CAMPAIGN FINANCIAL DISCLOSURE REPORT

Dental Arts

C-2 Rev. 2/10

SUMMARY PAGE (Please Print or Type)

12 JUL -6 AM 9:50

Section I			14
Name of Candidate or Political Committee and Chairperson		Office Sought (Fice and	
Malling Address Kandis Garlan	Clly and Zip	Home Phone	Work Phane
Name of Political Treasurer	-	0	The state of the s
6	abre		
Mailing Address	· City and Zip	Home Phone	Work Phone
Change of address for: Candidate or Politi	cal Committee Politic	al Treasurer	
	TYPE OF REPOR		
This report is for the period from	/ <u> 【 </u>	_ ()	
7 Day Pre-Primary Report	30 Day Post-Primary Re	eport 🔲 Octob	er 10 Pre-General Report
7 Day Pre-General Report	☐ 30 Day Post-General R	eport 🔲 Annua	al Report
Semi-Annual Report (Statewide Candles this a Termination Report: Yes	dates Only) No		
Directions: If you had no contributions or exper	EMENT OF NO CONTRIBUTION nditures during this reporting perior the appropriate "Calendar Year	od, check the box next to the st	atement below and sign this report. Section IV.
hereby certify that I have rece	eived no contributions and have m	nade no expenditures during thi	is reporting period,
Section IV	SUMMARY		
To reach your Calendar Year to Date figure: Addigures to the Column II figures of your previous	this report's Column I	COLUMN I This Period	COLUMN II Calendar Year to Date
Line 1: Cash on Hand January 1, This Calendar	Year*	\$_XXXXXX	s <u>d 603.98</u>
Line 2: Enter Beginning Cash Balance**	1064.4	798 1539.49	\$ XXXXXXX
Line 3: Total Contributions (Enter amount from lin	na 5, page 2)	0 8 25	\$ <u>25</u>
Line 3: Total Contributions (Enter amount from line 4: Subtotal (Add lines 1, 2 and 3)	na 5, page 2) /064. A	0 \$ <u>25</u> 49 \$ 1564.49	\$ 1564.49
•	1064.	\$ 500	\$ 1564.49 \$ 5w
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Page 1