

CAMPAIGN FINANCE REPORT

COVER SHEET PG 1

NICKNAME		LAST		SUFFIX		Date Received	
		Waber				RECEIVED	
CANDIDATE		APT / SUITE #		CITY		STATE	

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CANDIDATE		APT / SUITE #		CITY		STATE	



(month)

(year)

Signature (Printed Name) of Declarant

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET NO. 2**