CAUCUS MEMBERS (Do Not Include Loan Information or Amounts Itemized on Schedule A(L))			\$	
2. <b>TOTAL CONTRIBUTIONS</b> (Include Contributions from Caucus Members; Do Not Include Loan Information)			\$	
3. TOTAL UNITEMIZED EXPENDITURES (Do Not Include Amounts Itemized on Schedule F(L))			\$	
4. <b>TOTAL EXPENDITURES</b>			\$	
<b>EXPENDITURE TOTALS</b> 5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORT PERIOD			\$	
<b>OUTSTANDING LOAN TOTALS</b>				

### 10 Signature

\_\_\_\_\_  
Signature of Chair

#### (1) Affidavit

Please complete either option below:

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_,  
 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

#### (2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
 (month) (year)

\_\_\_\_\_  
Signature of Chair (Declarant)

**SUBTOTALS - LEG****FORM LEG  
COVER SHEET PG 2**

<b>11</b> CAUCUS NAME	<b>12</b> Filer ID (Ethics Commission Filers)
<b>13</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	
1. <input type="checkbox"/> SCHEDULE A(L): NON-CAUCUS MEMBER CONTRIBUTIONS ITEMIZED CONTRIBUTIONS OTHER THAN LOANS	
2. <input type="checkbox"/> SCHEDULE E(L): LOANS TO LEGISLATIVE CAUCUS LOAN AND GUARANTOR INFORMATION	
3. <input type="checkbox"/> SCHEDULE F(L): LEGISLATIVE CAUCUS EXPENDITURES ITEMIZED EXPENDITURES	
SUBTOTAL AMOUNT	

**NON-CAUCUS MEMBER CONTRIBUTIONS  
ITEMIZED CONTRIBUTIONS OTHER THAN LOANS**

**SCHEDULE A(L)  
(FOR FORM LEG)**

<p>The Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Total pages Schedule A(L):</p>	
<p><b>2</b> CAUCUS NAME</p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>	
<p><b>4</b> Date</p>	<p><b>5</b> Full name of contributor</p> <p>.....</p> <p><b>6</b> Contributor address; City; State; Zip Code</p>	<p><b>7</b> Amount of contribution (\$)</p> <p>.....</p>	<p><b>8</b> In-kind contribution description (if applicable)</p> <p>.....</p>
<p>Date</p>	<p>Full name of contributor</p> <p>.....</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p> <p>.....</p>	<p>In-kind contribution description (if applicable)</p> <p>.....</p>
<p>Date</p>	<p>Full name of contributor</p> <p>.....</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p> <p>.....</p>	<p>In-kind contribution description (if applicable)</p> <p>.....</p>
<p>Date</p>	<p>Full name of contributor</p> <p>.....</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p> <p>.....</p>	<p>In-kind contribution description (if applicable)</p> <p>.....</p>
<p>Date</p>	<p>Full name of contributor</p> <p>.....</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p> <p>.....</p>	<p>In-kind contribution description (if applicable)</p> <p>.....</p>
<p>Date</p>	<p>Full name of contributor</p> <p>.....</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p> <p>.....</p>	<p>In-kind contribution description (if applicable)</p> <p>.....</p>
<p>Date</p>	<p>Full name of contributor</p> <p>.....</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of contribution (\$)</p> <p>.....</p>	<p>In-kind contribution description (if applicable)</p> <p>.....</p>

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**LOANS TO LEGISLATIVE CAUCUS  
LOAN AND GUARANTOR INFORMATION**

**SCHEDULE E(L)  
(FOR FORM LEG)**

<p>The Instruction Guide explains how to complete this form.</p>		<p><b>1</b> Total pages Schedule E(L):</p>
<p><b>2</b> CAUCUS NAME</p>		<p><b>3</b> Filer ID (Ethics Commission Filers)</p>
<p><b>4</b> TOTAL OF UNITEMIZED LOANS:</p>		<p>\$</p>
<p><b>5</b> Date of loan</p>	<p><b>7</b> Name of lender</p>	<p><b>9</b> Loan Amount (\$)</p>
<p><b>6</b> Is lender a financial Institution?  Y      N</p>	<p><b>8</b> Lender address; City; State; Zip Code</p>	<p><b>10</b> Interest rate</p>
		<p><b>11</b> Maturity date</p>
<p><b>12</b> Description of Collateral</p> <p><input type="checkbox"/> None</p>		
<p><b>13</b> GUARANTOR INFORMATION</p>	<p><b>14</b> Name of guarantor</p>	<p><b>16</b> Amount Guaranteed (\$)</p>
<p><input type="checkbox"/> Not Applicable</p>	<p><b>15</b> Guarantor address; City; State; Zip Code</p>	
<p><b>17</b> Principal Occupation</p>	<p><b>18</b> Employer</p>	
<p>Date of loan</p>	<p>Name of lender</p>	<p>Loan Amount (\$)</p>
<p>Is lender a financial Institution?  Y      N</p>	<p>Lender address; City; State; Zip Code</p>	<p>Interest rate</p>
		<p>Maturity date</p>
<p>Description of Collateral</p> <p><input type="checkbox"/> None</p>		
<p><b>GUARANTOR INFORMATION</b></p>	<p>Name of guarantor</p>	<p>Amount Guaranteed (\$)</p>
<p><input type="checkbox"/> Not Applicable</p>	<p>Guarantor address; City; State; Zip Code</p>	
<p>Principal Occupation</p>	<p>Employer</p>	

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**LEGISLATIVE CAUCUS EXPENDITURES**  
**ITEMIZED EXPENDITURES**

**SCHEDULE F(L)**  
**(FOR FORM LEG)**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule F(L):

**2** CAUCUS NAME

**3** Filer ID (Ethics Commission Filers)

**4** Date

**5** Payee name

**7** Amount (\$)

-----  
**6** Payee address;      City;      State;      Zip Code

Check if individual's residence address.

**8** Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

-----  
Payee address;      City;      State;      Zip Code

Check if individual's residence address.

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

-----  
Payee address;      City;      State;      Zip Code

Check if individual's residence address.

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

-----  
Payee address;      City;      State;      Zip Code

Check if individual's residence address.

Purpose of expenditure (See instructions regarding type of information required.)

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