

Filer ID (Ethics Commission Filers)

2 Total pages filed:

C/OH Instruction Guide explains how to complete this form.

*(The following content is a representation of the form's structure and is heavily obscured by digital noise and artifacts. It includes various fields, checkboxes, and text elements that are difficult to read due to the image quality.)*

**Section 1: Personal Information**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Section 2: Office Information**

Office Name: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 Office City: \_\_\_\_\_ Office State: \_\_\_\_\_ Office Zip: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_  
 Office Email: \_\_\_\_\_

**Section 3: Financial Information**

Net Worth: \_\_\_\_\_  
 Annual Income: \_\_\_\_\_  
 Assets: \_\_\_\_\_  
 Liabilities: \_\_\_\_\_

**Section 4: Campaign Information**

Candidate for: \_\_\_\_\_  
 Office: \_\_\_\_\_  
 Term: \_\_\_\_\_  
 Campaign Start Date: \_\_\_\_\_  
 Campaign End Date: \_\_\_\_\_

**Section 5: Disclosures**

Disclosures: \_\_\_\_\_  
 Conflicts of Interest: \_\_\_\_\_  
 Recusal: \_\_\_\_\_

**Section 6: Signatures**

Candidate Signature: \_\_\_\_\_  
 Officeholder Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

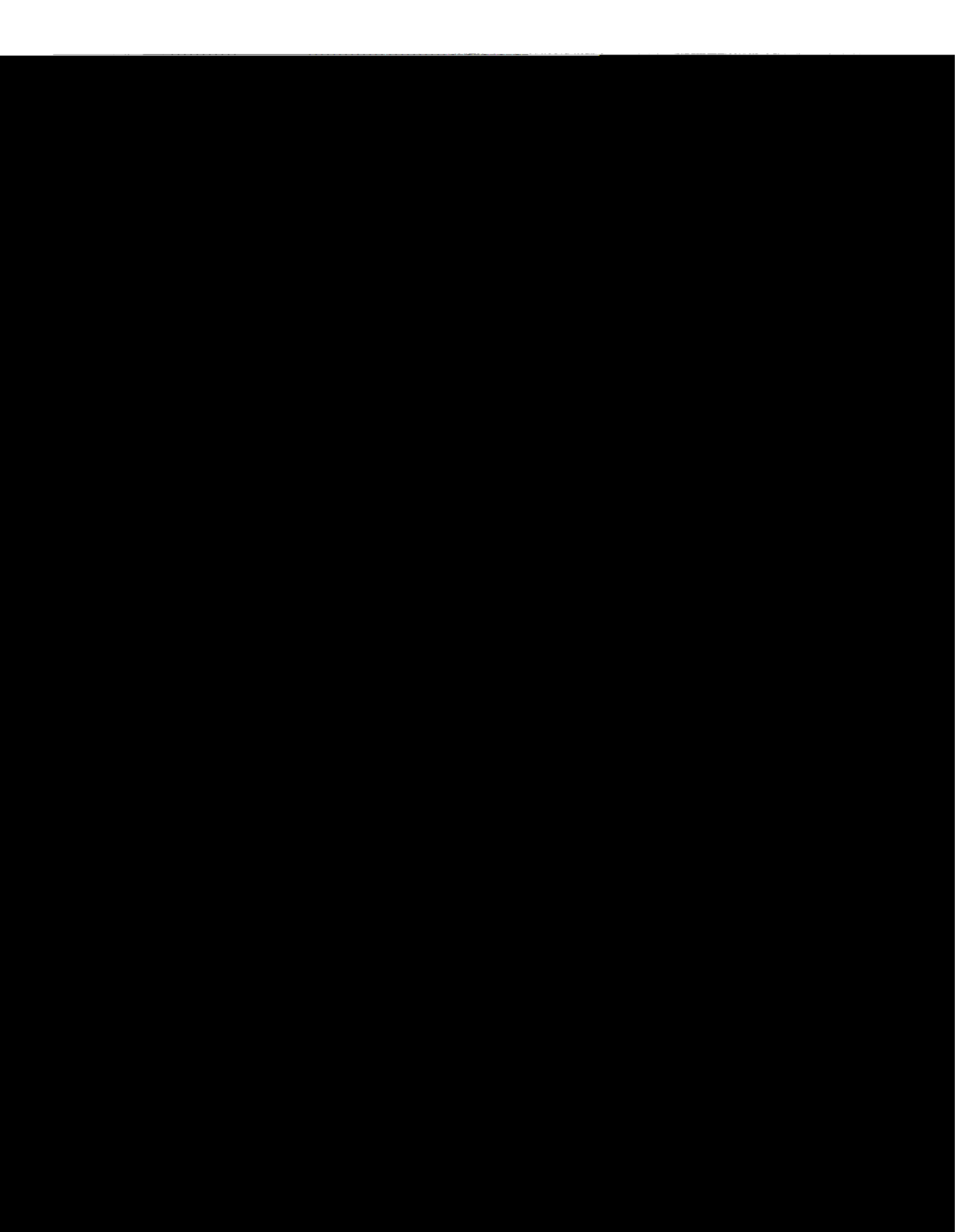
**Section 7: Footer**

Form COH  
 Commission on Ethics and Public Disclosure  
 State of New York



SUBTOTALS C/OH

FORM C/OH



**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, DO NOT include this name in the report

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

**POLITICAL EXPENDITURES MADE FROM  
PERSONAL FUNDS**

**SCHEDULE G**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Payment/Reimbursement

Political/ Fundraising Expense