

CAUCUS CAMPAIGN COMMITTEE
ELECTION FINANCE STATEMENT
COVER PAGE

1. Committee Name: _____

Political Party Affiliation: _____

2. KREF Filer #: _____

This Space for Registry Use Only

Logged _____ Keyed _____

3. Chairperson's Name and Mailing Address: _____

Daytime Phone Number: (____)____-_____

4. Treasurer's Name and Mailing Address: _____

Daytime Phone Number: (____)____-_____

5. Custodian's Name and Mailing Address: _____

Daytime Phone Number: (____)____-_____

6. Type of Statement: _____ Statement relates to: _____

a. 30-day Post Election Primary Runoff General Primary

b. AMENDMENT for _____
 (Indicate which report is being amended)

7. This Statement Covers:

From: _____
 Month - Day - Year

To: _____
 Month - Day - Year

NOTE: USE ONLY THOSE PAGES WHICH APPLY TO THE COMMITTEE. YOU MAY DUPLICATE SCHEDULES AS NEEDED.

8. Verification: I certify that I have examined this Election Finance Statement and to the best of my knowledge and belief it is true, correct, and complete.
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of KRS 121.990.

Committee Chairperson/or Treasurer: _____ Date: _____

Type or Print Name Authorized Signature Month - Day - Year



SUMMARY PAGE

Committee Name: _____ **KREF Filer #** _____ **Period From:** _____ **To:** _____

RECEIPTS

	COLUMN I THIS PERIOD GENERAL FUND	COLUMN II CUMULATIVE THIS YEAR
1. CONTRIBUTIONS: (including all receipts from Fundraisers)		
a. Itemized by check or written instrument (Schedule 1, Item 7a)	\$ _____	
b. Other receipts (Schedule 1, Item 7b)	+\$ _____	
c. Receipts in currency (Number of People _____) (Individual cash contribution limit is \$50)	+\$ _____	
d. Anonymous (Number of People _____) (Maximum \$50 per contribution)	+\$ _____	\$ _____ <small>(\$1,000 MAXIMUM PER ELECTION)</small>
e. Unitemized contributions (Number of People _____) (Contributions by check of \$100 or less)	+\$ _____	
2. TOTAL RECEIPTS	+\$ _____	\$ _____

DISBURSEMENTS

3. Disbursements (Schedule 2, Item 7)	=\$ _____	\$ _____
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IN-KIND CONTRIBUTIONS

4. a. In-kind Contributions Received (Schedule 1A, Item 7)	\$ _____	\$ _____
b. In-kind Contributions Given (Schedule 2A, Item 7)	\$ _____	\$ _____

DEBTS AND OBLIGATIONS

5. Total Debts and Obligations: (Schedule 4, Item 10)	\$ _____	
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BALANCE STATEMENT

6. Ending balance of last report (Enter -0- if no previous report)	\$ _____	
7. Amount received during reporting period (Line 2)	+\$ _____	
8. Sub-Total (Add lines 6 and 7)	=\$ _____	
9. Amount disbursed during reporting period (Line 3)	-\$ _____	
10. ENDING BALANCE (Subtract Line 9 from Line 8)	=\$ _____	

No change since last report
 (check if applicable)
 If nothing of value has been received and no expenditures have been made since the last report, list the Ending Balance line 10 amount from the last report as the Ending Balance line 10 amount on this report.

**ITEMIZED RECEIPTS
 SCHEDULE 1**

*DUPLICATE SCHEDULE AS
 NEEDED*

1. Name of Committee:	3. This Statement Covers: From: _____ Month - Day - Year
2. KREF Filer #:	To: _____ Month - Day - Year

4. Name and Address from Whom Received. Receipts in excess of \$100 <i>must</i> be itemized. All PAC receipts <i>must</i> be itemized	5. Type of Contribution or Other Receipt	6. Date of Receipt	AMOUNT		8. Cumulative for Year (per contributor) (Monetary and In-kind)	9. Occupation and Employer of Contributor. (If self-employed, name under which doing business.) Occupation shall be specific. OR Major Business, Social or Political Interest represented by the PAC.
			7a. Contribution by Check or Written Instrument	7b. Other Receipts		
	<input type="checkbox"/> Direct from a person or authorized entity <input type="checkbox"/> From Fundraising Event <input type="checkbox"/> Other: _____ <input type="checkbox"/> If intended for particular candidate specify: _____					
	<input type="checkbox"/> Direct from a person or authorized entity <input type="checkbox"/> From Fundraising Event <input type="checkbox"/> Other: _____ <input type="checkbox"/> If intended for particular candidate specify: _____					
	<input type="checkbox"/> Direct from a person or authorized entity <input type="checkbox"/> From Fundraising Event <input type="checkbox"/> Other: _____ <input type="checkbox"/> If intended for particular candidate specify: _____					
	<input type="checkbox"/> Direct from a person or authorized entity <input type="checkbox"/> From Fundraising Event <input type="checkbox"/> Other: _____ <input type="checkbox"/> If intended for particular candidate specify: _____					
	<input type="checkbox"/> Direct from a person or authorized entity <input type="checkbox"/> From Fundraising Event <input type="checkbox"/> Other: _____ <input type="checkbox"/> If intended for particular candidate specify: _____					

