

CANDIDATE POLICE OFFICER

NAME: [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED]

STATE: [REDACTED]

ZIP: [REDACTED]

DATE OF BIRTH: [REDACTED]

SEX: [REDACTED]

HIGHEST GRADE ATTENDED: [REDACTED]

EDUCATIONAL INSTITUTION: [REDACTED]

DEGREE: [REDACTED]

DATE OF GRADUATION: [REDACTED]

EMPLOYER: [REDACTED]

POSITION: [REDACTED]

DATE OF EMPLOYMENT: [REDACTED]

REASON FOR APPLICATING: [REDACTED]

REFERENCES: [REDACTED]

DATE OF INTERVIEW: [REDACTED]

INTERVIEWER: [REDACTED]

AGENCY: [REDACTED]

OFFICE: [REDACTED]

PHONE: [REDACTED]

FAX: [REDACTED]

E-MAIL: [REDACTED]

WEBSITE: [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED]

STATE: [REDACTED]

ZIP: [REDACTED]

DATE OF BIRTH: [REDACTED]

SEX: [REDACTED]

HIGHEST GRADE ATTENDED: [REDACTED]

EDUCATIONAL INSTITUTION: [REDACTED]

DEGREE: [REDACTED]

DATE OF GRADUATION: [REDACTED]

EMPLOYER: [REDACTED]

POSITION: [REDACTED]

DATE OF EMPLOYMENT: [REDACTED]

REASON FOR APPLICATING: [REDACTED]

REFERENCES: [REDACTED]

DATE OF INTERVIEW: [REDACTED]

INTERVIEWER: [REDACTED]

AGENCY: [REDACTED]

OFFICE: [REDACTED]

PHONE: [REDACTED]

FAX: [REDACTED]

E-MAIL: [REDACTED]

WEBSITE: [REDACTED]

ADDRESS: [REDACTED]

CITY: [REDACTED]

STATE: [REDACTED]

ZIP: [REDACTED]

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

16 File ID (Ethics Commission File)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

KATHI AROCHA

20 Filer ID (Ethics Commission Filers)

86996

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 1,150.00

2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. SCHEDULE E: LOANS

\$

5. SCHEDULE F: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

1. Name of contributor: [REDACTED]

2. Name of contributor: **KAFILI ABOLLA**

3. Amount of contribution: [REDACTED]

4. Date: [REDACTED]

5. Total amount received: [REDACTED]

6. Name of contributor: [REDACTED]

7. Amount of contribution: [REDACTED]

8. Date: [REDACTED]

9. Total amount received: [REDACTED]

10. Name of contributor: [REDACTED]

11. Amount of contribution: [REDACTED]

12. Date: [REDACTED]

13. Total amount received: [REDACTED]

14. Name of contributor: [REDACTED]

15. Amount of contribution: [REDACTED]

16. Date: [REDACTED]

17. Total amount received: [REDACTED]

18. Name of contributor: [REDACTED]

19. Amount of contribution: [REDACTED]

20. Date: [REDACTED]

21. Total amount received: [REDACTED]

22. Name of contributor: [REDACTED]

23. Amount of contribution: [REDACTED]

24. Date: [REDACTED]

25. Total amount received: [REDACTED]

26. Name of contributor: [REDACTED]

27. Amount of contribution: [REDACTED]

28. Date: [REDACTED]

29. Total amount received: [REDACTED]

30. Name of contributor: [REDACTED]

31. Amount of contribution: [REDACTED]

32. Date: [REDACTED]

33. Total amount received: [REDACTED]

34. Name of contributor: [REDACTED]

35. Amount of contribution: [REDACTED]

36. Date: [REDACTED]

37. Total amount received: [REDACTED]

38. Name of contributor: [REDACTED]

39. Amount of contribution: [REDACTED]

40. Date: [REDACTED]

41. Total amount received: [REDACTED]

42. Name of contributor: [REDACTED]

43. Amount of contribution: [REDACTED]

44. Date: [REDACTED]

45. Total amount received: [REDACTED]

46. Name of contributor: [REDACTED]

47. Amount of contribution: [REDACTED]

48. Date: [REDACTED]

49. Total amount received: [REDACTED]

50. Name of contributor: [REDACTED]

51. Amount of contribution: [REDACTED]

52. Date: [REDACTED]

53. Total amount received: [REDACTED]