

<p style="text-align: center;">NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 11<sup>th</sup> Floor, State Capitol P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522</p>	<p><b>Application for Public Funds</b></p> <p>NADC Form CFLA-8</p>	POSTMARK DATE	_____
		MICROFILM NUMBER	_____
		OFFICE USE ONLY	

- Application for Public Funds may only be filed by a candidate who filed a Candidate's Affidavit to Abide by Spending Limits.
- Applications for Public Funds for the Primary must be filed on or before \_\_\_\_\_, 20\_\_\_. Applications for the General Election must be filed by \_\_\_\_\_, 20\_\_.
- Contributions received prior to \_\_\_\_\_, 20\_\_ should not be listed on this application.
- Contributions received prior to the date the candidate filed his or her Candidate's Affidavit to Abide by Spending Limits should not be listed on this application.
- Expenditures made prior to \_\_\_\_\_, 20\_\_ should not be listed on this application.

<b>Item 1</b>	<b>Name and Address of Candidate</b>
Office Sought: _____	District # _____
Candidate: _____	Telephone No. _____
Home Address: _____	
Business Address: _____ Business Telephone No. _____	

<b>Item 2</b>	<b>Name of Candidate Committee and Treasurer</b>
Committee Name: _____	Telephone No. _____
Treasurer: _____	

<b>Item 3</b>	<b>Election for Which Application is Submitted</b>
<p>Date of Election for which application is submitted: _____</p>	





Schedule C - Disbursements

Candidates must spend an amount equal to twenty-five percent of the spending limitation to qualify for public funds. A candidate for \_\_\_\_\_ must spend at least \$\_\_\_\_\_ to qualify for public funds.

Do not include expenditures made prior to \_\_\_\_\_, 20\_\_ or unrestricted spending. For definition of unrestricted spending see the Campaign Finance Limitation Act Brochure.

Name, Street Address or Rural Route, City and State of Each Payee	Purpose of Each Expenditure (include a brief description)	Date of Each Expenditure	Amount of Cash Expenditures	Amount of In-kind Expenditures	Total Cash and In-Kind Expenditures
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
Total Cash and In-Kind Expenditures					\$0.00

This space is provided for information continued from other schedules

State of Nebraska )  
 )ss  
County of \_\_\_\_\_ )

I, \_\_\_\_\_ upon oath or affirmation, swear or affirm that I have used all reasonable  
(NAME OF CANDIDATE)

Diligence in the preparation of this Application for Public Funds and to my knowledge the information contained herein is true, correct and complete. I hereby agree to place any public funds distributed to me in a separate account in a financial institution in the State of Nebraska. I agree that I will act as guarantor for the lawful use of public funds and to be held personally liable for the return of any unexpended funds. I will return any unexpended public funds to the State of Nebraska in accordance with rules and regulations and in no event later than December 31<sup>st</sup> of the election year.

\_\_\_\_\_  
(Signature of Candidate)

Subscribed and sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
(Notary Public)