		CEHOLDER E REPORT		FORM C/OH COVER SHEET PG 1		
The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR  NICKNAME	FIRST	MI	HOLLPFEIGRIASE OUUNTY CLE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX  ROLL REA CODE  (40 9 6	APT/SUITE#; CONTRACTOR APT/SUITE#;	EXTENSION	By DEPUTY  Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS TMR NICKNAME	FIRST LAST CKP	MI	Date Processed  Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	STATE: ZIP CODE		
REPORT TYPE	January 15 July 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year	Month THROUGH	Day Year / 1 / 2024		
11 ELECTION	ELECTION DAY	Year Primary	ELECTION TYPE  Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	)		
4 NOTICE FROM POLITICAL COMMITTEE(S)	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 CONSENT. CANDIDATES AND OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  COMMITTEE TYPE  COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS  SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
	-	GO TO	PAGE 2			

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

	THE THE TENT OF THE						
15 C/OH NAME		16 File	er ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTR PLEDGES, LOANS, OR GUARANTEES O CONTRIBUTIONS MADE ELECTRONICA	\$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GI	\$ -0 -					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEND	\$ -0 -					
	4. TOTAL POLITICAL EXPENDITURES	\$ ~ ~					
CONTRIBUTION BALANCE	1 5. IOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 1						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUT LAST DAY OF THE REPORTING PERIOD	STANDING LOANS AS OF 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 45, Election Code.							
Signature of Candidate or Officeholder  Please complete either option below:  (1) Affidavit							
NOTARY STAMP/SEA	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$	this the 19	day or August.				
20 , to certify	which, witness my hand and seal of office.	20 /20	Doody Clark				
Signature of officer administr	ering oath Printed name of officer adminis	stering oath	Title of officer administering oath				
	OR						
(2) Unsworn Declarat	on						
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)	20 (year)				
		Signature of Candidate/Off	iceholder (Declarant)				