## **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE/ OFFICEHOLDER NAME NICKNAME SUFFIX 4 CANDIDATE/ STATE; ZIP CODE ADDRESS / PO BOX: **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** toa1 382-24 **PHONE** Réceipt # Amount \$ 6 CAMPAIGN TREASURER Date Processed NAME SUFFIX NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE 7 CAMPAIGN TREASURER **ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION AREA CODE CAMPAIGN **TREASURER** 382,2440 PHONE REPORT TYPE 15th day after campaign Runoff 30th day before election treasurer appointment. (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day COVERED THROUGH **ELECTION DATE** ELECTION TYPE 11 ELECTION Other Month Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR 14 NOTICE FROM **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

3,		
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ /
:	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information		
required to be reported by me under Title 15, Election Code.		
		5111
- MWCWW		
S. Mainening	Signature of Ca	andidate or Officeholder
6. " " " " " " " " " " " " " " " " " " "		
Please complete either option below:		
[3]: (1)		
(1) Áffidavit	O. A.	
37,78		
THE CHAIN		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by Kene Ellis this the	2 day of July
20 , to certify	which, witness my hand and seal of office.	000 101-1
50ml-not	tatty Wag Start	reputy lenk
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration		
My name is	, and my date of birth is	· · · · · · · · · · · · · · · · · · ·
My address is		· · · · · · · · · · · · · · · · · · ·
	(street) (city) (	state) (zip code) (country)
Executed in	•	
	County, State of, on the day of(month	h) (year)
4.	Signature of Candi	date/Officeholder (Declarant)