

# NOTIFICATION OF SELF FUNDING

SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR GUIDANCE.

The candidate or public official shall notify the State Board of Elections of receipts/loans/transfers/independent expenditures received, from the candidate/public official/immediate family, within 12 months prior to an election, of more than \$250,000 in aggregate for a state wide office or \$100,000 in aggregate for all other elective offices within one (1) business day.

FOR OFFICE USE ONLY
CHICAGO
20 FEB -3 PM 12:13
STATE BOARD OF ELECTIONS
POLITICAL COMMITTEE IDENTIFICATION No: 20858

Candidate or public official (please print): KELLY MARIE MCCARTHY

Office sought: Cook County Full Circuit Judge – Coghlan Vacancy

Election date: March 17, 2020

Political committee's name and address:

Committee To Elect Kelly Marie McCarthy

P.O. Box 1399

Oak Park, IL. 60304

## Loans, Contributions, Transfers In Received, & Independent Expenditures Made on Behalf of Candidate or Public Official

Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 70,000.00	Date 6/5/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$100	Date 6/5/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 129.66	Date 6/14/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 40.00	Date 6/20/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 39.00	Date 6/24/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 50.00	Date 6/27/19

Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 75.00	Date 10/1/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 9,000.00	Date 10/12/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 74.20	Date 10/15/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 396.85	Date 10/15/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 840.00	Date 10/21/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 2,000.00	Date 11/16/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 135.69	Date 11/19/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 2,000.00	Date 11/20/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 9,000.00	Date 11/23/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 500.00	Date 11/25/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 500.00	Date 12/23/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 2,500.00	Date 12/30/19
Full Name, Mailing Address and Zip Code of Contributor Kelly Marie McCarthy, [REDACTED]	Amount: \$ 4,361.00	Date 1/31/2020

*Heig Marie Mc Carthy*

Signature of Public Official or Candidate

*1/31/2020*

Date

ALL POLITICAL COMMITTEES RETURN TO:

STATE BOARD OF ELECTIONS  
2329 S. MacArthur Blvd.  
SPRINGFIELD, IL 62704-4503

OR

STATE BOARD OF ELECTIONS  
JAMES R. THOMPSON CENTER  
100 W RANDOLPH ST, STE 14-100  
CHICAGO, IL. 60601-3232

THIS FORM MAY BE REPRODUCED

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Rev.9/9/11

**INSTRUCTIONS FOR COMPLETION OF THIS NOTIFICATION OF SELF FUNDING FORM**  
**SEE PAMPHLET "A GUIDE TO CAMPAIGN DISCLOSURE" FOR ADDITIONAL GUIDANCE.**

1. Place committee identification number in the box marked POLITICAL COMMITTEE IDENTIFICATION NO.

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