

NOTE: SUBMISSION OF LATE, FALSE, ERRONEOUS, OR INCOMPLETE INFORMATION MAY SUBJECT THE PERSON TO THE PENALTIES OF D.C. OFFICIAL CODE § 1-1163.35.

(2) OATH OR AFFIRMATION OF PROGRAM TREASURER

I HEREBY SWEAR OR AFFIRM, SUBJECT TO PENALTIES OF PERJURY THAT I HAVE USED ALL REASONABLE DUE DILIGENCE TO PREPARE THIS REPORT, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE REPORT IS TRUE, CORRECT AND COMPLETE.

TYPE OR PRINT FULL NAME OF TREASURER

SIGNATURE OF TREASURER

DATE

SUBSCRIBED AND SWORN TO BEFORE ME THIS THE _____ DAY _____ OF _____, 20

NOTARY PUBLIC

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INSTRUCTIONS FOR PREPARING OCF FORM 28

WHO MUST FILE

Each Senator and Representative is required to file quarterly Reports of Receipts and Expenditures on OCF FORM 28

WHEN TO FILE

Each Senator and Representative must file with the Director of Campaign Finance a quarterly report of all contributions received and expenditures made. Reports are required to be filed on January 1st, April 1st, July 1st, and October 1st of each year. An electronic report is timely filed by midnight of the prescribed filing date.

HOW TO FILE

This form must be filed electronically at www.ocf.dc.gov, unless an exception to the mandatory electronic filing requirement is granted by the Director of the Office of Campaign Finance, pursuant to 3DCMR §3006.2 To file electronically, you must use your user id, password and PIN provided by the Office of Campaign Finance to certify the report.

WHERE TO FILE

If granted an exception to the mandatory electronic filing requirement, the original report and any amendments to an original report must be filed or mailed to the Office of Campaign Finance, 1015 Half Street S.E., Suite 775, Washington, D.C. 20003. An electronic report must be submitted at www.ocf.dc.gov.

OVERVIEW OF THE RECORDKEEPING AND REPORTING REQUIREMENTS

A Senator and Representative may use any recordkeeping or accounting system, which will enable it to comply with the Act. The Director of Campaign Finance recommends that separate accounting records be maintained by type for each of the various categories of receipts and expenditures on the Detailed Summary Page. This separate accounting record will assist the Senator or Representative in completing the report forms, since separate reporting schedules are required for each category. The reporting Schedules should be completed first so that the totals can be obtained for each category. Where appropriate, the totals must also be stated on the Summary Page.

FINANCIAL OFFICER'S RESPONSIBILITIES

A copy of this report must be maintained by the Senator or Representative or financial officer of the Statehood Fund for a period of not less than three years from the date of filing a termination report, which must be accepted and approved by the Director of Campaign Finance. The Senator or Representative or financial officer of the Statehood Fund is personally responsible for the timely and complete filing of the report and for the accuracy of any information contained in it.

LINE BY LINE INSTRUCTIONS

It is recommended that the Senator and Representative or Financial Officer complete the Detailed Summary Page before completing the Summary Page.

- Line 1** Print or type the complete name and mailing address of the Statehood Fund.
- Line 2** Enter the OCF Identification Number assigned to the Senator or Representative
- Line 3** If this is an original report, check the "NO" Box. If this is an amendment to a previous report, check the "YES" box.
- Line 4** Check the appropriate boxes for the filer type and type of report.
- Line 5** Enter the coverage dates for this report. All activity from the ending coverage date of the last report filed must be included.
- Line 6(a)** Enter the total amount of cash on hand at the beginning of the calendar year. The term "cash on hand" includes: currency; balance on deposits in banks, saving and loan institutions, and other depository institutions; travelers checks owned by the Senator or Representative; and certificates of deposit, treasury bills and other investments valued at cost.
- Line 6 (b)** Enter the total amount of cash on hand at the beginning of the reporting period.
- Line 6(c)** Transfer the amounts from Column A and Column B on Line 16 to the corresponding Columns of Line 6(c).
- Line 6(d)** Add Lines 6(b) and 6(c) to obtain the total for Column A add Lines 6(a) and 6(c) to obtain the total for Column B.
- Line 7** . Transfer the amounts from Column A and Column B from Line 22.
- Line 8** Transfer the amounts from line 25
- Line 9** Transfer the total amount of debts and obligations owed by or to the Statehood Fund from Schedule D.
- Line 10(a)** Transfer the total amount of loans owed BY the Statehood Fund from Schedule E.
- Line 10(b)** Transfer the total amount of loans owed TO the Statehood Fund from Schedule E-1.

**DETAILED SUMMARY PAGE OF
RECEIPTS AND EXPENDITURES
FOR STATEHOOD PROGRAMS**

1. Full Name of Statehood Program	REPORT COVERING THE PERIOD FROM: TO:	
I. RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CUMULATIVE- YEAR-TO- DATE
11. CONTRIBUTIONS (EXCLUDING LOANS) FROM:		
(a) Itemized monetary contributions from other than the Senator or Representative (Schedule A)....	\$	\$
(b) Itemized monetary contributions from the Senator or Representative (Schedule A-1).....	\$	\$
(c) Contributions of personal property from other than the Senator or Representative (Schedule A-2)..	\$	\$
(d) Contributions of Personal Property from the Senator or Representative (Schedule A-3).....	\$	\$
(e) Transfers from Authorized Committees (Schedule A-4).....	\$	\$
(f) Itemized Monetary Contributions in excess of \$10,000.00 from source not associated with the Senator or Representative or Statehood (Schedule A-7).....	\$	\$
(g) TOTAL Contributions- Excluding Loans (add lines 11(a) (b), (c), (d), (e) and (f)	\$	\$
12. SALES AND COLLECTIONS (Schedule C).....	\$	\$
13. LOANS RECEIVED		
(a) Made or guaranteed by the Senator or Representative and or Statehood (Schedule E)	\$	\$
(b) All other Loans (Schedule E-1).....	\$	\$
(c) TOTAL Loans (add lines 13(a) and (b)).....	\$	\$
14. OTHER RECEIPTS (DIVIDENDS, INTEREST, etc.) (Schedule A-5).....	\$	\$
15. OFFSETS TO OPERATING EXPENDITURES (Schedule A-6).....	\$	\$
16. TOTAL RECEIPTS (add Lines 11(g), 12, 13(c), 14 and 15).....	\$	\$
II. EXPENDITURES		
17. OPERATING EXPENDITURES (Schedule B).....	\$	\$
18. ALL OTHER EXPENDITURES (Schedule B-1).....	\$	\$
19. LOAN REPAYMENTS		
(a) Loans made or guaranteed by the Senator or Representative and/or Statehood Program (Schedule E).....	\$	\$
(b) All other Loans (Schedule E-1).....	\$	\$
(c) TOTAL Loan Repayments (add lines 19(a) and 19(b)).....	\$	\$
20. TOTAL EXPENDITURES (add lines 17, 18 and 19(c)).....	\$	\$
III. CASH SUMMARY		
21. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	
22. TOTAL RECEIPTS THIS PERIOD (from line 16)	\$	
23. SUBTOTAL (add lines 21 and 22)	\$	
24. TOTAL EXPENDITURES THIS PERIOD (from line 20)	\$	
25. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract line 24 from Line 23)...	\$	

INSTRUCTIONS FOR DETAILED SUMMARY PAGE-OCF FORM 28(PAGE 2)

A Senator or Representative must report the total amount of receipts and expenditures during the reporting period and during the calendar year for each category of receipts and expenditures on OCF FORM 28. The Statehood Fund's full name and coverage dates for the report must be entered in the appropriate blocks. If there are no receipts or expenditures for a particular category for a reporting period or calendar year, enter "0". To obtain the "Cumulative-To-Date" Total for each category, the Senator or Representative should add the "Cumulative-To-Date" Total from the previous report to the "Total for the current report" from Column A for the current report. For the first report filed, the "Cumulative-To-Date" Total is equal to the total from the prior period.

