

**TESTIMONIAL RECEIPTS & EXPENDITURES FOR INCUMBENT OFFICE
HOLDERS**

N.R.O. SECTIONS 23-22 – 23-24

(TO BE FILED SEMI-ANNUALLY, BY JUNE 1st & DECEMBER 1st)

(Attach additional sheets, if necessary)

NAME:

ADDRESS:

OFFICE HELD:

DATE REPORT FILED: _____

SIGNATURE OF OFFICIAL: _____

List each contributor of income from any gift, honorarium or testimonial as defined in NRO Sec. 23-23, for the past six months ending June 1st or December 1st. Provide in alphabetical order the full name, post office address, occupation, and principal place of business, if any, of all contributors who gave an individual or an aggregate total of more than \$50.

If there were no receipts and/or expenditures attributable to a testimonial, please indicate by writing “\$0” in the applicable section. A *testimonial* is defined as “An affair of any kind of nature including, but not limited to, receptions, breakfasts, luncheons, dinners, dances, or picnics intended to raise funds on behalf of an elected official.”

Balance carried forward from June 1, 2019 report, if applicable: \$ _____

DATE RECEIVED	NAME OF CONTRIBUTOR	POST OFFICE ADDRESS	OCCUPATION	PRINCIPAL PLACE OF BUSINESS, IF ANY	AMOUNT
Total Receipts:					

DATE	ITEMIZED EXPENDITURES ("EXPENSE OF HOLDING THE TESTIMONIAL")	AMOUNT
Total expenses for holding event:		

SUMMARY:

DATE OF EVENT(S)	DESCRIPTION OF EVENT	TOTAL INCOME RECEIVED	EXPENSES FOR HOLDING EVENT	NET INCOME AFTER EXPENSES

Balance being carried forward as of _____, 2019 \$ _____

SIGNATURE OF OFFICIAL: _____