NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11th Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522	**Amended Estimate of Expenditures** NADC Form CFLA-6	POSTMARK DATE	
		MICROFILM NUMBER	
		OFFICE USE ONLY	

- Any Amended Estimate of Expenditures for the 20__ Primary Election must be filed with the Commission on or before _____, 20__.
- Any Amended Estimate of Expenditures for the 20__ General Election must be filed with the Commission on or before _____, 20__.
- A candidate who files a false estimate of expenditures is subject to criminal prosecution.

Item 1 **Name and Address of Candidate**

Office Sought: _____ District # _____

Candidate: _____ Telephone No. _____

Home Address: _____

Business Address: _____ Business Telephone No. _____

Item 2 **Name of Candidate Committee and Treasurer**

Committee Name: _____ Telephone No. _____

Treasurer: _____

Item 3 **Election for which Amended Estimate of Expenditures is being filed:** ☐ **Primary** ☐ **General**

State of Nebraska)
) ss
County of _____)

I, _____ , Upon oath or affirmation, swear or affirm that _____
Name of Candidate (Print) (Amount of expenditures in words)

Dollars ($ _____) is a reasonable amended estimate of the maximum campaign
(amount of expenditures in numbers)
expenditures to be made by me and my candidate committee during the 20__ Primary or General Election period. I understand that falsifying any material element of this statement or any subsequent amendment thereto may subject me to criminal prosecution.

_____
(Signature of Candidate)

Subscribed and sworn to before me on this _____ day of _____ 20 _____

(SEAL)

_____
(Notary Public)

ATTACHMENT F