



Amended 10-25-2022

# REPORT OF CONTRIBUTIONS AND EXPENDITURES

Reports are due to the Town Clerk by 5pm on the scheduled due date with receipts for expenses over \$100.

COMMITTEE NAME:

\_\_\_\_\_

Registered Agent: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Committee Type: \_\_\_\_\_ Candidate Committee \_\_\_\_\_ Issue Committee \_\_\_\_\_

Name of Committee's Bank: \_\_\_\_\_

- Regularly Scheduled Filing
- Amended Filing. This amends previous report filed on \_\_\_\_\_
- Termination Report (Termination Reports **MUST** Have a Zero Balance)

REPORTING PERIOD - Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

BEGINNING BALANCE	\$	<u>1237.53</u>	
Contributions (+)	\$	<u>          </u>	
Contributions In-Kind (+)	\$	<u>          </u>	
Loans (+)	\$	<u>          </u>	
Total Contributions	\$	<u>          </u>	
Expenditures/Expenditures In-Kind (-)	\$	<u>          </u>	
ENDING BALANCE	\$	<u>          </u>	

**Totals must match attached detailed reports.**

I hereby certify that to the best of my knowledge and belief all contributions received and all expenditures made during this reporting period are accurately reflected in this report.

Registered Agent's Name: \_\_\_\_\_

Registered Agent's Signature: Kevin Bracken Date: \_\_\_\_\_

If Applicable

Candidate Name: \_\_\_\_\_

Candidates Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Detailed Report of CONTRIBUTIONS IN-KIND

**Record value of Services or Items donated to the Campaign**

**Record the Expenses associated with Contributions In-Kind under Expenditures.**

**Name of Committee:** \_\_\_\_\_

<u>Date Accepted:</u> _____  Estimated Value:  \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____  Estimated Value:  \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____  Estimated Value:  \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____
<u>Date Accepted:</u> _____  Estimated Value:  \$ _____	FROM: _____ Address: _____ City/State/Zip: _____ Nature of Contribution: _____ _____

## Detailed Report of EXPENDITURES

**Record expenses associated with In-Kind Contributions**

**Record money spent by the Candidate or Individual as Expenditure or Reimbursement**

**Record bank and electronic payment fees, etc.**

**Name of Committee:** \_\_\_\_\_

<u>Date Expended:</u> _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____
<u>Date Expended:</u> _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____
<u>Date Expended:</u> _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____
<u>Date Expended:</u> _____ Amount: \$ _____	PAYABLE TO: _____ Address: _____ City/State/Zip: _____ Purpose/Description: _____ _____

**~ATTACH RECEIPTS FOR EXPENDITURES OVER \$100~**

# Detailed Report of LOANS

Name of Committee: \_\_\_\_\_

<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____
<u>Date Received:</u> _____ Amount: \$ _____	FROM: _____ Address: _____ City/State/Zip: _____