

COMMITTEE NAME _____		COUNTY _____	
OFFICE _____		YEAR _____	
CANDIDATE NAME _____		PARTY _____	
ADDRESS _____		CITY _____	
STATE _____		ZIP _____	
PHONE _____		FAX _____	
E-MAIL _____		WEBSITE _____	
CAMPAIGN TREASURER NAME _____		CAMPAIGN TREASURER ADDRESS _____	
CAMPAIGN TREASURER CITY _____		CAMPAIGN TREASURER STATE _____	
CAMPAIGN TREASURER ZIP _____		CAMPAIGN TREASURER PHONE _____	
CAMPAIGN TREASURER FAX _____		CAMPAIGN TREASURER E-MAIL _____	
CAMPAIGN TREASURER WEBSITE _____		CAMPAIGN TREASURER SIGNATURE _____	

CAMPAIGN TREASURER SIGNATURE _____		CAMPAIGN TREASURER DATE _____	
CAMPAIGN TREASURER PRINTED NAME _____		CAMPAIGN TREASURER TITLE _____	
CAMPAIGN TREASURER ADDRESS _____		CAMPAIGN TREASURER CITY _____	
CAMPAIGN TREASURER STATE _____		CAMPAIGN TREASURER ZIP _____	
CAMPAIGN TREASURER PHONE _____		CAMPAIGN TREASURER FAX _____	
CAMPAIGN TREASURER E-MAIL _____		CAMPAIGN TREASURER WEBSITE _____	

I, _____, CAMPAIGN TREASURER, CERTIFY THAT THE INFORMATION REPORTED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY FALSIFICATION OF THIS INFORMATION IS A VIOLATION OF THE CAMPAIGN FINANCE LAWS AND MAY BE PUNISHED BY THE COURT.

CAMPAIGN TREASURER SIGNATURE: _____

CAMPAIGN TREASURER DATE: _____

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME

Kecia Mays

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN

\$

TOTAL POLITICAL CONTRIBUTIONS