



GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF CAMPAIGN FINANCE
WASHINGTON, DC 20009

**24 HOUR REPORT OF RECEIPTS
FOR CANDIDATE OR POLITICAL COMMITTEE**
(see reverse side for Instructions)

1. Full Name of Committee (Name of Candidate, if Candidate is reporting)	2. OCF Identification Number
Address (Number and Street)	3. Is this report an Amendment? YES NO
City, State and Zip Code	Check if address is different from previously reported.

This REPORT contains activity for: Primary Election General Election Special Election Presidential Primary Other

Full Name of Committee (Name of Candidate, if Candidate is reporting)			
A. Full Name, Mailing Address and Zip Code	Name and Address of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other (specify)	Occupation Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other(specify)		
Aggregate Year-To-Date- \$			
B. Full Name, Mailing Address and Zip Code	Name and Address of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Contributor Type <input type="checkbox"/> Corp. <input type="checkbox"/> Labor <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Business <input type="checkbox"/> Other (specify)	Occupation Contribution Type: <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Check <input type="checkbox"/> Credit Card <input type="checkbox"/> In Kind(specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date- \$			

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

For Further Information, contact:

Office of Campaign Finance
Frank D. Reeves Municipal Bldg.
2000 14th Street, NW, Suite 433
Washington, DC 20009
(202) 671-0547

Type or Print Name of Treasurer (Name of Candidate, if Candidate is reporting)

Signature of Treasurer (Signature of Candidate, if Candidate is reporting)

Date

NOTE: Submission of late, false, erroneous, or incomplete information may subject the person signing this report to the penalties of D.C. Official Code §§ 1-1163.35.

OCF FORM 16-A INSTRUCTIONS

Each contribution of \$200 or more received after the closing date for the 8-Day Pre-Elections Reports must be reported within 24 hours of its receipt. A candidate or political committee may use OCF Form 16-A, or his or her own paper or stationary, provided it contains the following information:

- (a) The candidate's name and the office sought;
- (b) The identification of the contributor and
- (c) The amount and date of receipt of the contribution.

All contributions for which 24 hour notice of receipt is given, must also be itemized in the candidate's or the committee's next scheduled report.

Note: OCF Form 16-A cannot be electronically filed.