REPORTS BY CANDIDATES NOT REACHING MONETARY REPORTING THRESHOLD

This form should only be filed by CANDIDATES. Political committees and political parties should not fill out or file this form.

CERTIFICATION OF CANDIDATES FOR OFFICE NOT REACHING MONETA		, , , , , , , , , , , , , , , , , , ,
CANDIDATE NAME:		
ADDRESS:	TOWN:	STATE: ZIP:
TELEPHONE:	EMAIL	
PARTY AFFILIATION:		
OFFICE SOUGHT		
STATE OFFICE:GOVERNOR	LT. GOVERNOR	TREASURER
SECRETARY OF STATE A	AUDITORATT	ORNEY GENERAL
GENERAL ASSEMBLY:STATE SI	ENATE COUNTY	
STATE RI	EPRESENTATIVE D	DISTRICT
COUNTY OFFICE:PROBATE JUD	OGE_ASSISTANT JUDGE	STATE'S ATTORNEY
SHERIFFHIGH BAILIFF	COUNTY	
I hereby declare that as a candidate for St	tate office, the general assen	ably, or county office:
I did not receive contributions total	aling \$500 or more in the cu	arrent election cycle.
I did not make expenditures totali	ng \$500 or more in the curre	ent election cycle.
I did not roll over any surplus fun	ds from a previous campaig	n.
I hereby certify, under the pains and pena campaign finance report is true and accur		
By checking this box, no signature Vermont law.	e is needed and you agree to	the terms and conditions above under
(Candidate's Signature)		(Date)

******THIS FORM MUST BE FILED WITHIN 10 DAYS AFTER THE GENERAL ELECTION******