

1 Filer ID (Ethics Commission Filer)

MS / MRS / MR

FIRST

LAST

SUFFIX

Date Received

SS / PO BOX

CITY;

STATE;

ZIP CODE

2 Total pages filed:

AREA CODE

PHONE NUMBER

EXTENSION

Postmarked

MS / MRS / MR

FIRST

Receipt #

Amount \$

LAST

SUFFIX

Date Processed

Date Imaged

MI

OFFICE USE ONLY
STATE; ZIP CODE

3 CANDIDATE /
OFFICEHOLDER
NAME

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

4 CANDIDATE /

AREA CODE

PHONE NUMBER

EXTENSION

MAILING
ADDRESS

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

☐ January 15

☐ 30th day before election

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐ Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

6 CAMPAIGN
TREASURER
NAME

Month

Day

Year

Month

Day

Year

7 CAMPAIGN
TREASURER
ADDRESS

ELECTION DATE

Month

Day

Year

☐ Primary

☐ Runoff

☐ Other
Description

(Residence or Business)

☐ General

☒ Special

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

8 CAMPAIGN
TREASURER
PHONE

9 REPORT TYPE

Runoff

CA D DATE / OFFICE OLDER
CA IG F A CE REPORT

FORM C/OH
COVER SHEET PG 2

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM

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[Redacted content]