

CANDIDATE / OFFICEHOLDER

FORM C/OH

CAMPAIGN FINANCIAL REPORT

STATE OF NEW YORK
COMMISSION ON CAMPAIGN FINANCIAL DISCLOSURE
CANDIDATE / OFFICEHOLDER
NAME: [Redacted] NICKNAME: [Redacted] LAST: [Redacted] SUFFIX: [Redacted] Date Received: [Redacted]

CANDIDATE / OFFICEHOLDER MAILING ADDRESS

216 Greenfield Ave. [Redacted]

RESIDENCE ADDRESS
[Redacted]

WORKING ADDRESS
[Redacted]

PC OFFICE
[Redacted]

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|-------------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Additional Pages | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

1. Name of Candidate: [Redacted]

2. Candidate Number: [Redacted]

3. Name of Employer: [Redacted]

4. Position Held: [Redacted]

5. Name of Supervisor: [Redacted]

6. Date of Appointment: [Redacted]

7. Date of Expiry: [Redacted]

8. Name of Candidate's Representative: [Redacted]

9. Name of Candidate's Representative's Employer: [Redacted]

10. Name of Candidate's Representative's Position: [Redacted]

11. Name of Candidate's Representative's Supervisor: [Redacted]

12. Date of Appointment: [Redacted]

13. Date of Expiry: [Redacted]

14. Name of Candidate's Representative's Employer: [Redacted]

15. Name of Candidate's Representative's Position: [Redacted]

16. Name of Candidate's Representative's Supervisor: [Redacted]

17. Date of Appointment: [Redacted]

18. Date of Expiry: [Redacted]

19. Name of Candidate's Representative: [Redacted]

20. Name of Candidate's Representative's Employer: [Redacted]

21. Name of Candidate's Representative's Position: [Redacted]

22. Name of Candidate's Representative's Supervisor: [Redacted]

23. Date of Appointment: [Redacted]

24. Date of Expiry: [Redacted]

25. Name of Candidate's Representative: [Redacted]

26. Name of Candidate's Representative's Employer: [Redacted]

27. Name of Candidate's Representative's Position: [Redacted]

28. Name of Candidate's Representative's Supervisor: [Redacted]

29. Date of Appointment: [Redacted]

30. Date of Expiry: [Redacted]

[Handwritten Signature]
Signature of Candidate



ITSA ANN RFM 121/119

Signature of officer administering oath

[Handwritten Signature]
Signature of officer administering oath

Printed name of officer administering oath

Title of officer

12.

SCHEDULE IV: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED
TO FILER

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**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expenses

Event Expenses

Travel Expenses

Other Expenses