

CAMPAIGN DISCLOSURE REPORT

FOR THE PERIOD ENDING:

NAME OF CANDIDATE OR COMMITTEE

REPORT OF RECEIPTS AND DISBURSEMENTS

For an Authorized Committee
(Summary Page)

1. Name of Candidate or Committee (in Full) _____ 2. Report Identification No. _____

Address (number and street)

City, Island and Zip Code _____

3. Is this report an amendment
Yes _____
No _____

_____ January Semi Annual Report
_____ June Semi Annual Report

_____ Primary Election Report
_____ General Election Report
_____ Special Election Report
_____ Runoff Election Report

4. Covering Period _____ through _____

	This Period	Calendar Year-to-Date
5. Beginning Cash on Hand Balance	_____	_____
6. Total Contributions, loans & Receipts (Form 1)	_____	_____
7. Total Operating Expenditures (Form 2)	_____	_____
8. Ending Cash on Hand Balance	_____	_____

9. Debts and Obligations		
a. Total loan amounts (Form 3)	_____	_____
b. Total Contributions Receivable (Form 4)	_____	_____
c. Total Expenditures Payable (Form 5)	_____	_____

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate or Treasurer

Date

**** NOTE **** Submission of false, erroneous, or incomplete information may subject the person signing this report to the penalties of 18 V.I.C. section 911.

**Detailed Summary Page
of Receipts and Disbursement**

Name of Candidate or Committee (in Full) _____

	Receipts	
10. CONTRIBUTIONS, LOANS & RECEIPTS	This Period	Year-to-Date
a. Individuals/Persons other than political committees (Form 1 - A)	_____	_____
b. Political Party Committees (Form 1 - B)	_____	_____
c. Other Political Committees (such as PAC's) (Form 1 - C)	_____	_____
d. The Candidate (Form 1 - D)	_____	_____
e. Contributions from other Authorized Committees (Form 1 - E)	_____	_____
f. Loans made or guaranteed by the Candidate (Form 1 - F)	_____	_____
g. All other loans (Form 1 - F)	_____	_____
h. Other Receipts (Form 1 - G)	_____	_____
TOTAL CONTRIBUTIONS, LOANS & RECEIPTS	_____	_____

11. DISBURSEMENTS

a. Operating Expenditures (Form 2 - A)	_____	_____
b. Other Disbursements (Form 2 - B)	_____	_____
TOTAL DISBURSEMENTS	_____	_____

12. Cash on Hand last Reporting Period	_____	_____
Cash on Hand this Reporting Period	_____	_____

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate or Treasurer

Date

**** NOTE **** Submission of false, erroneous, or incomplete information may subject the person signing this report to the penalties of 18 V.I.C. section 911.

CONTRIBUTIONS

INDIVIDUALS/PERSONS OTHER THAN POLITICAL COMMITTEES

(FORM 1-A)

(Please attach copies of checks, money orders or receipts for your back-up information)

Name of Candidate or Committee (in Full) _____

Contributors:

Full Name _____

Mailing address _____

Principal Place of Business _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

Full Name _____

Mailing address _____

Principal Place of Business _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

Full Name _____

Mailing address _____

Principal Place of Business _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

Full Name _____

Mailing address _____

Principal Place of Business _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

****NOTE**** Duplication of this form is allowed if there are more than four (4) contributors

**CONTRIBUTIONS
POLITICAL PARTY COMMITTEES
(FORM 1-B)**

(Please attach copies of checks, money orders or receipts for your back-up information)

Name of Candidate or Committee (In Full) _____

Contributors:

Committee Name _____

Name and Title of Committee Member Receiving Transfer _____

Type of document by which Transfer was made _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

Committee Name _____

Name and Title of Committee Member Receiving Transfer _____

Type of document by which Transfer was made _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

Committee Name _____

Name and Title of Committee Member Receiving Transfer _____

Type of document by which Transfer was made _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

Committee Name _____

Name and Title of Committee Member Receiving Transfer _____

Type of document by which Transfer was made _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

****NOTE** Duplication of this form is allowed if there are more than four (4) contributors**

CONTRIBUTIONS

OTHER POLITICAL COMMITTEES (such as PAC's) (FORM 1-C)

(Please attach copies of checks, money orders or receipts for your back-up information)

Name of Candidate or Committee (in Full) _____

Contributors:

Committee Name _____

Name and Title of Committee Member Receiving Transfer _____

Type of document by which Transfer was made _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

