

SUMMARY PAGE

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

RECEIPTS

	COLUMN I THIS PERIOD GENERAL FUND	COLUMN II INCOME TAX CHECK-OFF FUNDS POST-GENERAL REPORTING MANDATORY	COLUMN III THIS PERIOD ADMINISTRATIVE FUNDS	COLUMN IV 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 7c)	+\$ _____	\$ _____		
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)	+\$ _____		\$ _____	
f. Itemized by check or written instrument (Schedule 1, Item 7b)			\$ _____	\$ _____
g. Income Tax Check-off receipts (Schedule 1, Item 7d)		=\$ _____		+\$ _____
2. TOTAL RECEIPTS	=\$ _____	\$ _____	\$ _____	\$ _____

DISBURSEMENTS

3. a. General Fund Disbursements (Schedule 2, Item 7a)	\$ _____			\$ _____
b. ITC Fund Disbursements (Schedule 2, Item 7b)		\$ _____		\$ _____
c. Admin Fund Disbursements (Schedule 2, Item 7c)			\$ _____	\$ _____

IN-KIND CONTRIBUTIONS

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

DEBTS AND OBLIGATIONS

5. Total Debts and Obligations (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)	+\$ _____	+\$ _____	+\$ _____
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.

KREF 006/E-S (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

**ITEMIZED RECEIPTS
 SCHEDULE 1**
 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 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. Excess Over \$1,000 to be Transferred From County	7c. Other Receipts	7d. Income Tax Check-off (ITC) Receipts		
	<input type="checkbox"/> Direct from a person or authorized entity <input type="checkbox"/> From Fundraising Event <input type="checkbox"/> Other: _____ <input type="checkbox"/> Transfer of funds from affiliated committee <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"/> Transfer of funds from affiliated committee <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"/> Transfer of funds from affiliated committee <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"/> Transfer of funds from affiliated committee <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"/> Transfer of funds from affiliated committee <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 1f

Line 1b

Line 1g

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IN-KIND CONTRIBUTIONS
 RECEIVED BY EXECUTIVE COMMITTEE
SCHEDULE 1A
 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 Address from Whom Received. Receipts in excess of \$100 <i>must</i> be itemized. All PAC receipts <i>must</i> be itemized.	5. Describe In-Kind Contribution	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. Value of In-Kind Contribution	7b. Excess over \$1,000 Transferred From County		

Subtotal This Page

(Only on last page of Schedule) Total This Period

Enter the total of 7a and 7b on line 4a on Summary Page

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**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 Occupation of Person to Whom Paid.
 (If over \$25.00, disbursement *must* be made by check.) Persons transporting
 voters to the polls *must* be paid by check and each payment *must* be itemized to
 include name, address and occupation to whom made.)

5. Purpose (Be specific)
 (\$25.00 or less, show purpose, date and amount.)
 Recipient of expenditure, if other than executive
 committee, *must* be listed.

6. Date

Amount Disbursed

7a. General
 Funds

7b. Income Tax
 Check-Off
 Funds

7c. Administrative
 Funds

4. Name, Address and Occupation 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 executive committee, <i>must</i> be listed.	6. Date	Amount Disbursed		
			7a. General Funds	7b. Income Tax Check-Off Funds	7c. Administrative Funds

Subtotal This Page

(Only on last page of Schedule) Total This Period

Enter the total
 on line 3a on
 Summary Page

Enter the total
 on line 3b on
 Summary Page

Enter the total
 on line 3c on
 Summary Page

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**DISBURSEMENTS
 IN-KIND CONTRIBUTIONS**
 GIVEN BY EXECUTIVE COMMITTEE
SCHEDULE 2A
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 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

KREF 006/E-S (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	1. Name of Committee: <hr/> 2. KREF Filer #:	3. This Statement Covers: From: _____ Month - Day - Year To: _____ Month - Day - Year
EVENTS SCHEDULE 3 <i>DUPLICATE SCHEDULE AS NEEDED</i>		

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. <small>(Recipient, if other than executive committee, must be listed.)</small>	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

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(Only on last page of Schedule) Total This Period

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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.