



REPORT OF CONTRIBUTIONS

Date of Elections _____

Name of Contributor			
	(Surname)	(First Name)	(Middle Name)
Home/Office Address			
Telephone & Mobile No.		Taxpayer's Identification No. (TIN) of contributor	____ - ____ - ____
E-mail			

Contributions/Donations Made in Cash

Date of contribution	Official Receipt number of receipt issued by candidate/party	Name of recipient & his/her designation (specify if candidate, agent, treasurer, etc.)	Amount contributed
Total cash contributions made			

Contributions/Donations Made in Kind

Date of contribution	Description of contribution (e.g. posters, airtime, etc.)	Name of recipient & his/her designation (specify if candidate, agent, treasurer, etc.)	Amount of in-kind contribution (as per market value)
Total in-kind contributions made			

CERTIFICATION

The undersigned contributor, after being duly sworn, do hereby certify that the foregoing contributions were made by him/her to the candidates and/or agents/treasurers of the parties as above indicated; that all the information provided and stated in this report are true and correct; and that the contributions were made in accordance with the pertinent provisions of Batas Pambansa Bilang 881, as amended and Republic Act No. 7166.

(Contributor's Full Name & Signature)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____, affiant exhibiting his/her _____ with number _____, issued by _____ with expiry date _____.

NOTARY PUBLIC

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of _____.



AUTHORITY TO INCUR ELECTION EXPENDITURES

Date filed: _____

The undersigned candidate/ party treasurer hereby grants the authority to incur election expenses to his/her agent _____ .
(Surname) , (First Name) (Middle Name)

Said person is authorized to incur expenses for/ on behalf of the candidate or party for the upcoming _____ election. He/she is only authorized to incur expenses with a maximum limit of _____
(Date of election) (Amount in words) (P _____) (Amount in figures)

(Signature above printed complete name of candidate/ treasurer)

(Name of the party)

If the principal is not the candidate, please provide candidate's name & office sought:

Name of Candidate			
	(Surname)	(First Name)	(Middle Name)
Elective office sought		Municipality/ city/ province of elective office	

Contact information of the person authorized to incur election expenditures:

Home/ Office Address			
Telephone & Mobile No.		E-mail Address	

DO NOT FILL UP THIS PART – FOR COMELEC USE ONLY –		Receiving stamp:
Name & signature of receiving staff		
Date & time this document was received		



NOTICE OF PUBLIC RALLY

Date of Elections _____

Date: _____

TO: **THE ELECTION OFFICER**

Dear Sir or Madam:

Please be advised that the candidate/party, whose name, contact information and other details are provided as thus:

Name of Candidate			
	(Surname)	(First Name)	(Middle Name)
Elective office sought	Municipality / City / Province of the elective office		
Name of party			
Name of Party Representative			
	(Surname)	(First Name)	(Middle Name)
Home / Office Address of candidate / party			
Telephone & Mobile No.		E-mail Address	

intends to hold a public rally on:

Date & Time:	
Name of venue	
Venue address	

(Signature above printed complete name of candidate or party representative filing this Notice)

DO NOT FILL UP THIS PART – FOR COMELEC USE ONLY –		Receiving stamp:
Name & signature of receiving staff		
Date & time this notice was received		



STATEMENT OF EXPENSES ON PUBLIC RALLY

Annex "D"

Date of Rally _____

Name of candidate	(Surname)	(First Name)	(Middle Name)	Taxpayer's Identification No. (TIN) of candidate	-----
	(Surname)	(First Name)	(Middle Name)	Taxpayer's Identification No. (TIN) of party	-----
Name of treasurer (if filed on behalf of party)	(Surname)	(First Name)	(Middle Name)	Telephone No.	
				Mobile No.	
Elective office sought by candidate		Municipality / City / Province (specify if national candidate)			
E-mail address		Venue name & address of rally location			

Date expense incurred	Name of Payee	Address of Payee	Receipt or Invoice No.	Description of goods/services purchases/hired	Amount

TOTAL EXPENSES INCURRED

Date contribution received	Name of Contributor	Address of Contributor	O.R. No. of candidate	Description of goods/services contributed	Value of the contribution

TOTAL CONTRIBUTIONS RECEIVED

Certification		<p>SUBSCRIBED AND SWORN TO before me this ___ day of _____, 20____, affiant exhibiting his/her _____ with number _____, issued by _____ with expiry date _____.</p> <p style="text-align: right;">NOTARY PUBLIC</p> <p>Doc. No. _____; Page No. _____; Book No. _____; Series of _____.</p>
I hereby certify that: (1) the expenses listed above were made by me as candidate/party treasurer; (2) all entries specified above are true & correct; (3) they are supported by receipts, invoices & other similar documents, copies of which are attached to this Statement; and (4) the expenses were incurred in accordance with the Omnibus Election Code & other pertinent election laws.		
(Full name & signature)	(Date Filed)	



Name of Media Entity				Taxpayer's Identification No. (TIN) of media entity	____ - ____ - ____
Name of authorized representative	(Surname)	(First Name)	(Middle Name)	Job description or designation	
				Email Address	
Office address				Telephone No.	
				Mobile No.	