Line 11(a) Enter the total amount of contributions excluding loans from individuals, partnerships, and other persons who are not political committees on Line 11(a). For each such person who has made one or more contributions during the calendar year aggregating in excess of \$49, the Senator or Representative must provide on Schedule A the identification (full name, mailing address, occupation and name of employer of the person), date and amount of each contribution aggregating in excess of \$49, the aggregated year-to-date total. Each additional contribution from any such person must be separately itemized. The total amount of all contributions from individuals/organizations other than political committees not itemized during the reporting period on Schedule A must be entered on Line 12.

Line 11(b) Enter the total amount of contributions from public revenues excluding loans on Line 11(b). These contributions must be itemized on Schedule A-1. For each contribution, provide the identification (full name and mailing address), date and amount of the contribution and aggregate year-to-date total.

Line 11(c) Enter the total amount of contributions from political party committees excluding loans on Line 11(c). These contributions must be itemized on Schedule A-2. For each contribution, provide the identification (full name and mailing address), date and amount of the contribution and aggregate year-to-date total.

Line 11(d) Enter the total amount of contributions from other political committees excluding loans on Line 11(d). These contributions must be itemized on Schedule A-3. For each contribution, provide the identification (full name and mailing address), date and amount of the contribution and aggregate year-to-date total.

Line 11(e) Enter the total amount of contributions from the Senator or Representative on Line 11(e). If the Senator or Representative makes one or more contributions during the calendar year aggregating in excess of \$49, the Senator or Representative must provide on Schedule A-4 the identification (full name and mailing address), date and amount of each contribution aggregating in excess of \$49, and aggregate year-to-date totals.

LINE 11(f) Enter the total amount of itemized contributions from Schedule A-5 received in excess of \$10,000.00 from a source not associated with Statehood Program

Line 11(g) For both Column A and Column B add Lines 11(a), 11(b), 11(c), 11(d) and 11(e) and 11(f) to obtain the totals for Line 11(g).

Line 12 ENTER FUNDS RECEIVED FROM SALES AND COLLECTIONS FROM SCHEDULE C.

Line 13(a) Enter the total amount of loans made or guaranteed by the Senator or Representative on Line 13(a) from Schedule E.

Line 13(b) Enter the total amount of all other loans received by the Senator or Representative on Line 13(b) from Schedule E-1.

Line 13 (c) For both Column A and Column B add lines 13(a) and 13(b) to obtain the totals for Line 13(c).

Line 14 Enter the total amount of all other receipts (including dividends and interest, etc.) from Schedule A-5.

Line 15 For both Column A and Column B add Lines 11(f), 12, 13(d), and 14 to obtain the total for Line 15.

Line 16 For both Column A and Column B, add Lines 11(e), 12, 13(c), 14 and 15 to obtain total receipts.

Line 17 Enter the total amount of operating expenditures from Schedule B.

Line 18 Enter the total amount of all other expenditures on Line 18. For all other expenditures, provide full name of recipient, mailing address, date, amount and purpose of expenditure on Schedule B-1.

Line 19(a) Enter the total amount of loan repayment of loans made or guaranteed by the Senator or Representative on Line 18(a). These payments must be itemized on Schedule B, regardless of the amount. For each payment provide the full name, mailing address, date and amount and state that the purpose of the expenditure is a "loan repayment".

Line 19(b) Enter the total amount of loan repayment of all other loans on Line 18(b) from Schedule E-1..

Line 19(c) For both Column A and Column B add Lines 19(a) and Line 19(b) to obtain the totals for Line 19(c).

Line 20 For both Column A and Column B, add Lines 17, Line 18 and Line 19(c) to obtain the totals for Line 20.

Line 21 Enter the total amount of cash on hand at the beginning of the reporting period. This amount includes: currency; balance on deposit in banks, saving and loans institutions, and other depository institutions; traveler's checks owned by the Senator or Representative; certificates of deposit, treasury bills and other investments valued at cost.

Line 22 Transfer the amount from Column A and Line 16 to Line 22.

Line 23 Add Line 21 and Line 22 to obtain the subtotal.

Line 24 Transfer the amount from Column A of Line 20 to Line 24.

Line 25 Subtract Line 24 from Line 23 to obtain cash on hand at the close of the reporting period for Line 25.

ITEMIZED MONETARY CONTRIBUTIONS FROM OTHER THAN THE SENATOR OR REPRESENTATIVE

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.

Full Name of Statehood Program

1. Full Name, Mailing Address and Zip Code	Name and Address of Employer	Date (month, day, year)	Amount of Each Receipt This Period
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<p>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"/> Other (Specify) _____ <input type="checkbox"/> In kind (Specify) _____</p>	<p>Occupation</p> <hr/> <p>Contributor Type <input type="checkbox"/> Labor <input type="checkbox"/> Business <input type="checkbox"/> Other <input type="checkbox"/> Individual <input type="checkbox"/> PCC <input type="checkbox"/> PAC</p> <p>Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other</p>		
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List of Affiliated Entities	Full Name, Address and Zip Code of Affiliated Entity		
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Aggregate Year-to-Date

2. Full Name, Mailing Address and Zip Code	Name and Address of Employer	Date (month, day, year)	Amount of Each Receipt This Period
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<p>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"/> Other (Specify) _____ <input type="checkbox"/> In kind (Specify) _____</p>	<p>Occupation</p> <hr/> <p>Contributor Type <input type="checkbox"/> Labor <input type="checkbox"/> Business <input type="checkbox"/> Other <input type="checkbox"/> Individual <input type="checkbox"/> PCC <input type="checkbox"/> PAC</p> <p>Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other</p>		
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List of Affiliated Entities	Full Name, Address and Zip Code of Affiliated Entity		
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Aggregate Year-to-Date

Subtotal receipts for this page:

Total This Period (Aggregate the subtotal of all Receipt Pages)

INSTRUCTIONS FOR PREPARING SCHEDULE A

The Detailed Summary Page is broken down into various categories of receipts. Use the appropriate sub-schedule A to list each receipt required to be itemized. DO NOT combine more than one category of receipts to the same Schedule A. Instead, use a separate Schedule A for each category of receipts. The line number of the Detailed Summary Page to which each Schedule A pertains should be identified in the upper right corner of each Schedule. In addition, the Statehood Fund's full name must be entered in the appropriate block. For each receipt required to be itemized during the reporting period the Senator or Representative must provide the identification, date, and amount of the receipt, and the aggregate year-to-date total.

