CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.						ler ID (Ethics Com	mission Filers)	2 Total pages filed:			
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR	I	FIRST		1	мι	OFFICE USE ONLY			
	NAME	NICKNAME LAST			SUFFIX		Date Received received by Ellie Garcia on Friday				
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	AF	PT / SUITE #; (CITY;	STATE;	ZIP CODE	January 6, 2023 at 9	:27 AM		
5	CANDIDATE/	AREA CODE	PHONE	NUMBER	EXTENSION			Date Hand-delivered or Date Postmarked			
	OFFICEHOLDER PHONE										
6	CAMPAIGN TREASURER NAME	MS / MRS / MR	I	FIRST		1	МІ	Receipt #	Amount \$		
		NICKNAME LAST			SUFFIX		Date Processed				
								Date Imaged			
	CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX F	PLEASE); APT / S	UITE #;	CITY;	CITY; STATE; ZIP CODE				
(Residence or Business) 8 CAMPAIGN		AREA CODE	PHONE I	NUMBER		EXTENSION					
•	TREASURER PHONE	()				2/112/10/01					
9	REPORT TYPE	January 15 30th day befo		30th day before e	election Runoff		15th day after campaign treasurer appointment (Officeholder Only)				
		July 15		8th day before ele	ection	Exceeded Modified Reporting Limit		Final Report (Attach C/OH - FR)			
10	PERIOD COVERED	Month	Day	Year			Month	Day Year			
		THROUGH /									
11	ELECTION	ELECTION DATE Primary		Primary	ELECTION TYPE Runoff Other						
		Month Day	Year	General		Special	Description				
40	055105	OFFICE HELD (# op)			13 OFFICE SOUGHT (if known						
12	2 OFFICE OFFICE HELD (if		у)		13 OFFICE SOUGHT (II KNOWN)						
14	NOTICE FROM POLITICAL	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 ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.									
	COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME									
	Additional Pages	GENERAL COMMITTEE ADDRESS									
		SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME									
	COMMITTEE CAMPAIGN TREASURER ADDRESS										
				GO TO	PAG	F 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Fil	ers)								
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$									
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAD)	DANS) \$									
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$									
	4. TOTAL POLITICAL EXPENDITURES	\$									
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	IE LAST DAY \$									
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A	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 15, Election Code.											
	glin	neffell									
	Signature of	of Cardidate or Officeholder									
	5 1 14 14 41 41 1										
Please complete either option below:											
(1) Affidavit											
NOTARY STAMP/SEA	L										
Sworn to and subscribed	before me by this	s the day of	,								
20, to certify	which, witness my hand and seal of office.										
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering	ig oath								
	OR										
(2) Unsworn Declaration	on										
My name is	, and my date of bi	irth is									
My address is		,									
	(street) (city)	(state) (zip code) (country)									
Executed in	County, State of , on the day of (r	(month), 20									
	Signature of C	Candidate/Officeholder (Declarant)	_								
	2.gradaro or o										