



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**