

LEGISLATIVE CAUCUS REPORT OF CONTRIBUTIONS & EXPENDITURES

**FORM LEG
COVER SHEET PG 1**

The Form LEG Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CAUCUS NAME			OFFICE USE ONLY	
			Date Received	
4 CAUCUS CHAIR	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
5 CAUCUS MAILING ADDRESS	Address or P.O. Box;		Apt/Suite #	
	City;	State;	Zip Code	
6 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15		Receipt #	Amount \$
	Date Processed		Date Imaged	
7 PERIOD COVERED	Month / Day / Year	Through	Month / Day / Year	
8 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if the caucus has no reportable activity during this report period. (Sign below and submit this page only.)			
9 CONTRIBUTION TOTALS	1. TOTAL CONTRIBUTIONS OF \$50 OR LESS FROM NON-CAUCUS MEMBERS (Do Not Include Loan Information or Amounts Itemized on Schedule A(L))		\$	
	2. TOTAL CONTRIBUTIONS (Include Contributions from Caucus Members; Do Not Include Loan Information)		\$	
	EXPENDITURE TOTALS			
	3. TOTAL EXPENDITURES OF \$50 OR LESS (Do Not Include Amounts Itemized on Schedule F(L))		\$	
	4. TOTAL EXPENDITURES		\$	
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORT PERIOD		\$	

10 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Caucus Chair

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - LEG

FORM LEG COVER SHEET PG 2

11 CAUCUS NAME		12 Filer ID (Ethics Commission Filers)
13 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input type="checkbox"/> SCHEDULE A(L): NON-CAUCUS MEMBER CONTRIBUTIONS ITEMIZED CONTRIBUTIONS OTHER THAN LOANS		\$
2. <input type="checkbox"/> SCHEDULE E(L): LOANS TO LEGISLATIVE CAUCUS LOAN AND GUARANTOR INFORMATION		\$
3. <input type="checkbox"/> SCHEDULE F(L): LEGISLATIVE CAUCUS EXPENDITURES ITEMIZED EXPENDITURES		\$

**NON-CAUCUS MEMBER CONTRIBUTIONS
ITEMIZED CONTRIBUTIONS OTHER THAN LOANS**

**SCHEDULE A(L)
(FOR FORM LEG)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(L):	
2 CAUCUS NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date	Full name of contributor Contributor address; City; State; Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**LOANS TO LEGISLATIVE CAUCUS
LOAN AND GUARANTOR INFORMATION**

**SCHEDULE E(L)
(FOR FORM LEG)**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E(L):	
2 CAUCUS NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOAN:			\$
5 Date of loan	7 Name of lender		9 Loan Amount (\$)
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code		10 Interest rate
			11 Maturity date
12 Description of Collateral <input type="checkbox"/> None			
13 GUARANTOR INFORMATION <input type="checkbox"/> Not Applicable	14 Name of guarantor		16 Amount Guaranteed (\$)
	15 Guarantor address; City; State; Zip Code		
17 Principal Occupation		18 Employer	
Date of loan	Name of lender		Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code		Interest rate
			Maturity date
Description of Collateral <input type="checkbox"/> None			
GUARANTOR INFORMATION <input type="checkbox"/> Not Applicable	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code		
Principal Occupation		Employer	

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**LEGISLATIVE CAUCUS EXPENDITURES
ITEMIZED EXPENDITURES**

**SCHEDULE F(L)
(FOR FORM LEG)**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F(L):

2 CAUCUS NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Payee name

7 Amount (\$)

6 Payee address; City; State; Zip Code

8 Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

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