CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER	3-3710783	REPORT FILED CANDIDATE.	COMMITTEE 2 LOBBYIST 3.
NAME OF FILING COMMITTEE, CANDIDATE DRIDBEYIST THE FOR Elect Kim Clear			
STREET ADDRESS. 4855			
CITY	123000		IIP CODE
TYPE OF REPORT NAM	E OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO. PARTY	16506 — DATE OF ELECTION
(CHECK ONE)	ounty Council	1 D	MO. DAY YEAR 1/ 5 2019
PRE-PRIMARY 2ND ERIDAY PRE-PRIMARY 3.	DATES OF REPORTING PERIOD 11 25 19	TO 12 31 1C	FOR OFFICE USE ONLY
30 DAY POST-PRIMARY STH-TUESDAY PRE-ELECTION	CASH BALANCE AT END OF REPORTING PERIOD:	\$.3217.02	30
2ND FRIDAY PRE-ELECTION 6.	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIAB AT THE END OF REPORTING PI		(2) (2)
30 DAY POST-ELECTION ANNUAL REPORT	AMENDMENT YES TERMINATION YES	NO X	\$
	EREPORT SECTION		
PART I - If statement is filed on behalf of a Political Committee of Candidates's Committee, the Treasurer must sign here, If statement is filed on behalf of a Candidate, the Candidate must sign here. If statement is filed on behalf of a Contributing Lobbyis the Lebbyist must sign here.			
SWORN TO AND SUBSCRIE	nuary 2020	DAYT	N SUBMITTING REPORT
	nalf of a <u>Candidate's Authorlਣ</u>	d Committee, Candidate must sig	
SWORN TO AND SUBSCRIE OAY OF DAY OF		TYPE TO THE SET OF THE STATE OF	JAClear V Clear
MY COMMISSION EXPIRES_ DSEB-503 (12-99)	Department of State • 240 North Office Building	E E E eau of Commissions, Elections and Le	me TELEPHONE NUMBER egistation 7) 787-5280