CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR | FIRST | MI

NICKNAME | LAST | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

( )

6 CAMPAIGN TREASURER NAME

MS / MRS / MR | FIRST | MI

NICKNAME | LAST | SUFFIX

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

CITY; | STATE; | ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE | PHONE NUMBER | EXTENSION

( )

9 REPORT TYPE

-DQXDU\ WK GD\ EHIRUH HOHFWLRQ RII

-XO\ WK GD\ EHIRUH HOHFWLRQ

WK GD\ DIWHU FDPSDLJQ WUHDVXUHU DSSRLQWPHQW 2IILFHKROGHU 2QO\