The term "identification" means, in the case of an individual, his or her full name, mailing address, occupation, and the name of his or her employer, in the case of any other person, the person's full name and address.

The occupation, name of employer and/or type of business is to be provided for receipt from all individuals. "Occupation" means the principal job title or position of an individual and whether or not self employed. "Employer" means the organization or person by whom an individual is employed, and not the name of his or her supervisor. The contributor type must be appropriately checked for each contribution received (i.e. Labor, Business, Individual etc.).

The term "identification" means, in the case of a business, the full name and mailing address of the business and the type, i.e., corporation, partnership, limited liability company, and sole proprietorship. For each contribution received from a business, the Statehood Program must also provide the full name and mailing address of all affiliated entities of the business contributor, including any which have made contributions to the program, including the date and amount, as well as the name of all owners of the business contributor and its affiliated entities

The aggregate year-to-date total must be given for each receipt and must equal the amount that the person has given to the Senator or Representative for that particular category of receipts for the calendar year. If a receipt is the only receipt from a person during the calendar year, the aggregate year-to-date total must still be entered.

The "Total This Period" amount (the last line on Schedule A) must be added to all other receipts for the category which are not to be itemized and carried forward to Column A of the corresponding line of the Detailed Summary Page.

Absent evidence to the contrary, any contribution made by check, money order or other written instrument must be reported as a contribution by the last person signing the instrument prior to delivery to the Senator or Representative.

A contribution which represents contributions by more than one person must indicate on the written instrument, or on an accompanying written instrument signed by all contributors, the amount to be attributed to each contributor.

MISCELLANEOUS

Contribution In-Kind. Contributions in-kind (i.e., goods and services provided to a Senator or Representative) are treated as any other contribution and must be reported and itemized under the appropriate category of receipts. For example, a contribution in-kind from an individual must be itemized on Schedule A and reported under the category for "Contributions from Individuals/Organizations." The value of each contribution in-kind must be entered in the "Amount of Each

Receipt This Period" column. The amount or the value of the contribution in-kind is the difference between the usual and normal charge for the goods or services at the time of the contribution and the amount charged the Senator or Representative.

The "aggregate year-to date" total must include the total amount of all contributions which the person has contributed to the Senator or Representative during the calendar year. The item must be labeled "contribution in-kind" and include the nature of the contribution (e.g., consulting, polling, etc.).

Each contribution in-kind must also be reported in the same manner as an operating expense on Schedule B and included in the total for "Operating Expenditures" (Note: A Statehood Fund which makes a contribution in-kind only reports it as an expenditure and itemizes the transaction in Schedule B with a notation "contribution in-kind". The purpose of the expenditure (e.g., consulting, polling, etc) and the aggregate year to date amount must also be provided. The Senator or Representative receiving the contribution in-kind must report it as both a receipt and an expenditure. Contributions of stocks, bonds, art objects, and other similar items to be liquidated must be reported as follows.

(1) If the item has not been liquidated at the close of the reporting period, the Senator or Representative must record as a memo an entry (not as cash) on Schedule A the item's fair market value on the date received, including the name and mailing address (and when in excess of \$49, the occupation and name of the employer) of the contributor. The total amount of the items to be liquidated must be entered under "Total This Period" on the last line of Schedule A. This amount must NOT be carried forward to the "Detailed Summary Page".

(2) When the item is sold, the Senator or Representative must report the proceeds and include them in the appropriate categories on the Detailed Summary Page. It must also report the (i) name and mailing address (an, when in excess of \$49, the occupation and name of the employer) of the purchaser on Schedule A, if purchased directly from the Senator or Representative (the purchaser is considered to have made a contribution to the Senator or Representative) and (ii) the identification of the original contribution on Schedule A.

Earmarked Contributions. For each earmarked contribution received, the Senator or Representative must report on Schedule A the name and address of the original contributor, the date of receipt and the amount of the contribution. If the original contributor makes contributions aggregating more than \$ 49 to the Senator or Representative must also report the occupation during the calendar year, and name of the employer. If the contribution passes through the Senator or Representative and is forwarded to another Senator or Representative, the conduit Senator or Representative must disclose each contribution, on both Schedule A and Schedule B and include the amount under the appropriate category of receipts and expenditures. If the contribution was passed on in the form of the contributor's check, the conduit must disclose each contribution on a separate Schedule A attached to the conduits (intermediary) next report and the amounts of such contributions are not required to be included in the totals for the appropriate categories of receipts and expenditures. If a Senator or Representative is not a conduit, but is the intended recipient, the Senator or Representative must report each conduit through which the earmarked contribution passed, including the name and address of the conduit, and whether the contribution was passed on in cash, by the contributor's check, or by the conduit's check.

Checks Returned Due to Insufficient Funds. If a contributor's check is returned to the Senator or Representative due to insufficient funds and the receipt of the check was previously reported, the Senator or Representative must report the return under the appropriate category of receipts as a negative entry and net out the amount of the check from the total for that category. If the original receipt of the check was itemized on Schedule A, the return of the check must also be itemized as a negative entry on Schedule A. If the receipt of the check was never reported, the return of the check should not be reported.

Checks Refunded to the Senator or Representative. A contribution may be refunded to the Senator or Representative in one of two ways:

- (1) The original check is returned uncashed. If the contribution was reported, the refund should be reported as a negative entry on Schedule B, and the amount of the contribution refund subtracted for the expenditure totals on the line of the Detailed Summary Page that it was reported on.

- (2) The original check is returned and the refund is made by check from the recipient of the contribution. Such a transaction should be

reported as a receipt on Schedule A for the appropriate line of the Detailed Summary Page. This procedure is applicable regardless of whether the amount refunded is the full or only a partial refund of the contribution or whether the contribution was previously reported.

Best Efforts. When the Senator or Representative or financial officer shows that "best efforts" have been used to obtain, maintain and submit the information required, the Senator or Representative shall be considered in compliance with the Act.

With regard to reporting the identification of each person whose contribution(s) to the Senator or Representative aggregating more than \$49 in a calendar year, the Senator or Representative or financial officer will not be deemed to have exercised best efforts to obtain the required information unless he or she has made at least one effort per solicitation either by written request or by an oral request documented in writing to obtain the information from the contributor. The effort shall consist of a clear request for the information (i.e., name, mailing address, occupation, name of employer) which informs the contributor that the reporting of the information is required by law.

**SCHEDULE A-1
PUBLIC REVENUE RECEIPTS**

OCF FORM 28 (See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.

