

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:

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

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

11 CAUCUS NAME

12 Filer ID (Ethics Commission Filers)

13 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☐ SCHEDULE A(L): NON-CAUCUS MEMBER CONTRIBUTIONS
ITEMIZED CONTRIBUTIONS OTHER THAN LOANS

\$

2. ☐ SCHEDULE E(L): LOANS TO LEGISLATIVE CAUCUS
LOAN AND GUARANTOR INFORMATION

\$

3. ☐ SCHEDULE F(L): LEGISLATIVE CAUCUS EXPENDITURES
ITEMIZED EXPENDITURES

\$

NON-CAUCUS MEMBER CONTRIBUTIONS ITEMIZED CONTRIBUTIONS OTHER THAN LOANS

SCHEDULE A(L) (FOR FORM LEG)

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

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

LOANS TO LEGISLATIVE CAUCUS LOAN AND GUARANTOR INFORMATION

SCHEDULE E(L) (FOR FORM LEG)

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(L):	
2 CAUCUS NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS:			\$
5 Date of loan	7 Name of lender		9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Description of Collateral <input type="checkbox"/> None			
13 GUARANTOR INFORMATION	14 Name of guarantor		16 Amount Guaranteed (\$)
<input type="checkbox"/> NotApplicable	15 Guarantor address; City; State; Zip Code		
17 Principal Occupation		18 Employer	
Date of loan	Name of lender		Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Description of Collateral <input type="checkbox"/> None			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
<input type="checkbox"/> NotApplicable	Guarantor address; City; State; Zip Code		
Principal Occupation		Employer	

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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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