

OFFICE HOLDER

OFFICE USE ONLY

NAME

ADDRESS

CITY

STATE

ZIP

PHONE

FAX

EMAIL

DATE

TIME

INITIALS

SIGNATURE

STAMP

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GANDI ET AL. 2019

2019

2019 OPERATING EXPENDITURES

\$ 0.00

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SUBTOTALS - C/OH

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

19 FILER NAME

Sarah B McMurrough

20 Filer ID (Ethics Commission Filers)

**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE**

**SUBTOTAL
AMOUNT**