

#### **REPORT OF CONTRIBUTIONS**

Date of Elections

Name of			
Contributor	(Surname)	(First Name)	(Middle Name)
Home/Office			
Address			
Telephone &		Taxpayer's Identification No.	
Mobile 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 Fu	's Full Name & Signature)	
	WORN TO before me this	day of	, 20	_, affiant
exhibiting his/her	with number	, issued by		with
expiry date				

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# AUTHORITY TO INCUR ELECTION EXPENDITURES

Date filed:

The undersigne	ed candidate/p	arty treasurer he	ereby grants the authority to	incur election expe	enses to
his/her agent		,			
	(Surnar	ne)	(First Name)	(Middle N	Jame)
Said person is	authorized to i	ncur expenses fo	or/on behalf of the candidate	e or party for the up	ocoming
	election.	He/she is only	authorized to incur expense	s with a maximum	limit of
(Date of election	n)				
				₹)	).
		(Amount in word	ls)	(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 U	<b>DO NOT FILL UP THIS PART – FOR COMELEC USE ONLY –</b> 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	

DO NOT FILL U	P 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	
Name of treasurer (if filed on behalf of party)		(First Name)	(Middle Name)	Taxpayer's Identification No. (TIN) of party	
Elective office		Municipality/City/Province		Telephone No.	
sought by candidate		(specify if national candidate)		Mobile No.	
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		
			<u> </u> Т	OTAL 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			
I hereby certify that: (1) the expenses listed abo			, 20,
		affiant exhibiting his/her with number	, issued
correct; (3) they are supported by receipts, ir	nvoices & other similar	by with expiry date	
documents, copies of which are attached to this	s Statement; and (4) the		
expenses were incurred in accordance with the	Omnibus Election Code		NOTARY PUBLIC
& other pertinent election laws.			
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		Page No;	
		Book No;	
		Series of .	
(Full name & signature)	(Date Filed)		



# SUMMARY REPORT OF ADVERTISING CONTRACTS

Annex "E"

Date of Elections

Name of Media Entity					Taxpayer's Identification No of media entity	. (TIN)	
Name of authorized					Job description or designation		
representative	(Surname)	) (First	st Name)	(Middle Name)	Email Address		
Office					Telephone No.		
address					Mobile No.		
Period covered by contract	Date contract signed	Name of Payor/Client	Name of Beneficiary candidate/party	Particulars of Contract (i.e. duration, frequency, progr	no. of spots, spot am, date/time etc.)	Official Receipt Number	Total Cost of Contract

Certification				
The undersigned authorized represen	tative of media entity	SUBSCRIBED AND SWORN TO before me this	sday of	, 20,
, aft	ter being duly sworn, do		h number	, issued
hereby certify that the foregoing advertising	or broadcast contracts,	by with expiry date	•	
booking orders, or media purchase orders were	made for purpose of the			
elections; that all the information provided and	stated in this report are			NOTARY PUBLIC
true and correct.	-			
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		Page No;		
		Book No;		
		Series of .		
(Full name & signature)	(Date Filed)			



#### Republic of the Philippines Commission on Elections STATEMENT OF ELECTION CONTRIBUTIONS & EXPENDITURES Date of Elections

TOD CANERS :	TTO			
FOR CANDIDA	TES:			
Name of				
candidate	(Surname)		(First Name)	(Middle Name)
Elective office		•	Municipality/City/Province	
sought			of the elective office	9
Home/office				
address			Email address	
Telephone &			Taxpayer's Identification	
Mobile Nos.			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 &			Taxpayer's Identificatior	ı
Mobile Nos.			No. (TIN) of party	· · · · · · · · · · · · · · · · · · ·
CONTRIBUTIO	NS RECEIVED: (Itemize	d details in	Annex "G"/Schedule of Con	tributions)
Total contribution	ns from party			₽
Total contribution	ns from other persons			₽
	T	OTAL CON	TRIBUTIONS RECEIVED	P
	URRED: (Itemized detail mmary Report of Lawful		"H"/Schedule of Expenditure res):	es, to be filed with
For Candidates:				
Total expenditure	es paid out of personal fu	nds		₽
Total expenditures paid from contributions received			₽	
	TOTAL EXPENDI	TURES INC	CURRED BY CANDIDATE	₽
For Parties:				
-	es paid by national office			₽
Total expenditure	es paid by branches/chap	oters/comm	ittees	₽
	TOTAL EXPEND	DITURES IN	CURRED BY THE PARTY	₽

#### CERTIFICATION

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

- 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;
   The expenditures incurred are for lawful purposes and the contributions were not received from a super event the law her her being to support the super super lawful purposes.
- persons or entities prohibited by law to give contributions.