Full Name of Statehood Fund

1. Full Name, Mailing Address and Zip Code	SOURCE (specify appropriations act)	Date (month, day, year)	Amount of Each Receipt This Period				
<table border="1"> <tr> <td data-bbox="74 636 737 890"> 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"/> Other (Specify) _____ <input type="checkbox"/> In kind (Specify) _____ </td> <td colspan="3" data-bbox="737 636 1568 890"> Aggregate Year-To-Date - \$ </td> </tr> </table>				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"/> Other (Specify) _____ <input type="checkbox"/> In kind (Specify) _____	Aggregate Year-To-Date - \$		
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"/> Other (Specify) _____ <input type="checkbox"/> In kind (Specify) _____	Aggregate Year-To-Date - \$						
2. Full Name, Mailing Address and Zip Code	SOURCE (specify appropriations act)	Date (month, day, year)	Amount of Each Receipt This Period				
<table border="1"> <tr> <td data-bbox="74 1155 737 1442"> 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"/> Other (Specify) _____ <input type="checkbox"/> In kind (Specify) _____ </td> <td colspan="3" data-bbox="737 1155 1568 1442"> Aggregate Year-To-Date - \$ </td> </tr> </table>				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"/> Other (Specify) _____ <input type="checkbox"/> In kind (Specify) _____	Aggregate Year-To-Date - \$		
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"/> Other (Specify) _____ <input type="checkbox"/> In kind (Specify) _____	Aggregate Year-To-Date - \$						
3. Full Name, Mailing Address and Zip Code	SOURCE (specify appropriations act)	Date (month, day, year)	Amount of Each Receipt This Period				
<table border="1"> <tr> <td data-bbox="74 1701 737 1950"> 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"/> Other (Specify) _____ <input type="checkbox"/> In kind (Specify) _____ </td> <td colspan="3" data-bbox="737 1701 1568 1950"> Aggregate Year-To-Date - \$ </td> </tr> </table>				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"/> Other (Specify) _____ <input type="checkbox"/> In kind (Specify) _____	Aggregate Year-To-Date - \$		
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"/> Other (Specify) _____ <input type="checkbox"/> In kind (Specify) _____	Aggregate Year-To-Date - \$						
SUBTOTAL receipts for this page.....							
TOTAL This Period (Aggregate the subtotal of all Receipts Pages).....							

INSTRUCTIONS FOR SCHEDULE A-1

For each amount appropriated from public revenues, provide the full name and address of the person or entity delivering the funds, date, source (specify the appropriations act) and amount of the receipt.

SCHEDULE A-2
CONTRIBUTIONS FROM POLITICAL PARTY COMMITTEES

OCF FORM 28

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.

Full Name of Statehood Fund

1. Full Name, Mailing Address and Zip Code		Contributor Type	Date (month, day, year)	Amount of Each Receipt This Period
		<input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Statehood Green <input type="checkbox"/> Other (specify)		
		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Checks <input type="checkbox"/> Credit Cards <input type="checkbox"/> In Kind (specify) <input type="checkbox"/> Other (specify)	Aggregate Year-To- Date-\$	
2. Full Name, Mailing Address and Zip Code		Contributor Type	Date (month, day, year)	Amount of Each Receipt This Period
		<input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Statehood Green <input type="checkbox"/> Other (specify)		
		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Checks <input type="checkbox"/> Credit Cards <input type="checkbox"/> In Kind (specify) <input type="checkbox"/> Other (specify)	Aggregate Year-To- Date-\$	
3. Full Name, Mailing Address and Zip Code		Contributor Type	Date (month, day, year)	Amount of Each Receipt This Period
		<input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Statehood Green <input type="checkbox"/> Other (specify)		
		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Checks <input type="checkbox"/> Credit Cards <input type="checkbox"/> In Kind (specify) <input type="checkbox"/> Other (specify)	Aggregate Year-To- Date-\$	
4. Full Name, Mailing Address and Zip Code		Contributor Type	Date (month, day, year)	Amount of Each Receipt This Period
		<input type="checkbox"/> Republican <input type="checkbox"/> Democratic <input type="checkbox"/> Statehood Green <input type="checkbox"/> Other (specify)		
		Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Checks <input type="checkbox"/> Credit Cards <input type="checkbox"/> In Kind (specify) <input type="checkbox"/> Other (specify)	Aggregate Year-To- Date-\$	
SUBTOTAL receipts for this page.....				
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....				

INSTRUCTIONS FOR SCHEDULE A-2

For each contribution from a political party, provide the identification (full name and address of the committee), date and amount of the contribution, the contributor and contribution type and the aggregate year-to-date total.

SCHEDULE A-3
CONTRIBUTIONS FROM OTHER POLITICAL COMMITTEES

OCF FORM 28

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.

Full Name of Statehood Fund

Full Name of Statehood Fund			
1. Full Name, Mailing Address and Zip Code	Contributor Type <input type="checkbox"/> Corporate Sponsored PAC <input type="checkbox"/> Labor Sponsored PAC <input type="checkbox"/> Other PAC	Date <small>(month, day, year)</small>	Amount of Each Receipt This Period
Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Checks <input type="checkbox"/> Credit Cards <input type="checkbox"/> In Kind (specify) <input type="checkbox"/> Other (specify)	Aggregate Year-To-Date \$		
2. Full Name, Mailing Address and Zip Code	Contributor Type <input type="checkbox"/> Corporate Sponsored PAC <input type="checkbox"/> Labor Sponsored PAC <input type="checkbox"/> Other PAC	Date <small>(month, day, year)</small>	Amount of Each Receipt This Period
Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Checks <input type="checkbox"/> Credit Cards <input type="checkbox"/> In Kind (specify) <input type="checkbox"/> Other (specify)	Aggregate Year-To-Date \$		
3. Full Name, Mailing Address and Zip Code	Contributor Type <input type="checkbox"/> Corporate Sponsored PAC <input type="checkbox"/> Labor Sponsored PAC <input type="checkbox"/> Other PAC	Date <small>(month, day, year)</small>	Amount of Each Receipt This Period
Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Checks <input type="checkbox"/> Credit Cards <input type="checkbox"/> In Kind (specify) <input type="checkbox"/> Other (specify)	Aggregate Year-To-Date \$		
SUBTOTAL receipts for this page.....			
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....			

INSTRUCTIONS FOR SCHEDULE A-3

For each contribution from a political action committee (PAC), including those sponsored by a corporation or union, provide the identification (full name and address of the committee), date and amount of the contributor and contribution type, and the aggregate year-to-date total.

SCHEDULE A-4
CONTRIBUTIONS FROM THE SENATOR OR REPRESENTATIVE

OCF FORM 28

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.

Full Name of Statehood Fund

Aggregate Year-To-Date - \$	Date (month, day, year)	Amount of Each Receipt This Period
Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Checks <input type="checkbox"/> Credit Cards <input type="checkbox"/> In Kind (specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date - \$	Date (month, day, year)	Amount of Each Receipt This Period
Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Checks <input type="checkbox"/> Credit Cards <input type="checkbox"/> In Kind (specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date - \$	Date (month, day, year)	Amount of Each Receipt This Period
Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Checks <input type="checkbox"/> Credit Cards <input type="checkbox"/> In Kind (specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date - \$	Date (month, day, year)	Amount of Each Receipt This Period
Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Checks <input type="checkbox"/> Credit Cards <input type="checkbox"/> In Kind (specify) <input type="checkbox"/> Other (specify)		
Aggregate Year-To-Date - \$	Date (month, day, year)	Amount of Each Receipt This Period
Contribution Type <input type="checkbox"/> Cash <input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Cashier Checks <input type="checkbox"/> Credit Cards <input type="checkbox"/> In Kind (specify) <input type="checkbox"/> Other (specify)		

SUBTOTAL receipts for this page.....	
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....	

