CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to complete this form.

OFFICE USE ONLY

Date Received

RECEIVED
City Secretary

Date Hand-delivered or Date Postmarked

Date Processed

Date Imaged

Filer ID (Ethics Commission Files)

1

1

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Files)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Address / PO Box: APT / Suite #: City: State: Zip Code

5 CANDIDATE / OFFICEHOLDER PHONE

Area Code Phone Number Extension

6 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

9 REPORT TYPE

☑ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)

☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH FR)

10 PERIOD COVERED

July 15 2023 THROUGH Jan 15 2024

11 ELECTION

ELECTION DATE

Month Day Year: ☐ Primary ☐ Runoff ☐ General ☐ Special

ELECTION TYPE

12 OFFICE

Office Held by any Mayor

City Council District 5

13 OFFICE SOUGHT (if 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.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

Additional Pages

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT FORM C/OH COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS

1. 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) $ __________

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE $ __________

4. TOTAL POLITICAL EXPENDITURES $ __________

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD $ __________

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD $ __________

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Sworn Declaration

Sworn to and subscribed before me by ___________________________ this the _____ day of _________, 20_____ , to certify which, witness my hand and seal of office.

__________________________ ____________________________
Signature of officer administering oath Printed name of officer administering oath

Notary

Title of officer administering oath

(2) Unsworn Declaration

My name is ___________________________, and my date of birth is _____________.

My address is ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, ___________________________, 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State of __________, on the ______ day of __________, 20_____.

__________________________
Signature of Candidate/Officeholder (Declarant)