

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	
4 CAUCUS CHAIR	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
5 CAUCUS MAILING ADDRESS	Address or P.O. Box;		Apt/Suite #	
<input type="checkbox"/> Change of Address	City;	State;	Zip Code	
6 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> July 15	Receipt #	Amount \$
7 PERIOD COVERED	Month / Day / Year	Through	Date Processed	
			Date Imaged	
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 UNITEMIZED CONTRIBUTIONS 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 UNITEMIZED EXPENDITURES (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. SCHEDULE A(L): NON-CAUCUS MEMBER CONTRIBUTIONS
ITEMIZED CONTRIBUTIONS OTHER THAN LOANS

\$

2. SCHEDULE E(L): LOANS TO LEGISLATIVE CAUCUS
LOAN AND GUARANTOR INFORMATION

\$

3. 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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