INSTRUCTIONS FOR SCHEDULE A-4

For each contribution received from the Senators or Representative, provide the contribution type, date and amount of the contribution. If the Senator or Representative makes one or more contribution during the calendar year aggregating in excess of \$49, the Statehood Fund must provide the aggregate-year-to-date total on Schedule A-4.

**SCHEDULE A-5
OTHER RECEIPTS (DIVIDENDS, INTEREST, ETC.)**

OCF FORM 28

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.

Full Name of Statehood Fund

Full Name of Statehood Fund			
1. Full Name, Mailing Address and Zip Code	Receipt Type <input type="checkbox"/> Dividends <input type="checkbox"/> Interest <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt This Period
	Aggregate Year- To Date-\$		
2. Full Name, Mailing Address and Zip Code	Receipt Type <input type="checkbox"/> Dividends <input type="checkbox"/> Interest <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt This Period
	Aggregate Year- To Date-\$		
3. Full Name, Mailing Address and Zip Code	Receipt Type <input type="checkbox"/> Dividends <input type="checkbox"/> Interest <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt This Period
	Aggregate Year- To Date-\$		
4. Full Name, Mailing Address and Zip Code	Receipt Type <input type="checkbox"/> Dividends <input type="checkbox"/> Interest <input type="checkbox"/> Other	Date (month, day, year)	Amount of Each Receipt This Period
	Aggregate Year- To Date-\$		
SUBTOTAL receipts for this page.....			
TOTAL This Period (Aggregate the subtotal of all Receipt Pages).....			

INSTRUCTIONS FOR SCHEDULE A-5

For each entity and/or institution from which any dividends, interest or other receipts are received, provide the identification of the entity, the date and amount of each receipt, the aggregate year-to-date total and type of receipt received by the Statehood Fund.

SCHEDULE A-6
OFFSETS TO OPERATING EXPENDITURES (REFUNDS, REBATES, ETC)

OCF FORM 28

(See reverse side for Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.

Full Name of Statehood Fund

Full Name of Statehood Fund			
1. Full Name, Mailing Address and Zip Code	Receipt Type <input type="checkbox"/> Refund <input type="checkbox"/> Rebate <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Offsets Received This Period
Aggregate Year-To-Date-\$			
2. Full Name, Mailing Address and Zip Code	Receipt Type <input type="checkbox"/> Refund <input type="checkbox"/> Rebate <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Offsets Received This Period
Aggregate Year-To-Date-\$			
3. Full Name, Mailing Address and Zip Code	Receipt Type <input type="checkbox"/> Refund <input type="checkbox"/> Rebate <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Offsets Received This Period
Aggregate Year-To-Date-\$			
4. Full Name, Mailing Address and Zip Code	Receipt Type <input type="checkbox"/> Refund <input type="checkbox"/> Rebate <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Offsets Received This Period
Aggregate Year-To-Date-\$			
SUBTOTAL Offsets received for this page.....			
TOTAL This Period (Aggregate the subtotal of all Offset Pages).....			

INSTRUCTIONS FOR SCHEDULE A-6

For each person from whom a rebate, refund, return check and or other offsets to operating expenditures are received, the Statehood Fund must provide the identification of the person, and or entity, date, amount, type of each offset and the aggregate year-to- date total.

SCHEDULE A-7

ITEMIZED MONETARY CONTRIBUTIONS IN EXCESS OF \$10,000.00 COLLECTED FROM OTHER THAN THE STATEHOOD PROGRAM

(See reverse side from Instructions. Use separate Schedule(s) for each category of the Detailed Summary Page.)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.

Full Name, Mailing Address and Zip Code of each person known to have forwarded two (2) or more contributions exceeding \$10,000.00		Total Amount of Contribution Received	Date Contribution Received
Name and Address of Employer			
1. Full Name, Mailing Address and Zip Code	Name and Address of Employer	Date of Contribution (month, day, year)	Contribution Amount
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(except personal property) <input type="checkbox"/> Other Specify In kind or Other _____ _____	Occupation Contributor Type <input type="checkbox"/> Labor <input type="checkbox"/> Business <input type="checkbox"/> Other <input type="checkbox"/> Individual Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other		
Aggregate Year-to-Date			
2. Full Name, Mailing Address and Zip Code	Name and Address of Employer	Date of Contribution (month, day, year)	Contribution Amount
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(except personal property) <input type="checkbox"/> Other Specify In kind or Other _____ _____	Occupation Contributor Type <input type="checkbox"/> Labor <input type="checkbox"/> Business <input type="checkbox"/> Other <input type="checkbox"/> Individual Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other		
Aggregate Year-to-Date			
3. Full Name, Mailing Address and Zip Code	Name and Address of Employer	Date of Contribution (month, day, year)	Contribution Amount
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(except personal property) <input type="checkbox"/> Other Specify In kind or Other _____ _____	Occupation Contributor Type <input type="checkbox"/> Labor <input type="checkbox"/> Business <input type="checkbox"/> Other <input type="checkbox"/> Individual Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other		
Aggregate Year-to-Date			

INSTRUCTIONS FOR SCHEDULE A-7

For each person from whom two(2) or more contributions are received in excess of \$10,000.00 and who was not authorized by the Statehood Program as an agent to collect the contributions, the Senator or Representative or the Statehood Program if filing must provide the identification of the person, and or entity, the date, and total amount of contributions received; and list and identify each person from whom a contribution was received

**SCHEDULE B
OPERATING EXPENDITURES**

OCF FORM 28 (See reverse side for Instructions. Use separate Schedules(s) for each category of the Detailed Summary Page.)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.

FULL Name of Statehood Fund

1. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
2. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
3. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
4. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
5. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
SUBTOTAL of Expenditures This Page (Optional).....			
TOTAL This Period (aggregate the subtotal of all Expenditure pages.....			

INSTRUCTIONS FOR PREPARING SCHEDULE B

THE DETAILED SUMMARY PAGE is broken down into various categories of expenditures. Use the appropriate Schedule B to list each expenditure required to be itemized. Use a separate Schedule B for each category of expenditures. The line number of the Detailed Summary Page to which each Schedule B pertains should be identified in the upper right hand corner of each Schedule. In addition, the Statehood Fund's full name must be entered in the appropriate block.

For each expenditure required to be itemized during the reporting period, the Statehood Fund must provide the full name, mailing address, date, amount and purpose of the expenditure.

