

CERTIFICATION OF **CANDIDATES** FOR STATE OFFICE, GENERAL ASSEMBLY, COUNTY OFFICE AND LOCAL OFFICE

CANDIDATE NAME: _____

ADDRESS: _____ TOWN: _____ STATE: ____ ZIP: _____

TELEPHONE: _____ PARTY AFFILIATION: _____

OFFICE SOUGHT (CHECK ONE ONLY):

STATE OFFICE: __ GOVERNOR __ LT. GOVERNOR __ TREASURER __ SECRETARY OF STATE __ AUDITOR
__ ATTORNEY GENERAL

GENERAL ASSEMBLY: __ STATE SENATE __ STATE REPRESENTATIVE

THIS MY REPORT DUE: _____ (Fill in date)

LOCAL OFFICE: _____ THIS IS MY REPORT DUE: __30 days prior to election. Date filed: _____
(NOTE: candidates for local office only) __10 days prior to election. Date filed: _____
__14 days after election. Date filed: _____

____ **NO ACTIVITY TO REPORT**- There has been no activity in my campaign account since my previously filed report.

ALL CANDIDATES: This report amends one previously filed on: _____ (ONLY if changing a PREVIOUSLY FILED report.)

SURPLUS FROM previous campaign TOTAL surplus from 20__ : \$ _____

TOTAL CARRYFORWARD to current campaign (surplus - donations + interest =): \$ _____

(NOTE: Complete this section ONLY for first report of new campaign cycle if carrying forward surplus funds from a prior campaign)

I HAVE COMPLETED AND ATTACHED THE FOLLOWING FORMS for this reporting period:

__ Certification of Candidate – This sheet (REQUIRED) __ Contribution & Expenditure Summary (As needed)
__ Details of Contributions Over \$100 (As needed) __ Details of Expenditures (As needed)

____ **FINAL REPORT:** This is my FINAL REPORT for the current Campaign Cycle and closes out my current campaign by indicating the disposition of any surplus or debt, and all contributions and expenditures for this cycle are accounted for. (*Only* check when filing final report.) Note: A FINAL REPORT is required to close out a campaign. This does NOT mean that your account must be closed.

CHECK ONE ONLY:

__ I have \$ _____ surplus from the current campaign and this amount will be carried forward to the new campaign.
__ Surplus funds from the current campaign in the amount of \$ _____ have been donated to the charity, candidate, PAC or political party listed in the attached Details of Expenditures sheet, leaving a balance of \$0.

I hereby certify, under the pains and penalties of perjury, that the information provided on all pages of this campaign finance disclosure report is true and accurate to the best of my knowledge, information and belief.

By checking this box, no signature is needed and you agree to the terms and conditions above under Vermont law.

Date

Candidate OR Treasurer Signature

Name of person signing form (PRINT)

**A PDF of this report can be sent to campaignfinance@sec.state.vt.us and must be received by 5 PM on the reporting deadline. **

Name of candidate:

CONTRIBUTION and EXPENDITURE SUMMARY

CONTRIBUTIONS

NOTE: Contributions by Candidate or Immediate Family must be included in the Contributions Over \$100 and Contributions \$100 or Less AND must be reported separately in the box at the bottom of this page.

CONTRIBUTIONS OVER \$100	(1) Total Contributions – this reporting period:	\$ _____
	(2) Total Contributions – Campaign to Date:	\$ _____

NOTE: If you received contributions over \$100, you must attach the Details of Contributions Over \$100 sheet(s).

CONTRIBUTIONS \$100 OR LESS	(3) Total Contributions – this reporting period:	\$ _____
	(4) Number of contributors – this reporting period:	_____
	(5) Total Contributions – Campaign to Date:	\$ _____
	(6) Number of contributors – Campaign to Date:	_____

GRAND TOTAL OF ALL CONTRIBUTIONS

<u>FOR THIS REPORTING PERIOD</u>	(7) Subtotal of non-monetary (in-kind) contributions:	\$ _____
	(8) Subtotal of monetary contributions (Lines 1 + 3 – 7):	\$ _____
	(9) TOTAL – This Reporting Period (Lines 7 + 8):	\$ _____
<u>CAMPAIGN TO DATE</u>	(10) Subtotal of non-monetary (in-kind) contributions:	\$ _____
	(11) Subtotal of monetary contributions (Lines 2 + 5 – 10):	\$ _____
	(12) TOTAL – Campaign to Date (Lines 10 + 11):	\$ _____

EXPENDITURES

GRAND TOTAL OF ALL EXPENDITURES	TOTAL – This Reporting Period:	\$ _____
	TOTAL – Campaign to Date:	\$ _____

NOTE: If you have made expenditures for this reporting period, you will need to attach the Details of Expenditures sheet(s)

LOANS OR OTHER DEBT

TOTAL PRIVATE LOANS OR OTHER OBLIGATIONS CURRENTLY OUTSTANDING	Total Loans – This Reporting Period:	\$ _____
	Total Loans – Campaign to Date:	\$ _____
TOTAL DEBT/OBLIGATIONS FORGIVEN	Total Loans – This Reporting Period:	\$ _____
	Total Loans – Campaign to Date:	\$ _____

NOTE: If you have loans or other debt outstanding or debt that has been forgiven, you must attach the Details of Loans/Other Obligations sheet(s).

CONTRIBUTIONS BY CANDIDATE OR IMMEDIATE FAMILY	
Total Contributions for this reporting period:	\$ _____
Total Contributions, Campaign to Date:	\$ _____

NOTE: The contributions by Candidate or Immediate Family must also be included in the Contributions Over \$100 and Contributions \$100 or Less figures above.

CAMPAIGN FINANCE DISCLOSURE REPORT - DETAILS OF EXPENDITURES Page ___ of ___

Note: Expenditures occur on both a cash basis and an accrual basis; report whichever occurs first. You must report expenses when promised to be paid or when payment is disbursed, which ever occurs first. 17 V.S.A. §2801(3)

Date of Expenditure	Amount of Expenditure	To Whom Paid	Address	Town/City	State	Zip	Purpose of Expenditure

Name of candidate or PAC: _____

CAMPAIGN FINANCE DISCLOSURE REPORT - DETAILS OF CONTRIBUTIONS OVER \$100 Page ____ of ____

Date of Contribution	Amount of Contribution	Contributor's Total Contributions to Date	Name of Contributor	Address	Town/City	State	Zip	If In-kind Contribution, Please Describe	Town of Residence

Name of candidate or PAC: _____

CAMPAIGN FINANCE DISCLOSURE REPORT - DETAILS OF DEBT/OTHER OBLIGATION INCURRED AND DISCHARGED

List all loans to the campaign whether from a bank, private sources, or yourself as a candidate on this form. If debt has not yet been discharged please mark that row as N/A. Any debt discharged (repaid) must be reported as an expenditure to the campaign. Any debt forgiven by the creditor will be reported as a contribution.

Amount of Debt/Obligation	Date Incurred	Creditor's Name	Creditor's Address	Town	State	Zip	Purpose of Debt/Obligation	Date of discharge or forgiveness	Manner (Discharge/forgiveness)

Name of candidate or PAC: _____