



CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: _____ to _____

1. Committee I.D. Number
2. Committee Name

4. Candidate Last Name First Name M.I.
4a. Office Sought Including District # or Community Served (If applicable)
4b. County of Residence

5. Committee's Mailing Address
Area Code and Phone
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
Area Code & Phone

7. Treasurer's Business Address
Area Code and Phone

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)
Area Code and Phone

9. TYPE OF STATEMENT
9a. Pre-Election OR 9b. Post-Election
Pre-Election or Post-Election Statement relates to:
Primary
General
Convention
Special
School
Caucus
Date of Election, Convention or Caucus

Required ONLY if candidate is not on the ballot
July Quarterly
October Quarterly
9c. Annual Statement (Coverage Year
9a. amended

9. 8]ggc`i hcb`cZ7 UbX]XUH7 ca a]HNY
Effective date of dissolution
Note: The disposition of residual funds must be reported on U&@á^ÁB and the Summary Page.

10. Verification: I\We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my\our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper / Signature Date
Candidate / Signature Date

COMPLETING THE CANDIDATE COMMITTEE COVER PAGE

ITEM 1: COMMITTEE I.D. NUMBER: Enter the committee's Campaign Finance Identification Number on each page. The committee's Identification Number appears on the receipt issued upon the submission of the committee's original Statement of Organization.

ITEM 2: COMMITTEE NAME: Enter the committee's official name as listed on the committee's Statement of Organization on each page.

ITEM 3: CAMPAIGN STATEMENT COVERAGE PERIOD: Enter the dates covered by this Campaign Statement.

ITEM 4: CANDIDATE NAME: Enter the candidate's full name (last name, first name, middle initial), the office sought by the candidate, the candidate's county of residence and the candidate's driver license number. If applicable, list the district or jurisdiction number or the name of the community served by the office.

ITEM 5: COMMITTEE MAILING ADDRESS: Enter the committee's mailing address and telephone number.

ITEM 6: TREASURER'S NAME AND RESIDENTIAL ADDRESS: Enter the committee treasurer's full name, residential address and home phone number.

ITEM 7: TREASURER'S BUSINESS ADDRESS: Enter the committee treasurer's business address and phone number.

ITEM 8: DESIGNATED RECORD KEEPER: If the committee has a designated record keeper, enter his or her full name, mailing address and phone number.

ITEM 9: TYPE OF STATEMENT: Check the appropriate box to indicate the type of Campaign Statement being filed. If the committee is dissolving, o ctm\he"ej gen'ldqz "cpf "gpvt"cp"ghgevkxg"f cvg"qh'f kuqnlwkqp0

ITEM 10: VERIFICATION: The candidate and the treasurer or designated record keeper must verify that all reasonable diligence was used in completion of the Campaign Statement and attached Schedules, and that the contents of the statement are true, accurate and complete to the best of their knowledge and belief. Enter the candidate's and the treasurer's names, or the candidate's and the designated record keeper's names where indicated. The Cover Page must be signed and dated by the candidate and the committee's treasurer or designated record keeper. If the candidate is serving as the committee's treasurer, the candidate signs once on the line for the candidate's signature.

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