The term "purpose" means a brief statement or description of why the expenditure was made. Examples of adequate descriptions include the following: advertising, salary/stipend, Statehood Fund and/or Senator or Representative loan repayment, other loan repayment, travel/vehicle expense printing/copying, supplies, consulting, Statehood Fund fundraiser, poling/ mailing list, postage, shipping/courier, office supplies/furniture, bank fees, catering/refreshments, telephone/communication, computer services/supplies/equipment, office rental, in-kind, utility, office maintenance, trash/poster removal, petty cash, equipment purchases/rental. However, statements or descriptions such as "advance", "expense reimbursement", "miscellaneous", and "outside services", would not meet the requirement for reporting the purpose of an expenditure. If the expenditure is a "loan repayment", "contribution refund", (reported on Schedule B-2) or similar category of expenditure (other than an operating expenditure), the name of the category of expenditure (i.e., "loan repayment", etc.) is sufficient to meet the requirement for reporting the purpose of an expenditure.

The "Total This Period" amount (the last line on Schedule B) must be added to all other expenditures for that category which are not itemized and carried forward to Column A of the corresponding line of the Detailed Summary Page.

CONTRIBUTIONS IN-KIND RECEIVED

Contributions in-kind received by the committee which are itemized on Schedule A must also be itemized as an operating expenditure on Schedule B. In addition, in the "Purpose of Expenditure" box include the notation "Contribution In-Kind", and the nature of the expenditure (e.g., consulting, polling etc).

**SCHEDULE B-1
ALL OTHER EXPENDITURES**

OCF FORM 28

(See reverse side for Instructions. Use separate Schedules(s) for each category of the Detailed Summary Page.)

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions, or for commercial purposes.

FULL Name of Statehood Fund			
1. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
2. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
3. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
4. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
5. Full Name, Mailing Address and Zip Code	Purpose of Expenditure	Date (month, day, year)	Amount of Each Expenditure This Period
SUBTOTAL of Expenditures This Page (Optional).....			
TOTAL This Period (aggregate the subtotal of all Expenditure pages.....			

INSTRUCTIONS FOR SCHEDULE B-1

For all other expenditures provide an itemized account of the full name, mailing address, date, amount and purpose of expenditure made during the reporting period. This includes any expenditure outside of general operating expenditures, such as refunds of contributions, returned checks, charitable donations, the payment of fines and taxes, and the purchase of tickets to events.

**SCHEDULE C
SALES AND COLLECTIONS**
(See reverse side for Instructions)

OCF FORM 28

Page of for Line Number 12

Full Name of Statehood Fund _____

TOTAL SUM OF PROCEEDS DURING THE REPORTING PERIOD FROM: _____ TO _____	
1. Sale of Tickets (List by event below)*.....	\$ _____
2. Mass Collections (list by event below).....	\$ _____
3. Sale of Items.....	\$ _____
4. Total cash/check contributions of \$49.00 or less from individuals	\$ _____
TOTAL (carry forward to Line 12 of Detailed Summary Page).....	\$ _____

LIST OF SALES AND COLLECTIONS BY EVENT

Date of Event (Month, Day, Year)	Type of Event	Amount From Sale of Tickets This Period	Amount From Mass Collections This Period
		\$	\$
TOTAL THIS PERIOD (Aggregate the subtotal of all Sales and Collections Pages)		\$	\$

* After completion of the above list by event, use the appropriate sub-schedule of Schedule A to list the date, full name and mailing address (occupation and principal place of business, if any) of each person who has purchased one or more tickets for events such as dinners, luncheons, rallies, and similar fund-raising events during this reporting period, and whose ticket purchases are in excess of \$49, or whose total ticket purchases to date for the calendar year (aggregate) are in excess of \$49. Attach the appropriate sub-schedule of Schedule A to this Schedule, and identify it as Part 2 of Schedule C.

INSTRUCTIONS FOR PREPARING SCHEDULE C

Part 1.

Use this form to itemize Sales and Collections. This form may be duplicated or the information may be itemized on computer printouts or any 8 ½x11” paper providing only the information required in the same format.

Part 2. FUNDS RECEIVED FROM SALES AND COLLECTIONS- This is an account of proceeds during this reporting period from (1) the sale of tickets to each dinner, luncheon, rally, or other fund-raising event; and (2) mass collections made at each such event. The sale of items (3)

SCHEDULE D
DEBTS AND OBLIGATIONS
(Excluding Loans)

OCF FORM 28

Page ___ of ___ for Line Number ___

(See reverse side for Instructions. Use separate Schedules for debts owed to the Statehood Fund and /or Senator or Representative

Full Name of Statehood Fund	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):	Terms:	Date Incurred:	Date Due:	Interest Rate:
2. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):	Terms:	Date Incurred:	Date Due:	Interest Rate:
3. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):	Terms:	Date Incurred:	Date Due:	Interest Rate:
4. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):	Terms:	Date Incurred:	Date Due:	Interest Rate:
5. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose):	Terms:	Date Incurred:	Date Due:	Interest Rate:
6. Full Name, Mailing Address and Zip Code of Debtor or Creditor				
Nature of Debt (Purpose);	Terms:	Date Incurred:	Date Due:	Interest Rate:
1. SUBTOTAL This Period This Page				\$
(2) TOTAL This Period (aggregate the subtotal of all Debts and Obligations Schedules				\$

INSTRUCTIONS FOR PREPARING SCHEDULE D

When filling out Schedule D, the Senator/Representative must enter full name of Statehood Fund in the box at the top of the page.

DO NOT combine debts and obligations Owed To the Senator/Representative with those Owed BY the Senator/Representative on the same Schedule D. Instead, use a separate Schedule D.

DEBTS AND OBLIGATIONS OWED BY THE SENATOR/REPRESENTATIVE (Other Than Loans)

For debts and obligations owed BY the reporting Senator/Representative at the close of the reporting period and which are required to be disclosed, the Senator/Representative must report the full name and mailing address of each creditor, the amount of the debt outstanding at the beginning of the period, the amount of the debt or obligation incurred this period, (including any finance charges), the payment(s) this period to retire the debt or obligation, the outstanding balance at the close of the reporting period and the nature or purpose of the debt and obligation. The terms “nature” or “purpose” mean a brief statement or description of why the debt or obligation was incurred (e.g., media, salary, polling, supplies, mailing).

A written contract (including a media contract), promise, or agreement to make an expenditure which has not been paid for by the Senator/Representative is an expenditure as of the date of the contract, promise or obligation is made and is subject to the reporting requirements. Accounts payable and written contracts, promises, or agreements to make expenditures, in amounts of \$50.00 or less, need not be disclosed until outstanding for sixty days or more.

Debts and obligations owed BY the Senator/Representative must continue to be reported on each subsequent report until extinguished or settled in a manner permitted by the Campaign Finance Regulations. When a payment is made to reduce or extinguish an obligation owed BY the Senator/Representative, the payment must be itemized on Schedule B, reported on the appropriate line of the Detailed Summary Page, and included in the “payment this period” column on Schedule D. If a debt or obligation is settled for less than the report amount or value, the reporting Senator/Representative must include a statement as to the circumstances and conditions under which the debt or obligation was extinguished and the amount paid. A debt owed BY the Senator/Representative which is forgiven or settled for less than the amount owed is a

contribution unless the debt is forgiven or settled in accordance with the Campaign Finance Regulations. The extension of credit by any person for a length of time beyond normal business or trade practice is a contribution, unless the creditor has made a commercially reasonable attempt to collect the debt. The total amount of the debts and obligations owed BY the Senator/Representative during the reporting period must be entered at the bottom of the last page under “Total This Period” and added to the total loans owed by the Senator/Representative from Schedule E. The total amount of debts and obligations owed BY the Senator/ Representative (including loans) must be carried forward to the Summary Page.