Committee Name _____

Name and Title of Committee Member Receiving Transfer _____

Type of document by which Transfer was made _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

Committee Name _____

Name and Title of Committee Member Receiving Transfer _____

Type of document by which Transfer was made _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

Committee Name _____

Name and Title of Committee Member Receiving Transfer _____

Type of document by which Transfer was made _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

**CONTRIBUTIONS
THE CANDIDATE
(FORM 1-D)**

(Please attach copies of checks, money orders or receipts for your back-up information)

Name of Candidate or Committee (in Full) _____

Date of contribution _____

Amount contributed _____

Purpose of contribution _____

Date of contribution _____

Amount contributed _____

Purpose of contribution _____

Date of contribution _____

Amount contributed _____

Purpose of contribution _____

Date of contribution _____

Amount contributed _____

Purpose of contribution _____

Date of contribution _____

Amount contributed _____

Purpose of contribution _____

Date of contribution _____

Amount contributed _____

Purpose of contribution _____

Date of contribution _____

Amount contributed _____

Purpose of contribution _____

**CONTRIBUTIONS
OTHER AUTHORIZED COMMITTEES
(FORM 1-E)**

(Please attach copies of checks, money orders or receipts for your back-up information)

Name of Candidate or Committee (In Full) _____

Contributors:

Committee Name _____

Name and Title of Committee Member Receiving Transfer _____

Type of document by which Transfer was made _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

Committee Name _____

Name and Title of Committee Member Receiving Transfer _____

Type of document by which Transfer was made _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

Committee Name _____

Name and Title of Committee Member Receiving Transfer _____

Type of document by which Transfer was made _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

Committee Name _____

Name and Title of Committee Member Receiving Transfer _____

Type of document by which Transfer was made _____

Amount contributed this report period _____

Date of Contribution _____

Aggregate amount of contribution (Year-to-Date) _____

CONTRIBUTIONS

LOANS MADE OR GUARANTEED BY THE CANDIDATE

(FORM 1-F)

(Please attach copies of loan agreements, promissory notes and /or other relevant documents)

Name of Candidate or Committee (in Full) _____

Loans:

Name of Lender _____

Loan amount _____

Loan terms of repayment _____

Loan period _____

Date of Loan _____

Aggregate amount of Loan (Year-to-Date) _____

Name of Lender _____

Loan amount _____

Loan terms of repayment _____

Loan period _____

Date of Loan _____

Aggregate amount of Loan (Year-to-Date) _____

ALL OTHER LOANS

Name of Lender _____

Loan amount _____

Loan terms of repayment _____

Loan period _____

Date of Loan _____

Aggregate amount of Loan (Year-to-Date) _____

Name of Lender _____

Loan amount _____

Loan terms of repayment _____

Loan period _____

Date of Loan _____

Aggregate amount of Loan (Year-to-Date) _____

**CONTRIBUTIONS
OTHER RECEIPTS
(FORM 1-G)**

(Please attach one (1) original document for proof of event (such as a food sale ticket) for your back-up info.)

Name of Candidate or Committee (in Full) _____

Location and Type of Event	Date of Event	Amount of Ticket Sales	Amount from Mass Collections	Total
1				
Location and Type of Event	Date of Event	Amount of Ticket Sales	Amount from Mass Collections	Total
2				
Location and Type of Event	Date of Event	Amount of Ticket Sales	Amount from Mass Collections	Total
3				
Location and Type of Event	Date of Event	Amount of Ticket Sales	Amount from Mass Collections	Total
4				
Location and Type of Event	Date of Event	Amount of Ticket Sales	Amount from Mass Collections	Total
5				
PAGE TOTAL				
GRAND TOTAL				

****NOTE** Duplication of this form is allowed if necessary**

TOTAL SUM OF CONTRIBUTIONS, LOANS & RECEIPTS
(FORM 1)

Name of Candidate or Committee (in Full) _____

It is hereby certified that during the period _____ to _____, the total sum of _____ was **contributed** to the candidate or committee identified above, and that the person or persons making the contribution(s) are listed regardless of the amount contributed.

It is hereby certified that during the period _____ to _____, the total sum of _____ was **Loaned** to the candidate or committee identified above, and that the person or persons making the loan(s) are listed regardless of the amount loaned.

