

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: <u>2</u>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: _____ FIRST: <u>FRIEDA</u> MI: <u>J.</u> NICKNAME: _____ LAST: <u>PRESSLER</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <input type="checkbox"/> Change of Address	Date Received: <u>7/12/19</u> <u>@ 1:43pm</u> <u>KQ</u>	
5 CANDIDATE / OFFICEHOLDER PHONE		Date Hand-delivered or Date Postmarked: _____	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>FRIEDA</u> MI: <u>J.</u> NICKNAME: _____ LAST: <u>PRESSLER</u> SUFFIX: _____	Receipt # _____ Amount \$ _____	Date Processed _____
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ (Residence or Business)	Date Imaged _____	
8 CAMPAIGN TREASURER PHONE			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input checked="" 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 THROUGH Month Day Year <u>01 / 16 / 2019</u> <u>07 / 15 / 2019</u>		
11 ELECTION	ELECTION DATE: _____ Month Day Year: <u>11 / 05 / 2019</u>	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any): <u>Kendall County Justice of the Peace PRECINCT 4</u>	OFFICE SOUGHT (if known): <u>Kendall County Justice of the Peace PRECINCT 4</u>	
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