DEBTS AND OBLIGATIONS OWED TO THE SENATOR/REPRESENTATIVE (OTHER THAN LOANS)

For each debt and obligation owed TO the Senator/Representative at the close of the reporting period, the Senator/Representative must report; the full name and mailing address of each creditor, the amount of the debt outstanding at the beginning of the period, the amount of the debt or obligation incurred this period, the payment(s) this period to retire the debt or obligation, the outstanding balance at the close of the reporting period and the nature or purpose of the debt or obligation. The term “Nature” or “purpose” means a brief statement or description of why the debt or obligation was incurred (e.g., media, salary, polling, supplied, mailing). Debts and obligations owed TO the Senator/Representative must continue to be reported on each subsequent report until extinguished or settled in a manner permitted by the Campaign Finance Regulation. When a payment is received to rule or extinguish a debt or obligation owed TO the Senator/Representative, the payment must be itemized on Schedule A, reported on the appropriate line of the Detailed Summary Page, and included in the “payment this period” column on Schedule D. Written contracts or agreements (such as signed pledge card) or oral promises to make a contribution are not required to be reported. The total amount of debts and obligations owed TO the Senator/Representative during the reporting period must be entered at the bottom of the last page under “total this period” and added to the total loans owed to the Senator/Representative from Schedule E. The total amount of debts and obligations owed TO the Senator/Representative (including loans) must be carried forward to the Summary Page.

SCHEDULE E

Page ____ of ____ for Line Number ____

OCF FORM 28 LOANS MADE OR GUARANTEED BY THE STATEHOOD FUND AND/OR SENATOR OR REPRESENTATIVE
 (See reverse side for Instructions. Use separate Schedule(s) for loans made by the Statehood Fund and loans owed to the Statehood Fund)

Full Name of Statehood Fund				
A. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Payment This Period	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Terms: Date Incurred Date Due_ Interest Rate % (apr) Secured				
List All Endorsers or Guarantors (if any) to Item A:				
1. Full Name, Mailing Address and Zip Code	Name of Employer			
	Occupation			
	Guaranteed Amount Outstanding \$			

B. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Payment This Period	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Terms: Date Incurred Date Due Interest Rate % (apr) Secured				
List All Endorsers or Guarantors (if any) to Item B:				
1. Full Name, Mailing Address and Zip Code	Name of Employer			
	Occupation			
	Guaranteed Amount Outstanding \$			

C. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Payment This Period	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Terms: Date Incurred Date Due Interest Rate % (apr) Secured				
List All Endorsers or Guarantors (if any) to Item C:				
1. Full Name, Mailing Address and Zip Code	Name of Employer			
	Occupation			
	Guaranteed Amount Outstanding \$			

SUBTOTALS this period this page				\$ _____
TOTALS this period (Aggregate the Subtotals from all Loan Schedules).....				\$ _____
Carry Aggregate Outstanding Loan Balance to Line 3, Schedule D. If no Schedule D, carry forward to appropriate line at Summary.				

INSTRUCTIONS FOR PREPARING SCHEDULE E

A loan is a contribution at the time it is made and is a contribution to the extent it remains unpaid. A LOAN (OTHER THAN BY THE SENATOR OR REPRESENTATIVE) WHICH EXCEEDS THE CONTRIBUTION LIMITATIONS IS UNLAWFUL WHETHER OR NOT IT IS REPAYED. The aggregate amount loaned to the Senator or Representative or Statehood Fund by another individual or Statehood Fund, when added to other contributions from that individual or Statehood Fund to that Senator or Representative or Statehood Fund, shall not exceed the contribution limitations. A loan, to the extent that it is repaid, is no longer a contribution. All loans to a Statehood Fund (regardless of amount) must be disclosed on the first report filed with the Director of Campaign Finance after the date the loan is made.

LOANS MADE BY THE SENATOR OR REPRESENTATIVE

This category includes personal loans from the Senator or Representative and loans from lending institutions, which are secured, endorsed or guaranteed by the Senator or Representative and used in connection with the Senator or Representative's Statehood Fund. All loans made, guaranteed, or endorsed by the Senator or Representative must be itemized on Schedule E. Regardless of the amount, for each loan, provide the identification, date and amount of the loan and the aggregate year-to-date-total. **Note: a loan guaranteed by the Senator or Representative and any other person(s) must be apportioned between the Senator or Representative on Line 13(a) and the other person(s) on Line 13 (b)**

When filing Schedule E, the Statehood Fund must enter its full name in the box at the top of the page.

LOANS OWED BY THE STATEHOOD FUND

When a loan is received by the Statehood Fund, it must be itemized on Schedule A and must also be disclosed on Schedule E. (See also instructions for Schedule A for itemizing loans received by a Statehood Fund.) For each loan owed BY the reporting Statehood Fund at the close of the reporting period, the Statehood Fund must report certain basic information on Schedule E in the appropriate boxes: (1) full name, mailing address and zip code of the creditor; (2) the original amount of the loan; (3) the cumulative payment on date of the loan; and (4) the outstanding balance at the close of the reporting period (i.e., the remaining unpaid portion of the loan).

Certain additional information must be entered on Schedule E in the box entitled "TERMS": (1) if an intermediary is reported as the source of the loan, the original source of the loan (which must be disclosed in the first box for endorser and guarantors with a notation that the person identified is the original source); (2) the date the obligation was incurred; (3) the date the loan is due or the amortization schedule (if there is no due date or amortization schedule, enter "None" on the appropriate line); (4) the actual rate of interest charged on each loan, if the loan does not bear an interest rate, enter "None" on the appropriate line; and (5) check the box if the loan has been secured.

In instances where the loan has endorser or guarantors, the following information must be supplied: (1) the identification of each endorser or guarantor; and (2) the amount of the endorsement or guarantor outstanding at the close of the reporting period. The term "identification" means: (a) in the case of an individual, his or her full name, mailing address, occupation, and the name of employer; and (b) in the case of any other person, the person's full name and address.

Loans owed BY the Statehood Fund must continue to be reported on each subsequent report until repaid. When a payment is made to reduce or extinguish the amount of a loan owed BY the Statehood Fund, the payment must be itemized on Schedule B, reported on the appropriate line of the Detailed Summary Page, and included in the "Cumulative Payment Date" column on Schedule E. If any extension for repayment is granted, this should be reported on the first report after the extension is made.

If a loan is settled for less than the reported amount, the reporting Statehood Fund must include a statement as to the circumstances and conditions under which the debt or obligation was extinguished and the amount paid. A loan owed BY a political Statehood Fund which is forgiven or settled for less than the amount owed, is a contribution. The total amount of loans owed BY the Statehood Fund at the close of the reporting period must be entered on the line for "Total This Period" on the bottom of the last page of Schedule D. If no debts or obligations are reported on Schedule D, carry the outstanding balance forward to the Summary Page.

