



Choctaw Nation Election Board

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

1. DATE OF REPORT	2. NAME OF CANDIDATE									
2. BUSINESS NAME (ASSOCIATED WITH CANDIDATE, if applicable)										
3. ADDRESS AND PHONE NUMBER										
<div style="display: flex; justify-content: space-between;"> _____ _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Street or Rural Route City State Zip Code Phone </div>										
7.A. BEGINNING DATE OF REPORTING PERIOD	7. B. ENDING DATE OF REPORTING PERIOD									
<p>8.</p> <p>Pursuant to Choctaw Nation Election Ordinance Article XXVI Sections 1-3, all candidates for elective office are required to file a statement disclosing the source and amount of regulated monetary contributions, including \$0.00, upon Declaration of Candidacy and updates shall be filed at the end of every month during the election cycle until the election(s) for said candidate or prospective candidate is completed.</p> <p>By signing below, the candidate hereby solemnly swears and affirms that the information contained in this statement is true and that the following page(s) are a complete and accurate accounting of all contributions required to be reported by candidate for elective office of the Choctaw Nation of Oklahoma.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p>Signature of Candidate</p> </div> <div style="width: 45%;"> <p>_____</p> <p>Date</p> </div> </div>										
9. WITNESS SIGNATURE										
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____</p> <p>Signature of Witness</p> </div> <div style="width: 45%;"> <p>_____</p> <p>Date</p> </div> </div>										
10. SUMMARY										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. BALANCE ON HAND LAST REPORT</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 10%; border-bottom: 1px solid black;"></td> </tr> <tr> <td>b. TOTAL RECEIPTS THIS PERIOD</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>c. BALANCE ON HAND (10.a. plus 10.b.)</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>		a. BALANCE ON HAND LAST REPORT	\$		b. TOTAL RECEIPTS THIS PERIOD	\$		c. BALANCE ON HAND (10.a. plus 10.b.)	\$	
a. BALANCE ON HAND LAST REPORT	\$									
b. TOTAL RECEIPTS THIS PERIOD	\$									
c. BALANCE ON HAND (10.a. plus 10.b.)	\$									
11. BALANCE PRIOR TO ENACTMENT OF DISCLOSURE REQUIREMENT.....\$ _____										

For Board Use Only:

Rcvd by (Initials): _____ **Date:** _____

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Choctaw Nation Election Board

SUMMARY PAGE

11. CANDIDATE/BUSINESS NAME	12. REPORT COVERING THE PERIOD	
	FROM:	TO:

MONETARY RECEIPTS

13. CONTRIBUTIONS (In the amount of \$250.00 or more)

- a. Itemized Contributions (over \$250.00 from each source **this period**) \$ _____
- b. Beginning Balance of Latest Report Completed.....\$ _____
- c. TOTAL CONTRIBUTIONS (13.a. plus 13.b.)\$ _____

14. TOTAL RECEIPTS.....\$ _____

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Rcvd by (Initials): _____

Date: _____

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Reference Number: 5554

Effective Date: 4/10/19



Choctaw Nation Election Board

ITEMIZED STATEMENT OF CONTRIBUTIONS

1. NAME OF CANDIDATE	2. REPORT COVERING THE PERIOD	
	FROM:	To:
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUTIONS FROM PRECEDING PAGE (Enter \$0 if first itemized page)		Amount:
4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED CONTRIBUTION		
Full Name (Including Middle Name):		Amount of Contribution:
Organization Name:		
Address:		
Contact Phone Number:		
Occupation:		
Employer:		
Full Name (Including Middle Name):		Amount of Contribution:
Organization Name:		
Address:		
Contact Phone Number:		
Occupation:		
Employer:		
5. TOTAL ITEMIZED CONTRIBUTIONS:		
(Carry forward to item 3 of next page if additional pages of this form are used.)		
(If this is the last page of contributions, this amount must be shown in item 13b. of summary.)		

For Board Use Only:

Rcvd by (Initials): _____ Date: _____

Page _____ of _____

Please use duplicates of this page for additional donation reporting

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