



# STATEMENT OF INCOME AND EXPENSES

NAME OF FILING ENTITY

Total value of contributions from all sources (from box **E** on **Sm-C-R**)

Interest income

Total gross fundraising function income not reported as contributions  
(from box **E** on **Sm-F-R**)

Other income (describe)

**Total Income** (sum of above 4 boxes)  **A**

Total value of recall or initiative expenses subject to limits (from box **A** on **Sm-E-R**)

Total value of recall or initiative expenses not subject to limits (from box **B** on **Sm-E-R**)

Total other expenses (from box **C** on **Sm-E-R**)

**Total Expenditures** (sum of above 3 boxes)  **B**

**Surplus (Deficit)** (A – B)  **C**