

Legislative Campaign Fund Excess Contributions

Prescribed by Secretary of State 12/97

Name of Legislative Campaign Fund in Full										
Street Address										
City				State		Zip Code				
Date of election to which this form relates	M	D	Y	Contributions on hand as of close of business on 7th day before the post-general report was required to be filed.			Amount	Excess over limit. If zero, the remainder of the form, other than the signature line, need not be completed.		Amount

To Whom Disbursed											
Address							M	D	Y	Amount	
City			State		Zip Code		Code ¹				
To Whom Disbursed											
Address							M	D	Y	Amount	
City			State		Zip Code		Code ¹				
To Whom Disbursed											
Address							M	D	Y	Amount	
City			State		Zip Code		Code ¹				
To Whom Disbursed											
Address							M	D	Y	Amount	
City			State		Zip Code		Code ¹				

¹ Codes: 1 = OEC Fund 2 = Contributor Refund 3 = 501(c) Corporation

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE .

Treasurer (Print Name)

Signature

Date

Page Total \$ _____

LCF Excess Contributions (Continued)

To Whom Disbursed							
Address				M	D	Y	Amount
City	State	Zip Code	Code ¹				
To Whom Disbursed							
Address				M	D	Y	Amount
City	State	Zip Code	Code ¹				
To Whom Disbursed							
Address				M	D	Y	Amount
City	State	Zip Code	Code ¹				
To Whom Disbursed							
Address				M	D	Y	Amount
City	State	Zip Code	Code ¹				
To Whom Disbursed							
Address				M	D	Y	Amount
City	State	Zip Code	Code ¹				
To Whom Disbursed							
Address				M	D	Y	Amount
City	State	Zip Code	Code ¹				

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