Subtotal This Page

(Only on last page of Schedule) Total This Period

Enter these totals on Summary Page-

Line 1a

Line 1b

KREF 006/C (Revised 10/2010)
KENTUCKY REGISTRY OF ELECTION FINANCE
 140 WALNUT STREET
 FRANKFORT, KENTUCKY 40601-3240
 (502) 573-2226 / FAX (502) 573-5622
<http://www.kref.ky.gov>

**DISBURSEMENTS
 SCHEDULE 2**
*DUPLICATE SCHEDULE AS
 NEEDED*

1. Name of Committee:

2. KREF Filer #:

3. This Statement Covers:
 From: _____
 Month - Day - Year
 To: _____
 Month - Day - Year

4. Name, Address and <u>Occupation</u> of Person to Whom Paid. (If over \$25.00, disbursement <i>must</i> be made by check.) Persons transporting voters to the polls <i>must</i> be paid by check and each payment <i>must</i> be itemized to include name, address and <u>occupation</u> to whom made.)	5. Purpose (Be specific) (\$25.00 or less, show purpose, date and amount.) Recipient of expenditure, if other than caucus campaign committee, <i>must</i> be listed.	6. Date	7. Amount Disbursed

Subtotal This Page

(Only on last page of Schedule) Total This Period

Enter the total
 on line 3 on
 Summary Page

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**DISBURSEMENTS
 IN-KIND CONTRIBUTIONS**
 GIVEN BY CAUCUS COMMITTEE
SCHEDULE 2A
DUPLICATE SCHEDULE AS NEEDED

1. Name of Committee:	3. This Statement Covers: From: _____ Month - Day - Year	To: _____ Month - Day - Year
2. KREF Filer #:		

4. Name and Address of Person or Entity to Whom In-kind Contribution was Made.	5. Description of In-kind Contribution. (Be specific)	6. Date	7. Value of In-kind Contribution

Subtotal This Page

(Only on last page of Schedule) Total This Period

Enter the total
on line 4b on Sum-
mary Page

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**EVENTS
 SCHEDULE 3**
 DUPLICATE SCHEDULE AS NEEDED

1. Name of Committee:

2. KREF Filer #:

3. This Statement Covers:
 From: _____
 Month - Day - Year
 To: _____
 Month - Day - Year

4. Date Activity or Event was Held	5. Name of Person or Entity Sponsoring Event and Address Where Activity was Held	6. Type of Fundraising Activity or Event. (Recipient, if other than caucus campaign committee, <i>must</i> be listed.)	7. Total Amount Received	8. Total Cost

NOTE: Each fundraising activity or event must be listed separately. This schedule must be filed with the Election Finance Statement covering the period in which the fundraising activity or event took place, and is for informational purposes *only*. All receipts in excess of \$100 must be itemized on Schedule 1, and all other fundraiser receipts must be included in either unitemized, cash, anonymous, or in-kind receipts on the Summary Page. All costs incurred in connection with the fundraising activities or events *must* be included on Schedule 2, or as in-kind contributions on Schedule 1A.

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**DEBTS
 AND OBLIGATIONS
 SCHEDULE 4**

DUPLICATE SCHEDULE AS NEEDED

1. Name of Committee:

2. KREF Filer #:

3. This Statement Covers:

From: _____
 Month - Day - Year

To: _____
 Month - Day - Year

4. Name and Mailing Address to Whom Debt is Owed.	5. Type of Obligation	6. Date Incurred	7. Original Amount	8. Prior Payment	9. Payment Made This Reporting Period	10. Outstanding Balance at Close of This Period

Subtotal This Page

(Only on last page of Schedule) Total This Period

NOTE: If you have debts or obligations, this schedule must be filed with every Finance Statement up to and including the period in which all debts are paid or otherwise satisfied.

Enter this total on line 5 "Total Debts and Obligations" on the Summary Page