

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX	OFFICE USE ONLY Date Received  <b>JAN 15 2020</b>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
5 CANDIDATE / OFFICEHOLDER PHONE		AREA CODE	PHONE NUMBER	EXTENSION		
6 CAMPAIGN TREASURER NAME		MS / MRS / MR NICKNAME	FIRST LAST	MI SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
8 CAMPAIGN TREASURER PHONE		AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED		Month      Day      Year			Month      Day      Year	
11 ELECTION		ELECTION DATE Month      Day      Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE		OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
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14 C/OH NAME Marie Robinson 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
COMMITTEE ADDRESS	
COMMITTEE CAMPAIGN TREASURER NAME	
COMMITTEE CAMPAIGN TREASURER ADDRESS	

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Marie Robinson  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Marie Robinson, this the 14<sup>th</sup> day of January, 2020, to certify which, witness my hand and seal of office.

Elizabeth McGill  
Signature of officer administering oath

Elizabeth McGill  
County Clerk  
Printed name of officer administering oath

Elizabeth McGill  
County Clerk  
Title of officer administering oath