

CODE OF FAIR CAMPAIGN
ACTS

FORM "FC"
OVER SHEET

OFFICE USE ONLY

Date Received

Print name, chapter, etc. of the Election Code, name candidate and

Date Hand-delivered or Postmarked

Date Processed

Date Mailed

TITLE (Dr., Mr., Ms., etc.)

Mrs.

NAME

DATE

STREET (or R.F.D.)

PHONE NUMBER

EXTENSION

STREET/PO BOX:

APT/SUITE#:

CITY:

STATE:

ZIP CODE

political committee is encouraged to subscribe to the Code of Fair

Mrs.

Campaign Practices. The Code may be filed with the proper filing

[REDACTED]

[REDACTED] of [REDACTED] that covers candidate and political committee in this state

[REDACTED]