LOANS OWED TO THE STATEHOOD FUND

When a loan is made by the Statehood Fund, it must be itemized on Schedule B and must also be disclosed on Schedule E (see also instructions for Schedule B for itemizing loans made by the Statehood Fund). For each loan owed TO the Statehood Fund at the close of the reporting period, the Statehood Fund must report certain basic information on Schedule E in the appropriate boxes: (1) the full name, mailing address, and zip code of each debtor; (2) the original amount of the loan; (3) the cumulative payment to date on the loan; and (4) the outstanding balance at the close of the reporting period (i.e., the remaining unpaid portion of the loan).

MISCELLANEOUS

Loans By Financial Institutions. A loan of money by a District of Columbia bank, a federally chartered depository institution (including a national bank) or a depository institution whose deposits and accounts are insured by the Federal Deposit Insurance Corporation, or the National Credit Union Administration is not a contribution by the lending institution, if the loan is made in accordance with applicable banking laws and regulations and is made in the ordinary course of business. A loan is deemed to be made in the ordinary course of business if it bears the usual and customary interest rate of the lending institution for the category of loan involved; is made on a basis that insures

When filing Schedule E, the Statehood Fund must enter its full name in the at the top of the page.

DO NOT combine loans owed TO the Statehood Fund with those owed BY the Statehood Fund on the same Schedule E. Instead, use a separate Schedule E.

Certain additional information must be entered on Schedule E in the box entitled TERMS: (1) the date the obligation was incurred; (2) the date the loan is due or the amortization schedule (if there is no due date or amortization schedule, enter "None" on the appropriate line); (3) the actual rate of interest charged on the loan (if the loan does not bear an interest rate, enter "None" on the appropriate line); (4) check the box if the loan has been secured. Loans owed TO the Statehood Fund must continue to be reported on each subsequent report until repaid. When a payment is received to reduce or extinguish a loan owed TO the Statehood Fund, the payment must be itemized on Schedule A, reported on the appropriate line of the Detailed Summary Page, and included in the "Cumulative Payment to Date" column on Schedule E. If any extension for repayment is granted or made, this should be reported on the first report after the extension is made.

The total amount of loans owed TO the Statehood Fund at the close of the reporting period must be entered on the line for "Total This Period" on the bottom of the last page and transferred to Line 3 of the last page of Schedule D. If no debts or obligations are reported on Schedule D, carry the outstanding balance forward to the Summary Page.

repayment; is evidenced by a written instrument; and is subject to a due date or an amortization schedule.

Senator or Representative Loans. If the Senator or Representative personally receives a loan from a financial institution or other person, which is loaned or given to the Statehood Fund or used in the Statehood Fund, the Statehood Fund must disclose all information with respect to that loan. The financial institution or other person must be listed as the original source of the loan and the Senator or Representative listed as an intermediary.

Loans By Statehood Fund. If a Statehood Fund makes a loan TO any person, the loan shall be subject to the contribution limitations. Repayment to the Statehood Fund of the principal amount of the loan is not a contribution by the debtor to the lender Statehood Fund. The repayment must be made with funds that are permissible under the Act. The payment of interest to the Statehood Fund by the debtor is a contribution only to the extent that the interest paid exceeds a commercially reasonable rate prevailing at the time the loan is made. All payments of interest must be made from funds that are permissible under the Act.

Endorsers and Guarantors. A loan is a contribution by each endorser or guarantor. Each endorser or guarantor shall be deemed to have contributed that portion of the total amount of the loan for which he or she agreed to be liable in a written agreement. Any reduction in the unpaid balance of the loan shall be reduced proportionately by the amount endorsed or guaranteed by each endorser or guarantor in such written agreement. If such agreement does not stipulate each endorser or guarantor's liability to the loan, it is then considered a loan by each endorser or guarantor, in the same proportion to the unpaid balance that each endorser or guarantor bears to the total number of endorser or guarantors.

Loan Repayments. Each Statehood Fund must disclose all loan payments received or made by the Statehood Fund. When a loan repayment is received by a Statehood Fund, the repayment must be itemized on Schedule A and included in the "Cumulative Payment to Date" column on Schedule E. When a loan repayment is made by a Statehood Fund, the repayment must be itemized on Schedule B and included in the "Cumulative Payment to Date" column on Schedule E. For a Citizen-Service-Program other than an authorized Statehood Fund, the total amount of loan repayments received and the total amount of loan repayments made must be disclosed on the appropriate line of the Detailed Summary Page. For authorized Statehood Funds, the total amount of loan repayments of all other loans must be disclosed on the appropriate lines of the Detailed Summary Page

**SCHEDULE E-1
ALL OTHER LOANS**

OCF FORM 28

Page ____ of ____ for Line Number ____

(See reverse side for Instructions. Use separate Schedule(s) for loans made by the Statehood Fund and loans owed to the Statehood Fund)

Full Name of Statehood Fund				
A. Full Name, Mailing Address and Zip Code of Loan Source	Original Amount of Loan	Payment This Period	Cumulative Payment To Date	Balance Outstanding at Close of This Period

Terms:	Date Incurred	Date Due	Interest Rate	% (apr)	Secured
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List All Endorsers or Guarantors (if any) to Item A:					
1. Full Name, Mailing Address and Zip Code	Name of Employer				
	Occupation				
	Guaranteed Amount Outstanding \$				
2. Full Name, Mailing Address and Zip Code	Name of Employer				
	Occupation				
	Guaranteed Amount Outstanding \$				
3. Full Name, Mailing Address and Zip Code	Name of Employer				
	Occupation				
	Guaranteed Amount Outstanding \$				

B. Full Name, Mailing Address and Zip Code of Loan Source	Original amount of Loan	Payment This Period	Cumulative Payment To Date	Balance Outstanding at Close of This Period
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Terms:	Date Incurred	Date Due	Interest Rate	% (apr)	Secured
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List All Endorsers or Guarantors (if any) to Item B:					
1. Full Name, Mailing Address and Zip Code	Name of Employer				
	Occupation				
	Guaranteed Amount Outstanding \$				
2. Full Name, Mailing Address and Zip Code	Name of Employer				
	Occupation				
	Guaranteed Amount Outstanding \$				
3. Full Name, Mailing Address and Zip Code	Name of Employer				
	Occupation				
	Guaranteed Amount Outstanding \$				

SUBTOTALS this period this page TOTALS this period (Aggregate the Subtotals from all Loan Schedules).....	\$ _____ \$ _____
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Carry Aggregate Outstanding Loan Balance to Line 3, Schedule D. If no Schedule D, carry forward to appropriate line at Summary.

INSTRUCTIONS FOR SCHEDULE E-1

This category includes all other types of loans. These loans must be itemized on Schedule E-1. Regardless of the amount, for each loan, provide the identification of the person making the loan, date and amount of the loan, the aggregate year-to-date total. The Senator or Representative or Citizen-Service Program must also provide on Schedule E-1, the identification of any endorser or guarantor and the amount of the endorsement or guarantee (see also instructions for Schedule E).