DAT /OF CE OL 0

FORM C/O COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

CANDIDATE / **OFFICEHOLDER** NAME

MS / MRS / MR Mr

NICKNAME

Cinto

FIRST **Jacinto**

LAST Ramos 1 ACCOUNT # (Ethics Commission filers) 00000001

М

Jr

2 PAGE# 1 of 4

OFFICE USE ONLY

Date Received

CANDIDATE / DEFICEHOI DER

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

SUFFIX

7-15-20 Change of Address

MS/MRS/MR

Mrs.

NICKNAME

FIRST

Anita

LAST Ramos

Date Processed

7-15-20

Date Imaged

Receipt #

1-15-20

Amount

CAMPAIGN TREASURER ADDRESS (Residence or business)

CAMPAIGN

NAME

TREASURER

STREET ADDRESS (NO PO BOX PLEASE);

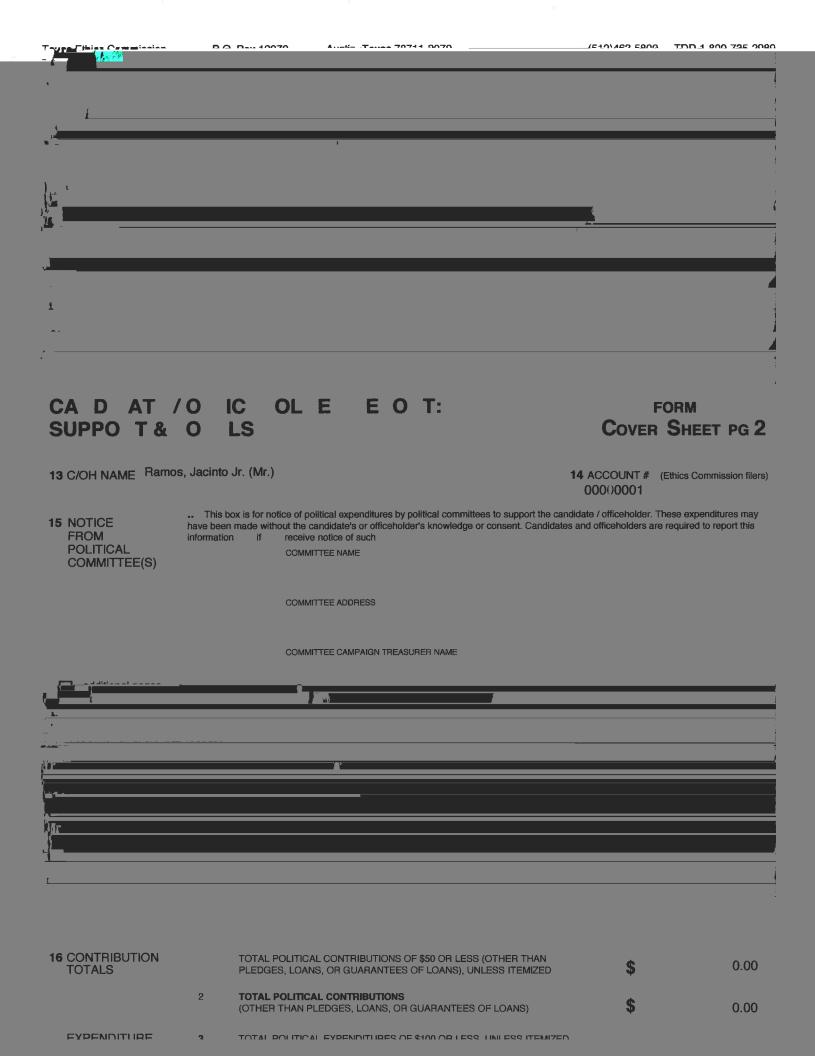
APT / SUITE #;

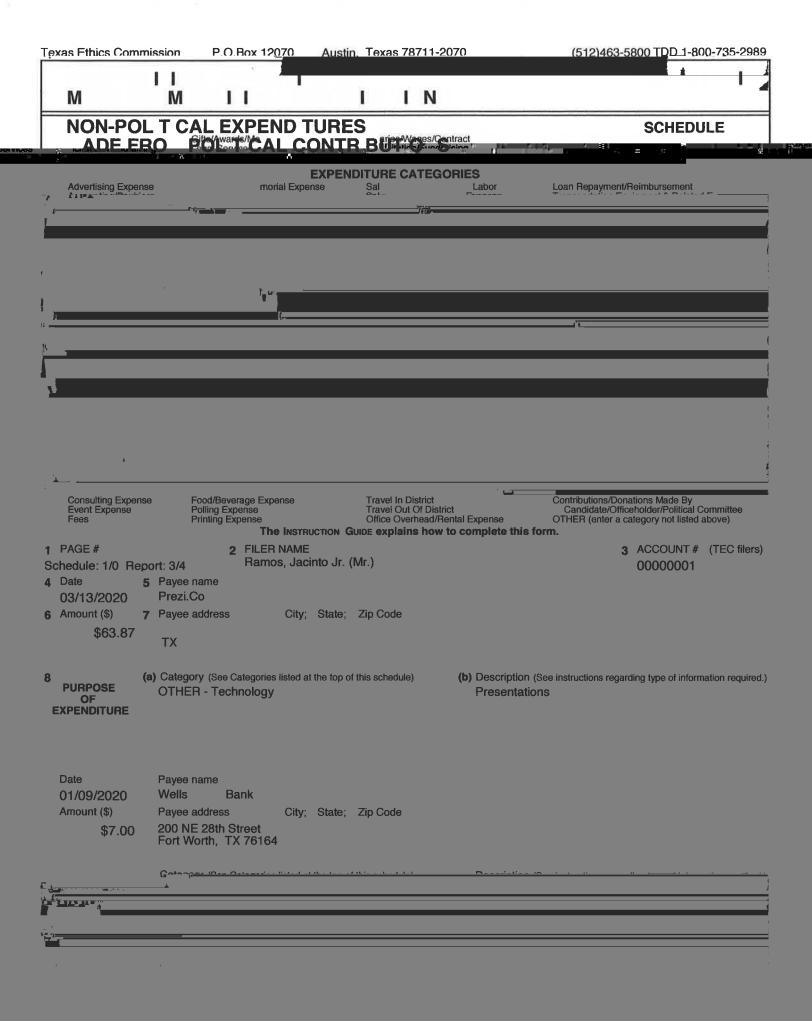
CITY;

STATE:

SUFFIX

ZIP CODE





NON-POL T CAL EXPENDITURES ADE FRO POL T CAL CONTRIBUT O S

SCHEDULE

