CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR) FIRST	МІ	OFFICE USE ONLY Date Received	
9	NICKNAME	CLAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; CO	CITY: STATE; ZIP CODE	√	
Change of Address		W CHN III	THE LEWAR		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	350193	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	DOUBLAS	EMI	Receipt # Amount \$	
	NICKNAME	HUF	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS ((NO PO BOX PLEASE); APT/SI OPULMAN L. L. A. S. T. T. A.	WITE TO MA	STATE; ZIP CODE	
(Residence or Business)	00	MINOS IT P	0 12911		
8 CAMPAIGN TREASURER PHONE	AREA CODE	5848360	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection Exceeded Modifie Reporting Limit	d Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 1 / 5 / 23 THROUGH				
11 ELECTION	ELECTION DA	JE	ELECTION 1	TYPE	
	Month Day	Year Primary	Runoff Other Descript	ion	
	/ /	General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if I	known)	
14 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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
Visit 1	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS				
3	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
	1	GO TO	PAGE 2		

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FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	\$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L OF REPORTING PERIOD	* 373593				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$				
required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder						
Please complete either option below:						
(1) Affidavit	Carla Gilkey My Commission Expires 07/06/2025					
NOTARY STAMP/SEAL Sworn to and subscribed before me by						
20 27 to certify which, witness my hand and seal of office. Carlo Chilles County Criminal Court Mar						
Signature of officer administering path Printed name of officer administering path OR						
(2) Unsworn Declarat		*				
	, and my date of birth	is				
My address is						
Executed in	(street) (city) County, State of , on the day of	(state) (zip code) (country) , 20 (year)				
2	Signature of Car	ndidate/Officeholder (Declarant)				