

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM 300
COVER SHEET PG 2



1. Name of Candidate / Officeholder: _____
2. State: _____
3. District: _____
4. Election Year: _____
5. Campaign Committee Name: _____

6. Campaign Committee Address: _____
7. Campaign Committee Phone: _____
8. Campaign Committee Email: _____
9. Campaign Committee Website: _____

10. Unsworn Declaration: _____
I, _____, declare that the information provided on this report is true and correct to the best of my knowledge and belief.

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

10-FILE NAME

MONETARY POLITICAL CONTRIBUTIONS

SECRET

CONFIDENTIAL - SECURITY INFORMATION - UNCLASSIFIED

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A-1

SCHEDULE A-1

If the requested information is not applicable, DO NOT include this information on this schedule.

le A-1:

The Instruction Guide explains how to complete this form.

1 Total pages Schedule

2 FILER NAME

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

If the requested information is not applicable, DO NOT include this report.

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

If the requested information is not applicable, DO NOT check this box.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Recoupment/Disbursement

Other