CAMPAIGN DISCLOSURE REPORT

FOR THE PERIOD ENDING:

_____

NAME OF CANDIDATE OR COMMITTEE

_____

(Revised 02/12/01)

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)

3. Is this report an amendment
Yes _____
No _____

City, Island and Zip Code

_____ 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
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
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
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 ______________________

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

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Mailing address ______________________

Principal Place of Business ______________________

Amount contributed this report period ______________________

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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
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 ______________________

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Mailing address ______________________

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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
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) ____________________

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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) ______________________

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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
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
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
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) ______________________

****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) ____________________

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

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 _____

Date of contribution _____

Amount contributed _____

Purpose of contribution _____

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

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 _____

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Date of contribution _____

Amount contributed _____

Purpose of contribution _____

Date of contribution _____

Amount contributed _____

Purpose of contribution _____

Date of contribution _____

Amount contributed _____

Purpose of contribution _____

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

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) ______________________

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

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) ____________________

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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 necessary**

CONTRIBUTIONS
LOANS MADE OR GUARANTEED BY THE CANDIDATE
(FORM 1-F)

(Please attach copies of loan agreements, promissory notes and /or other relavant 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) _____

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

CONTRIBUTIONS
LOANS MADE OR GUARANTEED BY THE CANDIDATE
(FORM 1-F)

(Please attach copies of loan agreements, promissory notes and /or other relavant 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) _____

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

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**

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**

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**

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**

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
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Location and Type of Event	Date of Event	Amount of Ticket Sales	Amount from Mass Collections	Total
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Location and Type of Event	Date of Event	Amount of Ticket Sales	Amount from Mass Collections	Total
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Location and Type of Event	Date of Event	Amount of Ticket Sales	Amount from Mass Collections	Total
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PAGE TOTAL				
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PAGE TOTAL				
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CONTRIBUTIONS
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CONTRIBUTIONS
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Location and Type of Event	Date of Event	Amount of Ticket Sales	Amount from Mass Collections	Total
5				
PAGE TOTAL				
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****NOTE** Duplication of this form is allowed if necessary**

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

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ITEMIZED EXPENDITURES
(FORM 2-A)

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

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Full Name, Mailing Address and Zip Code	Date of Expenditure	Purpose of Expenditure	Amount of Expenditure
3			
Full Name, Mailing Address and Zip Code	Date of Expenditure	Purpose of Expenditure	Amount of Expenditure
4			
Full Name, Mailing Address and Zip Code	Date of Expenditure	Purpose of Expenditure	Amount of Expenditure
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Full Name, Mailing Address and Zip Code	Date of Expenditure	Purpose of Expenditure	Amount of Expenditure
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ITEMIZED EXPENDITURES
(FORM 2-A)

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Full Name, Mailing Address and Zip Code	Date of Expenditure	Purpose of Expenditure	Amount of Expenditure
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Full Name, Mailing Address and Zip Code	Date of Expenditure	Purpose of Expenditure	Amount of Expenditure
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Full Name, Mailing Address and Zip Code	Date of Expenditure	Purpose of Expenditure	Amount of Expenditure
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ITEMIZED EXPENDITURES
(FORM 2-A)

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ITEMIZED EXPENDITURES
(FORM 2-A)

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ITEMIZED EXPENDITURES
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ITEMIZED EXPENDITURES
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5			
Full Name, Mailing Address and Zip Code	Date of Expenditure	Purpose of Expenditure	Amount of Expenditure
6			
PAGE TOTAL			
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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 Disbursment
1			
Full Name, Mailing Address and Zip Code	Date of Disbursement	Purpose of Disbursement	Amount of Disbursment
2			
Full Name, Mailing Address and Zip Code	Date of Disbursement	Purpose of Disbursement	Amount of Disbursment
3			
Full Name, Mailing Address and Zip Code	Date of Disbursement	Purpose of Disbursement	Amount of Disbursment
4			
Full Name, Mailing Address and Zip Code	Date of Disbursement	Purpose of Disbursement	Amount of Disbursment
5			
Full Name, Mailing Address and Zip Code	Date of Disbursement	Purpose of Disbursement	Amount of Disbursment
6			
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OTHER DISBURSEMENTS
(FORM 2-B)

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

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Full Name, Mailing Address and Zip Code	Date of Disbursement	Purpose of Disbursement	Amount of Disbursment
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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

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

TOTAL SUM OF EXPENDITURES & OTHER DISBURSMENTS
(FORM 2)

Name of Candidate or Committee (in Full) _____

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Signature of Candidate or Treasurer

TOTAL SUM OF EXPENDITURES & OTHER DISBURSMENTS
(FORM 2)

Name of Candidate or Committee (in Full) _____

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Signature of Candidate or Treasurer

TOTAL SUM OF EXPENDITURES & OTHER DISBURSMENTS
(FORM 2)

Name of Candidate or Committee (in Full) _____

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_____
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			
Full and Complete Identification of Receivables due to the Committee	Date of Receivable	Circumstance and conditions of the Receivable	Amount of Receivable
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DEBTS AND OBLIGATIONS
CONTRIBUTIONS RECEIVABLE

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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
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Full and Complete Identification of Payable due from the Committee	Date of Payable	Circumstance and conditions of Payable	Amount of Payable
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DEBTS AND OBLIGATIONS
EXPENDITURES PAYABLE

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GRAND TOTAL			

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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			
Full Name, Mailing Address and Zip Code	Date Contribution Made	Type of Contribution	Value of Contribution
2			
Full Name, Mailing Address and Zip Code	Date Contribution Made	Type of Contribution	Value of Contribution
3			
Full Name, Mailing Address and Zip Code	Date Contribution Made	Type of Contribution	Value of Contribution
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NON-MONETARY CONTRIBUTIONS (ITEMS)

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6			
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GRAND TOTAL			

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

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