

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Judicial Single - Candidate Committees

1. DATE OF REPORT		2.a. NAME OF CANDIDATE					
2.b. NAME OF CANDIDATE'S COMMITTEE							3. ELECTION DATE
4.a. CAMPAIGN ADDRESS AND PHONE Street or Rural Route City State Zip Code Phone							
4.b. CANDIDATE'S HOME ADDRESS (if different than 4.a.) Street or Rural Route City State Zip Code Phone							
5. JUDICIAL OFFICE SOUGHT (include district number, if applicable)					6. NAME OF POLITICAL TREASURER		
7. CATEGORY OR REPORT (Check one) <input type="checkbox"/> FIRST QUARTER <input type="checkbox"/> SECOND QUARTER <input type="checkbox"/> THIRD QUARTER <input type="checkbox"/> FOURTH QUARTER <input type="checkbox"/> PRE-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> MID-YEAR SUPPLEMENTAL <input type="checkbox"/> YEAR-END SUPPLEMENTAL							
8.a. BEGINNING DATE OF REPORTING PERIOD				8.b. ENDING DATE OF REPORTING PERIOD			
9. (Check one) a. <input type="checkbox"/> This campaign is exempt from detailed disclosures because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. <input type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.							
10. SIGNATURE OF CANDIDATE _____ Signature of Candidate Date _____ Signature of Witness Date				11. SIGNATURE OF POLITICAL TREASURER I do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and accurate. Additionally, I swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. _____ Signature of Political Treasurer Date _____ Signature of Witness Date			
12. SUMMARY a. BALANCE ON HAND LAST REPORT \$ _____ b. TOTAL RECEIPTS THIS PERIOD \$ _____ c. TOTAL DISBURSEMENTS THIS PERIOD \$ _____ d. BALANCE ON HAND (12.a. plus 12.b. minus 12.c.) \$ _____ e. TOTAL LOANS OUTSTANDING \$ _____ f. TOTAL OBLIGATIONS OUTSTANDING \$ _____							



SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		14. REPORT COVERING THE PERIOD FROM: _____ TO: _____	
RECEIPTS			
15. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this period) \$ _____			
b. Itemized Contributions (over \$100 from each source this period) \$ _____			
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.) \$ _____			
16. LOANS RECEIVED THIS REPORTING PERIOD \$ _____			
17. INTEREST RECEIVED THIS REPORTING PERIOD \$ _____			
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.) \$ _____			
DISBURSEMENTS			
19. EXPENDITURES (other than loan payments)			
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e.g., printing, postage, gasoline)			
_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
_____	\$	_____	
Total of Expenditures (\$100 or less each payee) \$ _____			
b. Itemized Expenditures (Over \$100 each payee this period) \$ _____			
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.) \$ _____			
20. LOAN REPAYMENTS MADE THIS PERIOD \$ _____			
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.) \$ _____			
22. IN-KIND CONTRIBUTIONS			
a. Unitemized in-kind contributions (\$100 or less from each source this period) \$ _____			
b. Itemized in-kind contributions (over \$100 from each source this period) \$ _____			
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.) \$ _____			
23. OBLIGATIONS			
a. Unitemized Obligations Outstanding (\$100 or less each) \$ _____			
b. Itemized Obligations Outstanding (Over \$100 each) \$ _____			
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown in item 12.f.) \$ _____			



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor)					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution		Amount of Contribution
Occupation					Aggregate This Election
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution		Amount of Contribution
Occupation					Aggregate This Election
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution		Amount of Contribution
Occupation					Aggregate This Election
Employer					
First Name		Middle Name		Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
Address				<input type="checkbox"/> Runoff (Local Elections Only)	
City	State	Zip Code	Date of Contribution		Amount of Contribution
Occupation					Aggregate This Election
Employer					
5. TOTAL ITEMIZED CONTRIBUTIONS					
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of contributions, this amount must be shown in item 15b. of summary.)					



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)					
First Name		Middle Name		In-Kind Contribution Received For:	
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
				<input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City		State	Zip Code		Aggregate this Election
Occupation	Employer			Description of In-Kind Contribution	
First Name		Middle Name			In-Kind Contribution Received For:
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
				<input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City		State	Zip Code		Aggregate this Election
Occupation	Employer			Description of In-Kind Contribution	
First Name		Middle Name			In-Kind Contribution Received For:
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
				<input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City		State	Zip Code		Aggregate this Election
Occupation	Employer			Description of In-Kind Contribution	
First Name		Middle Name			In-Kind Contribution Received For:
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
				<input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City		State	Zip Code		Aggregate this Election
Occupation	Employer			Description of In-Kind Contribution	
First Name		Middle Name			In-Kind Contribution Received For:
Last Name/Organization Name				<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election	
				<input type="checkbox"/> Runoff (Local Elections Only)	
Address		Date of In-Kind Contribution		Value of In-Kind Contribution	
City		State	Zip Code		Aggregate this Election
Occupation	Employer			Description of In-Kind Contribution	
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS					
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of in-kind contributions, this amount must be shown in item 22b. of summary.)					



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD	
				FROM:	TO:
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page)					Amount
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)					
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
First Name		Middle Name		Purpose of Expenditure	Amount of Expenditure
Last Name/Business Name					
Address					
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITURES					
(Carry forward to item 3. of next page if additional pages of this form are used.)					
(If this is the last page of expenditures, this amount must be shown in item 19b. of summary.)					



ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE					2. REPORT COVERING THE PERIOD					
					FROM:		TO:			
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)										
Complete the Following for the Source of the Loan										
First Name			Middle Name		Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
Last Name/Organization Name										
Address					Loan Received For:				Date of Loan	
					<input type="checkbox"/> Primary Election <input type="checkbox"/> General Election					
					<input type="checkbox"/> Runoff (Local Elections Only)					
City					State	Zip Code				
List All Endorsers or Guarantors for Above Loan (If more space is needed please attach a page)										
First Name			Middle Name		First Name			Middle Name		
Last Name/Organization Name					Last Name/Organization Name					
Address					Address					
City			State	Zip Code	City			State	Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					
First Name			Middle Name		First Name			Middle Name		
Last Name/Organization Name					Last Name/Organization Name					
Address					Address					
City			State	Zip Code	City			State	Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					
First Name			Middle Name		First Name			Middle Name		
Last Name/Organization Name					Last Name/Organization Name					
Address					Address					
City			State	Zip Code	City			State	Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					
First Name			Middle Name		First Name			Middle Name		
Last Name/Organization Name					Last Name/Organization Name					
Address					Address					
City			State	Zip Code	City			State	Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					
First Name			Middle Name		First Name			Middle Name		
Last Name/Organization Name					Last Name/Organization Name					
Address					Address					
City			State	Zip Code	City			State	Zip Code	
Amount Guaranteed Outstanding					Amount Guaranteed Outstanding					
4. Totals for all Loans (complete on last page of itemized loans)					Outstanding Loan Balance (Beginning of Period)		Loans Received	Loan Payments	Outstanding Loan Balance (End of Period)	
(Total loans received should also be shown in item 15, on summary page.)										
(Total loan payments should also be shown in item 20, on summary page.)										
(Total outstanding loan balance should also be shown in item 12 e, on front page.)										



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVERING THE PERIOD			
				FROM:		TO:	
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)				Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
First Name		Middle Name					
Last Name/Business Name							
Address							
City	State	Zip Code					
Description of Obligation							
4. TOTALS (Total from Outstanding Balance - (End of Period) column must also be shown in item 23b. on summary page.)							