It is hereby certified that during the period _____ to _____, the total sum of _____ was **received** by the candidate or committee identified above, and that the events or fundraising activities where these receipts were collected are listed regardless of the amount received

Signature of Candidate or Treasurer

**ITEMIZED EXPENDITURES
(FORM 2-A)**

(Please attach copies of checks, invoices, receipts and all documents to support all expenditures)

Name of Candidate or Committee (in Full) _____

Full Name, Mailing Address and Zip Code	Date of Expenditure	Purpose of Expenditure	Amount of Expenditure
1			
2			
3			
4			
5			
6			
PAGE TOTAL			
GRAND TOTAL			

NOTE Duplication of this form is allowed if necessary

OTHER DISBURSEMENTS

(FORM 2-B)

(Please attach copies of checks, invoices, receipts and all documents to support all expenditures)

Name of Candidate or Committee (in Full) _____

Full Name, Mailing Address and Zip Code	Date of Disbursement	Purpose of Disbursement	Amount of Disbursement
1			
Full Name, Mailing Address and Zip Code	Date of Disbursement	Purpose of Disbursement	Amount of Disbursement
2			
Full Name, Mailing Address and Zip Code	Date of Disbursement	Purpose of Disbursement	Amount of Disbursement
3			
Full Name, Mailing Address and Zip Code	Date of Disbursement	Purpose of Disbursement	Amount of Disbursement
4			
Full Name, Mailing Address and Zip Code	Date of Disbursement	Purpose of Disbursement	Amount of Disbursement
5			
Full Name, Mailing Address and Zip Code	Date of Disbursement	Purpose of Disbursement	Amount of Disbursement
6			
PAGE TOTAL			
GRAND TOTAL			

****NOTE**** Duplication of this form is allowed if necessary

**TOTAL SUM OF EXPENDITURES & OTHER DISBURSMENTS
(FORM 2)**

Name of Candidate or Committee (in Full) _____

It is hereby certified that during the period _____ to _____, the total sum of _____ was expended in accordance with the provision of Title 18 Section 905 of the Virgin Islands Code and that each expenditure was reported regardless of the amount expended.

Signature of Candidate or Treasurer

DEBTS AND OBLIGATIONS CONTRIBUTIONS RECEIVABLE

(Please attach copies of checks, invoices, receipts and all supporting documents)

Name of Candidate or Committee (in Full) _____

Full and Complete Identification of Receivables due to the Committee	Date of Receivable	Circumstance and conditions of the Receivable	Amount of Receivable
1			
2			
3			
4			
5			
6			
PAGE TOTAL			
GRAND TOTAL			

NOTE Duplication of this form is allowed if necessary

DEBTS AND OBLIGATIONS EXPENDITURES PAYABLE

(Please attach copies of checks, invoices, receipts and all supporting documents)

Name of Candidate or Committee (in Full) _____

Full and Complete Identification of Payable due from the Committee	Date of Payable	Circumstance and conditions of Payable	Amount of Payable
1			
Full and Complete Identification of Payable due from the Committee	Date of Payable	Circumstance and conditions of Payable	Amount of Payable
2			
Full and Complete Identification of Payable due from the Committee	Date of Payable	Circumstance and conditions of Payable	Amount of Payable
3			
Full and Complete Identification of Payable due from the Committee	Date of Payable	Circumstance and conditions of Payable	Amount of Payable
4			
Full and Complete Identification of Payable due from the Committee	Date of Payable	Circumstance and conditions of Payable	Amount of Payable
5			
Full and Complete Identification of Payable due from the Committee	Date of Payable	Circumstance and conditions of Payable	Amount of Payable
6			
PAGE TOTAL			
GRAND TOTAL			

NOTE Duplication of this form is allowed if necessary

NON-MONETARY CONTRIBUTIONS (ITEMS)

(Please attach copies of invoices, receipts and all supporting documents)

Name of Candidate or Committee (in Full) _____

Full Name, Mailing Address and Zip Code	Date Contribution Made	Type of Contribution	Value of Contribution
1			
2			
3			
4			
5			
6			
PAGE TOTAL			
GRAND TOTAL			

NOTE Duplication of this form is allowed if necessary

*******NOTE***** PLEASE ENCLOSE COPIES OF BANK STATEMENTS, RECIEPTS, INVOICES,
PROMISSORY NOTE, AND OTHER SUPPORTING DOCUMENTATION.**

DO NOT WRITE ON THIS PAGE, ELECTION USE ONLY!!!

RECEIVED FROM

NAME OF CANDIDATE OR COMMITTEE

REPORTING PERIOD

DATE

ELECTION OFFICIAL'S SIGNATURE