IN WITNESS WHEREOF, I have hereunto affixed my signature this \_\_\_\_\_ day of \_\_\_\_\_\_, 20\_\_\_\_.

	(Name & Signa	ture of person filing this Statement)
SUBSCRIBED AND SWORN TO before me exhibiting his/her with numl expiry date		ed by with

NOTARY PUBLIC

;
;
;



# SCHEDULE OF CONTRIBUTIONS RECEIVED

Annex "**G**"

#### 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)		(First Name)	(Middle Name)	Taxpayer's Identification No. (TIN) of party	
Elective office		Municipality/City/Province		Telephone No.	
sought by candidate		(specify if national candidate)		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					

#### I UTAL CONTRIBUTIONS RECEIVED

Certification			
I hereby certify that: (1) the contributions	isted above were made to	SUBSCRIBED AND SWORN TO before me thisday of	
me as candidate/party treasurer; (2) all entries s	pecified above are true &	affiant exhibiting his/her with number	, issued by
correct; (3) they are supported by the official rec	ceipts issued by me upon	with expiry date	-
acceptance; and (4) the contributions are from sou	rces not prohibited by the		
Omnibus Election Code & other pertinent election			NOTARY PUBLIC
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		Book No;	
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# **S**CHEDULE OF **E**XPENDITURES

# Annex "H"

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

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 liste	d above were incurred by	SUBSCRIBED AND SWORN TO before me this _	day of	, 20,
me as candidate/party treasurer; (2) all entries s	pecified above are true &	affiant exhibiting his/her wit	th number	, issued by
correct; (3) they are supported by the official r	eceipts, invoices & other	with expiry date	·	-
similar documents; and (4) the expenses comply				
Omnibus Election Code.				NOTARY PUBLIC
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		Page No. ;		
		Book No;		
		Series of		
(Full name & signature)	(Date Filed)			



## SUMMARY REPORT OF EXPENDITURES

Date of Elections

Name of person filing this Report	(Surna	ame)	(First Name)	(Middle Name)	
Home/Office					
Address			1		
Telephone &			Taxpayer's Identification No.		
Mobile No.			(TIN) of candidate/party		
Email address				Γ	
If the filer of this					
an agent or part please provide t		(Complete mon		(Election office and ife	
following detail			ne of candidate/party on whose half report was filed)	(Elective office; specify "N/A" if party)	
0.111			T		
		of the Lawful Exp		Amount	
		didates & campa expenses inciden	ign personnel in the course of t thereto		
			ographers, messengers, & other		
persons	. 1 1 . 1	1 1.1 1	· · 1 · 11 · 1		
load, interne	et access, posta	ages, freight & ex	usage fees, prepaid cellphone press delivery charges		
D. Stationery, p candidacy	rinting & dist	ribution of printe	ed materials relative to the		
E. Employmen	t of watchers a	at the polls			
F. Rent, mainte of meetings	enance & furni	shing of campai	gn headquarters, office or place		
G. Political mee			ınd systems, lights &		
		eetings & rallies			
		et ad placements	ents to promote the candidacy,		
SUBTOTAL					
Other Lawful	Expenses In	curred:			
I. Employmen	t of counsel				
J. Copying & classifying lists of voters, investigating & challenging the right to vote of persons registered in the lists					
K. Printing of sample ballots in such color, size & maximum number as may be authorized by the Commission					
		TOTAL LA	WFUL EXPENSES INCURRED		

The undersigned hereby certifies that the expenses listed above are true and correct:

	_
(Report Filer's Full Name & Signature)	

Date Filed

 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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# SCHEDULE OF UNPAID OBLIGATIONS

Annex "I"

# 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		Municipality/City/Province		Telephone No.	
sought by candidate		(specify if national candidate)		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			
I hereby certify that: (1) the obligations li by me as candidate/party treasurer; (2) all entrie & correct; (3) they are supported by contracts, p	s specified above are true	SUBSCRIBED AND SWORN TO before affiant exhibiting his/her with expiry date	, 20, , issued by
similar documents.			
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#### Republic of the Philippines Commission on Elections **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 '	✓": □ President □ General Manager	Email Address	
Business Address				
Telephone & Mobile Nos.		Taxpayer's Identification 1 contractor/bu	No. (TIN) of asiness firm	<sup>-</sup>

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)

SUBSCRIB	ED AND SWORN TO before me this	day of		_, 20	_, affiant
exhibiting his/her_	with number	-	, issued by		
with expiry date	·				

NOTARY PUBLIC

Annex "J"

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Book No.	;
Series of _	<u> </u> .