Period covered by contract	Date contract signed	Name of Payor/Client	Name of Beneficiary candidate/party	Particulars of Contract (i.e. no. of spots, spot duration, frequency, program, date/time etc.)	Official Receipt Number	Total Cost of Contract

Certification	
<p>The undersigned authorized representative of media entity _____, after being duly sworn, do hereby certify that the foregoing advertising or broadcast contracts, booking orders, or media purchase orders were made for purpose of the elections; that all the information provided and stated in this report are true and correct.</p>	<p>SUBSCRIBED AND SWORN TO before me this ____ day of _____, 20____, affiant exhibiting his/her _____ with number _____, issued by _____ with expiry date _____.</p> <p style="text-align: right;">NOTARY PUBLIC</p> <p>Doc. No. ____; Page No. ____; Book No. ____; Series of ____.</p>
(Full name & signature)	(Date Filed)



STATEMENT OF ELECTION CONTRIBUTIONS & EXPENDITURES

Date of Elections _____

FOR CANDIDATES:			
Name of candidate	(Surname)	(First Name)	(Middle Name)
Elective office sought	Municipality / City / Province of the elective office		
Home / office address			Email address
Telephone & Mobile Nos.	Taxpayer's Identification No. (TIN) of candidate		--- - --- - ---
FOR PARTIES:			
Name of Party			
Name of party treasurer	(Surname)	(First Name)	(Middle Name)
Office address of the party			Email address
Telephone & Mobile Nos.	Taxpayer's Identification No. (TIN) of party		--- - --- - ---
CONTRIBUTIONS RECEIVED: (Itemized details in Annex "G"/Schedule of Contributions)			
Total contributions from party			₱
Total contributions from other persons			₱
TOTAL CONTRIBUTIONS RECEIVED			₱
EXPENSES INCURRED: (Itemized details in Annex "H"/Schedule of Expenditures, to be filed with Annex "H-1"/Summary Report of Lawful Expenditures):			
For Candidates:			
Total expenditures paid out of personal funds			₱
Total expenditures paid from contributions received			₱
TOTAL EXPENDITURES INCURRED BY CANDIDATE			₱
For Parties:			
Total expenditures paid by national office			₱
Total expenditures paid by branches / chapters / committees			₱
TOTAL EXPENDITURES INCURRED BY THE PARTY			₱

CERTIFICATION

I, _____, after being duly sworn to, hereby depose and state that:

- (1) This Statement and its attached Schedules, which are supported by receipts, vouchers, and other documents reflecting the full, true, accurate and complete election contributions received and expenditures incurred by him/her and/or by his/her duly authorized representative;
- (2) The expenditures incurred are for lawful purposes and the contributions were not received from persons or entities prohibited by law to give contributions.

IN WITNESS WHEREOF, I have hereunto affixed my signature this ___ day of _____, 20__.

(Name & Signature of person filing this Statement)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20__, affiant exhibiting his/her _____ with number _____, issued by _____ with expiry date _____.

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Series of _____.



SCHEDULE OF CONTRIBUTIONS RECEIVED

Date of Elections _____

Name of candidate	(Surname)	(First Name)	(Middle Name)	Taxpayer's Identification No. (TIN) of candidate	- - - - -
Name of treasurer (if filed on behalf of party)	(Surname)	(First Name)	(Middle Name)	Taxpayer's Identification No. (TIN) of party	- - - - -
Elective office sought by candidate	Municipality / City / Province (specify if national candidate)			Telephone No.	
				Mobile No.	
Period Covered				Email Address	

Date contributions received	O.R. No. issued to contributor	Full Name of Contributor	Address of Contributor	Nature/Description of contribution (i.e. in cash, use of vehicle, in kind, etc.)	Taxpayer's ID No. (TIN) of contributor	Amount/Value of Contribution
TOTAL CONTRIBUTIONS RECEIVED						

