## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.  3. CANDIDATE / OFFICEHOLDER NAME  ACANDIDATE / OFFICEHOLDER NAME  4. CANDIDATE / OFFICEHOLDER NAME  ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  CHANGE OF ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  CHANGE OF ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  CHANGE OF ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  CHANGE OF ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  CHANGE OF ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  CHANGE OF ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  CHANGE OF ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   PO PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  TREASURER ADDRESS   P	4 5%-10 5%-1	
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  John day before election  Month Day Year  THROUGH  15th day after campaign treasurer appointment (Officeholder Only)  That Report (Attach C/OH - Fi Month Day Year  Month Day Year  Month Day Year  John Day Year  Month Day Year  Special  12 OFFICE  OFFICE  PFICE HELD (ff any)  MANA  STATE; ZIP CODE  TELECTION  TELECTION  STATE; ZIP CODE  STATES STATE  STATES STATE  STATES  STATES STATES  STATES	Adolyn Date Processed	TREASURER NAME
TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  30th day before election  Runoff  Exceeded Modified Reporting Limit  10 PERIOD COVERED  Month  Day  Year  THROUGH  THROUG	Date Imaged	Lann
TREASURER PHONE  9 REPORT TYPE  January 15  30th day before election  Runoff  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - F	N 15 S IOSENIE JA SENIE	TREASURER ADDRESS 1030 CA
January 15  Journal of South day before election  July 15  Sth day before election  Exceeded Modified Reporting Limit  Month  Day Year  THROUGH  THROUGH  THROUGH  LECTION TYPE  Month  Day Year  Primary Runoff  General Special  Special  13 OFFICE SOUGHT (if known)  Month  Day Year  Description  Telection Type  Month  Day Year  Description  Through  Thro		TREASURER
10 PERIOD	treasurer appointment (Officeholder Only)  by before election  Exceeded Modified  Final Report (Attach C/OH - FR)	January 15
Month Day Year Primary Runoff Other Description  General Special  12 OFFICE  OFFICE HELD (if any)  When Primary Runoff Description  Other Description  OFFICE SOUGHT (if known)	Month Day Year	
Canry Juliance Canty Leasurer	Primary Runoff Other Description	II EEEO IION
THE BOY IS FOR ACTION OF BOLITICAL CONTRIBUTIONS ACCEPTED OF BOLITICAL EXPENDITIONS MADE BY BOLITICAL COMMITTEES TO SHE	\(\hat{A}\)	12 OFFICE OFFICE HELD (if any
POLITICAL COMMITTEE(S)  THIS BOX IS FOR NOTICE OF POLITICAL COMMITTEE ON ROLLING REPORT THIS BOX IS FOR NOTICE OF POLITICAL COMMITTEE TO SO THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLE OF POLITICAL COMMITTEE OR	REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	POLITICAL COMMITTEE(S)  THE CANDIDATE MOFFI CONSENT. CANDIDATE
Additional Pages  GENERAL  COMMITTEE ADDRESS  SPECIFIC  COMMITTEE CAMPAIGN TREASURER NAME	8 00 a - 611 = 1	Additional Pages
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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	"LlAnn" Nout	6 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 LAST OF REPORTING PERIOD	DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAMS AS OF T LAST DAY OF THE REPORTING PERIOD	**************************************		
required to be reported by me under Title 15, Election Code.  Signature of Candidate or Officeholder				
Please complete either option below:				
(1) Affidavit				
NOTARY STAMP/SEAL	all and all all and all all all all all all all all all al	5thday of Januar		
20 to certify which, witness my hand and seal of office.  Signature of officer administering 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				
Executed in	(street) (city) (state of, on the day of(month)	te) (zip code) (country) , 20 (year)		
	Signature of Candidate	e/Officeholder (Declarant)		