Campaign Finance Section
Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Name: _____

Account Number: _____ **Date of this Report:** _____

REPORTING PERIOD: **FROM:** _____ **TO:** _____

Check the box that applies to this report:

Primary Election	☐ **8-DAY**	☐ **30-DAY**	**Office:**
General Election	☐ **8-DAY**	☐ **30-DAY**	_____
Other Election	☐ **8-DAY**	☐ **30-DAY**	
Special Election	☐ **8-DAY**	☐ **30-DAY**	

Year End Report ☐ **Final Organization Closing** ☐ **Closing Date:** _____

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

_____

TREASURER SIGNATURE **DATE**

_____

CANDIDATE SIGNATURE **DATE**

STATEMENT OF ACCOUNT BALANCE

ACCOUNT #: _____ **REPORTING PERIOD:** _____

FROM **TO**

1. **BEGINNING BALANCE** _____
   (Close Out Balance from last reporting period)

2. **RECEIPTS:**

   A. **SCHEDULE A – TOTAL RECEIPTS** _____

   B. **SCHEDULE C-1 – TOTAL IN-KIND CONTRIBUTIONS** _____

   C. **SCHEDULE D-1 – TOTAL LOANS RECEIVED** _____

   D. **SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS RECEIVED** _____

   E. **SUBTOTAL (Total of A, B, C, D)** _____

3. **EXPENDITURES:**

   F. **SCHEDULE B – TOTAL EXPENDITURES** _____

   G. **SCHEDULE C-2 – TOTAL IN-KIND EXPENDITURES** _____

   H. **SCHEDULE D-2 – TOTAL LOAN PAYMENTS** _____

   I. **SCHEDULE E – TOTAL EXPENSE REIMBURSEMENTS PAID** _____

   J. **SUBTOTAL (Total of F, G, H, I)** _____

4. **ENDING BALANCE** _____
   (Beginning Balance plus 2E, minus 3J)

5. **VALUE OF NON-CASH ASSETS (From Schedule F)** _____

6. **VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)** _____

7. **VALUE OF LOANS AT END OF PERIOD (Loan Balance from Schedule D-2)** _____

8. **CLOSE OUT BALANCE (Must equal zero if Committee closed)** _____

SCHEDULE A - TOTAL RECEIPTS

ACCT #: **REPORTING PERIOD:**

FROM **TO**

Itemize all receipts over $100 for the reporting period. Receipts from sales of items must be itemized if they are over $50. All receipts from Political Committees must be itemized. NOTE: If you receive funds from the same person or organization several times during the reporting cycle, each item must be listed if the **aggregate** amount is over $100, even if the individual amounts are not.

RECEIPTS OF PERSONS IN EXCESS OF $100 AND POLITICAL COMMITTEES:

Date Received	Contrib Type	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received

SCHEDULE B - TOTAL EXPENDITURES

ACCT #: **REPORTING PERIOD:**

FROM **TO**

Itemize all expenditures over $100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount with office sought. NOTE: IF you expend funds to the same person or organization several times during the reporting cycle, each item must be listed if the **aggregate** amount is over $100, even if the individual amounts are not.

EXPENDITURES IN EXCESS OF $100 AND POLITICAL COMMITTEES:

Date Expended	Payee Name	Payee Mailing Address	Reason Code	Aggregate Amount	Amount Expended

TOTAL EXPENDITURES IN EXCESS OF $100 AND POLITICAL COMMITTEES

TOTAL EXPENDITURES TO PERSONS NOT IN EXCESS OF $100

GRAND TOTAL EXPENDITURES
(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)

SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCT #: **REPORTING PERIOD:**

FROM **TO**

Itemize all goods and services contributed at no charge or less than fair market value in excess of $100 for the reporting period.
NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over $100, even if the individual amounts are not.

IN-KIND CONTRIBUTIONS IN EXCESS OF $100:

(NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES)

Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Estimated Value Received

SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT #: **REPORTING PERIOD:**

FROM **TO**

Itemize all goods and services expended at no charge or less than fair market value in excess of $100 for the reporting period.
NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the **aggregate** amount is over $100, even if the individual amounts are not.

IN-KIND EXPENDITURES IN EXCESS OF $100:

(NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)

Date Expended	Payee Name	Payee Mailing Address	Description of Expenditure	Estimated Value Expended

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SCHEDULE D-1 - LOANS RECEIVED

ACCT #: **REPORTING PERIOD:**

FROM **TO**

All loans in excess of $50 **RECEIVED DURING THIS REPORTING PERIOD** should be itemized on this schedule. NOTE: These loans must also be listed on Schedule D-2.

LOANS RECEIVED IN EXCESS OF $50:

Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount Received
TOTAL LOANS RECEIVED (TOTAL AMOUNT RECEIVED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2C)					

SCHEDULE D-2 - LOANS

ACCT #: **REPORTING PERIOD:**

FROM **TO**

All outstanding loans in excess of $50 must be listed. This includes loans from Lending Institutions, Candidate's Personal Funds and Other Contributors.

LOANS IN EXCESS OF $50:

Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
TOTAL LOANS							

(TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3H; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 7)

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SCHEDULE E - EXPENSE REIMBURSEMENTS

ACCT #: **REPORTING PERIOD:**

FROM **TO**

All expense reimbursements received by you and paid by you must be itemized.

REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)

Date Received	Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received
TOTAL REIMBURSEMENTS RECEIVED					
(REIMBURSEMENTS RECEIVED TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D)					

REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)

Date Paid	Payee Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Paid
TOTAL REIMBURSEMENTS PAID					
(REIMBURSEMENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I)					

SCHEDULE F - NON-CASH ASSETS

ACCT #: **REPORTING PERIOD:**

FROM **TO**

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

LIST ALL NON-CASH ASSETS:

Date Received	Description of Asset	Location of Asset (Physical Address)	Value of Asset
TOTAL ASSET VALUE			

(TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)

SCHEDULE G - ELIMINATION OF ASSETS

ACCT #: **REPORTING PERIOD:**

FROM **TO**

Itemize all assets disposed of, transferred or sold by the organization during the reporting period.

ALL NON-CASH ASSETS

Date Eliminated	Description of Asset	Disposition of Asset	Value Received
TOTAL ASSETS ELIMINATED			

(TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)