KENTUCKY REGISTRY OF ELECTION FINANCE
140 Walnut Street
Frankfort, Kentucky 40601-3240
(502) 573-2226 FAX (502) 573-5622
www.kref.ky.gov

INAUGURAL COMMITTEE
ELECTION FINANCE STATEMENT
COVER PAGE

1. Committee Name and Mailing Address:

2. KREF Filer #:

3. Elected Official Supported:

This Space for Registry Use Only

Logged _____ Keyed _____

4. Chairperson's Name and Mailing Address:

Daytime Phone #: (____) ____ - _____

5. Treasurer's Name and Mailing Address:

Daytime Phone #: (____) ____ - _____

6. Custodian's Name and Mailing Address:

Daytime Phone #: (____) ____ - _____

7. Type of Statement:

a. ☐ Quarterly

b ☐ Termination for _____
Month - Day - Year

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

8. Date of Inauguration:

_____
Month - Day - Year

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

If you have had no activity **between reporting periods,** complete Cover Page and Summary Page. Enter -0- in receipts, enter -0- in expenditures, and ending balance from last report.

9. This Statement Covers:

From: _____
Month - Day - Year

To: _____
Month - Day - Year

10. 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.

Chairperson or
Treasurer: _____ Date: _____
Type or Print Name Authorized Siganture Month-Day-Year

Kentucky UNBRIDLED SPIRIT

KREF 006/I (Revised 10/2010)

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SUMMARY PAGE

1. Committee Name:

2. KREF Filer #:

3. This Statement Covers:

From: _____
Month - Day - Year

To: _____
Month - Day - Year

	COLUMN I THIS PERIOD	COLUMN II CUMULATIVE THIS YEAR
RECEIPTS		
1. CONTRIBUTIONS: (including all receipts from Fundraisers)		
a. Itemized by check or written instrument (Schedule 1, Item 7a)	$ _____	$ _____
b. Other receipts (Schedule 1, Item 7c)	+ $ _____	+ $ _____
c. Receipts in currency (Number of People _____) (Individual cash contribution limit is $50)	+ $ _____	+ $ _____
d. Anonymous (Number of People _____) (Maximum $50 per contribution)	+ $ _____	+ $ _____ ($1,000 maximum per year)
e. Unitemized contributions (Number of People _____) (Contributions by check of $100 or less)	+ $ _____	+ $ _____
2. TOTAL RECEIPTS	= $ _____	= $ _____
DISBURSEMENTS		
3. TOTAL DISBURSEMENTS (Schedule 2, Item 7)	$ _____	$ _____
IN-KIND CONTRIBUTIONS		
4. In-kind Contributions Received (Schedule 1, Item 7b)	$ _____	$ _____
DEBTS AND OBLIGATIONS		
5. Unpaid Bills or other Obligations owed BY: (Schedule 4, Item 10)	+ $ _____	
BALANCE STATEMENT		
6. Ending Balance of last report (Enter -0- if no previous report)	$ _____	
7. Amount received during reporting period (Line 2, Column 1)	$ _____	
8. Sub-Total (Add lines 6 & 7)	= $ _____	
9. Amount disbursed during reporting period (Line 3, Column 1)	$ _____	
10. ENDING BALANCE (Subtract Line 9 from Line 8)	$ _____ THIS PERIOD	

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.

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ITEMIZED RECEIPTS SCHEDULE 1

1. Committee Name:

2. KREF Filer #:

3. This Statement Covers:

From: _____
Month - Day - Year

To: _____
Month - Day - Year

4. Name and Address from whom received. Receipts in excess of $100 *must* be itemized. **ALL PAC receipts must be itemized.**	5. Type of Contribution or Other Receipt:	6. Date of Receipt	AMOUNT			8. Cumulative for Year (per contributor)	9. Occupation and Employer of Contributor. (If self-employed, name under which doing business.) Occupation shall be specific. Statewide candidates must include spouse's name, employer and occupation.
			7a. Contribution by check or written instrument	7b. Value of In-Kind	7c. Other Receipts		
	☐ Direct from a person or authorized entity. ☐ From Fundraising Event ☐ In-kind _____ ☐ Other _____						
	☐ Direct from a person or authorized entity. ☐ From Fundraising Event ☐ In-kind _____ ☐ Other _____						
	☐ Direct from a person or authorized entity. ☐ From Fundraising Event ☐ In-kind _____ ☐ Other _____						
	☐ Direct from a person or authorized entity. ☐ From Fundraising Event ☐ In-kind _____ ☐ Other _____						
	☐ Direct from a person or authorized entity. ☐ From Fundraising Event ☐ In-kind _____ ☐ Other _____						

Subtotal This Page			
(Only on last page of Schedule) Total This Period			
	Enter total on line 1a on Summary Page	Enter total on column 1, line 4 on Summary Page	Enter total on line 1b on Summary Page

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DISBURSEMENTS SCHEDULE 2

1. Committee Name:

2. KREF Filer #:

3. This Statement Covers:

From: _____
Month - Day - Year

To: _____
Month - Day - Year

4. Name, Address and Occupation of person whom paid. (If over $25, disbursement must be made by check.)	5. Purpose (Be specific) (If $25 or less, show purpose, date and amount.)	6. Date	7. Amount Disbursed

Subtotal This Page

(Only on last page of Schedule) Total This Period

Enter total on line 3 on Summary Page

Page _____ of _____

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EVENTS
SCHEDULE 3

1. Committee Name:

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 Fundraising Event and Address Where Activity was Held	6. Type of Fundraising Event or Activity	7. Total Receipts	8. Total Cost

NOTE: Each fundraising 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, or anonymous 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 1.

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DEBTS AND OBLIGATIONS
SCHEDULE 4

1. Committee Name:

2. KREF Filer #:

3. This Statement Covers:

From: _____
Month - Day - Year

To: _____
Month - Day - Year

4. Name and Mailing Address	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

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

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.

Page _____ of _____