Certification	
<p>I hereby certify that: (1) the contributions listed above were made to me as candidate/party treasurer; (2) all entries specified above are true & correct; (3) they are supported by the official receipts issued by me upon acceptance; and (4) the contributions are from sources not prohibited by the Omnibus Election Code & other pertinent election laws.</p>	<p style="text-align: center;">SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____, affiant exhibiting his/her _____ with number _____, issued by _____ with expiry date _____.</p> <p style="text-align: right;">NOTARY PUBLIC</p>
	<p>Doc. No. _____; Page No. _____; Book No. _____; Series of _____.</p>
(Full name & signature)	(Date Filed)



SCHEDULE OF EXPENDITURES

Date of Elections _____

Name of candidate	(Surname)	(First Name)	(Middle Name)	Taxpayer's Identification No. (TIN) of candidate	-----
	(Surname)	(First Name)	(Middle Name)	Taxpayer's Identification No. (TIN) of party	-----
Name of treasurer (if filed on behalf of party)	(Surname)	(First Name)	(Middle Name)	Telephone No.	
	(Surname)	(First Name)	(Middle Name)	Mobile No.	
Elective office sought by candidate	Municipality / City / Province (specify if national candidate)			Email Address	
Period Covered					

Date expenses incurred	O.R./Invoice No.	Full Name of Payee	Address of Payee	Nature/Description of expense (i.e. transportation, postal or courier fees, allowances, etc.)	Taxpayer's ID No. (TIN) of payee	Amount
TOTAL EXPENDITURES INCURRED						

Certification	
I hereby certify that: (1) the expenses listed above were incurred by me as candidate/party treasurer; (2) all entries specified above are true & correct; (3) they are supported by the official receipts, invoices & other similar documents; and (4) the expenses comply with Section 102 of the Omnibus Election Code.	
	<p>SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____, affiant exhibiting his/her _____ with number _____, issued by _____ with expiry date _____.</p> <p style="text-align: right;">NOTARY PUBLIC</p> <p>Doc. No. _____; Page No. _____; Book No. _____; Series of _____.</p>
(Full name & signature)	(Date Filed)



SCHEDULE OF UNPAID OBLIGATIONS

Date of Elections _____

Name of candidate				Taxpayer's Identification No. (TIN) of candidate	- - - - -
	(Surname)	(First Name)	(Middle Name)		
Name of treasurer (if filed on behalf of party)				Taxpayer's Identification No. (TIN) of party	- - - - -
	(Surname)	(First Name)	(Middle Name)		
Elective office sought by candidate	Municipality / City / Province (specify if national candidate)			Telephone No.	
				Mobile No.	
Period Covered				Email Address	

Date obligation incurred	Contract/Loan No.	Name of Creditor	Address of Creditor	Nature/Description of obligation (i.e. personal loan, bank loan, etc.)	Purpose for which obligation was incurred	Taxpayer's ID No. (TIN) of creditor	Amount Owed
TOTAL UNPAID OBLIGATIONS							

Certification		SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____, affiant exhibiting his / her _____ with number _____, issued by _____ with expiry date _____. <div style="text-align: right;">NOTARY PUBLIC</div>
I hereby certify that: (1) the obligations listed above were incurred by me as candidate / party treasurer; (2) all entries specified above are true & correct; (3) they are supported by contracts, promissory notes & other similar documents.		
(Full name & signature)	(Date Filed)	
		Doc. No. _____; Page No. _____; Book No. _____; Series of _____.



REPORT OF CONTRACTORS & BUSINESS FIRMS

Date of Elections _____

Name of person filing this Report			
	(Surname)	(First Name)	(Middle Name)
Name of Firm/ Company			
Job Title in the Firm/ Company	Please mark with an "✓": <input type="checkbox"/> President <input type="checkbox"/> General Manager	Email Address	
Business Address			
Telephone & Mobile Nos.		Taxpayer's Identification No. (TIN) of contractor/business firm	--- - --- - ---

Date of transaction	Description of Goods/Services	Name of Payor/Client	Beneficiary candidate/party	O.R./Invoice Number	Amount of transaction
Total amount/value of goods sold/services rendered					

CERTIFICATION

The undersigned contractor, supplier, president/general manager of business firm/company _____, after being duly sworn, do hereby certify that the foregoing transactions for goods/services were made for purpose of the elections; that all the information provided and stated in this report are true and correct; and that he/she complied with his/her duty to require every agent of a candidate or of the treasurer of a party to present his/her written authority to incur electoral expenditures in behalf of such candidate or treasurer as mandated by Section 112 of the Omnibus Election Code.

(Printed Name over Signature)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20____, affiant exhibiting his/her _____ with number _____, issued by _____ with expiry date _____.

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Book No. _____;
Series of _____.