### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Co	ommission Filers)	2 Total pages fi	lled:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Tim otta		MI		USEONLY	
IVAIVIE	NICKNAME	BARKER		SUFFIX	Date Received	IVEN	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	; APT / SUITE #;	CITY; STATE;	ZIP CODE	APR 2	2 2024	
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSIO	NC	Date Hand-delivered	or Date Postmarked	
OFFICEHOLDER PHONE							
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$	
NAME	NICKNAME	FA LAST		SUFFIX	Date Processed	. 2: (),	
		BANKER			Date Imaged		
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;		STATE;	ZIP CODE	
ADDRESS (Residence or Business)							
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSIO	ON			
TREASURER PHONE						WAS WELL	
9 REPORT TYPE	January 15	30th day before e	election Runo	off		fter campaign ppointment er Only)	
	July 15	8th day before ele	ection Exce Repo	eded Modified orting Limit	Final Repor	rt (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	THROUGH	Month	Day Year	823 W. W.	
11 ELECTION	ELECTION DA	TE		ELECTION TYPE			
	Month Day	Year Primary  General	Runoff Special	Other Description			
	/ /						
12 OFFICE	OFFICE HELD (if any)			OUGHT (if 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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME						
Additional Dans	GENERAL COMMITTEE ADDRESS						
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					10%	
		GO TO	PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM S/OH COVER SHEET PG 2

15 C/OH NAME	1	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)	\$ _0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION DALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true a uired to be reported by me under Title 15, Election Code.	and correct and includes all information
	In B	a. h.
	Signature of Cand	lidate or Officeholder
M FAVORO PUBLIC OF THE PUBLIC	Please complete either option below:	
NOTARY STAMP/SEAL	Tim Daylow	22rd April
	which, witness my hand and seal of office.	City Secretur
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
•	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		
	(street) (city) (sta	te) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candidat	te/Officeholder (Declarant)

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX CANDIDATE / ADDRESS / PO BOX; STATE; ZIP CODE **OFFICEHOLDER MAILING ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Hand-delive er Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN MI **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE): CITY; **CAMPAIGN** STATE; ZIP CODE **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 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** Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Other Description Runoff Month Day Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

### 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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
Mayla	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø
The same of the sa	4. TOTAL POLITICAL EXPENDITURES	\$ Ø
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 LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Voulgo	
	Signature of Can	didate or Officeholder
MIN FALL		
MINO		
N. PUN.	Please complete either option below:	Maria Partia
J. AHY PUBLIC.	riease complete either option below.	
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29 D/T /, No certify	which will essitiy hand and search office.	May Vistation
Hulen	THE TOTAL WIND HALLY	MY XOURINO
Signature of officer administe	ring oath District and of Standard State and S	Tile of officer administrator and the
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering bath
	OR	
		and the same of th
(2) Unsworn Declaration	on	
4.		-11-11-
My name is	bloulgars, and my date of birth is	03/19/1956
		SO TOYOR WEN
My address is	Wharton T	10, 77488, USA
	(street) (city) (sta	ate) (zip code) (country)
Executed in Wharton		21/
Executed in War loa		, 2004.
	(month)	(yeár)
	Alnula	
	Cignotive of Condition	te/Officeholder (Declarant)
	Signature of Candida	ne/Oniceriolder (Declarant)

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX CHNEIDER CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-deliwered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS /MRS) MR FIRST CAMPAIGN MI **TREASURER** LICK ( Date Processed NAME NICKNAME SUFFIX Date Imaged SCHWE MOOR STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CAMPAIGN **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month COVERED 1111111111111 THROUGH FLECTION TYPE 11 ELECTION FLECTION DATE Primary Other Month Day Year Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE WHERE CITY Council THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## 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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THA PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ O
MENVER	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD	F THE \$
A FAVOAR PUBLICATION OF THE OF	Please complete either option below	andidate or Officeholder
NOTARY STAMP/SEAL Sworn to and subscribed leading to certify the signature of officer administers	hich, witness my hand and seal of office.	24 day of Appul.  Oth Sunday  Title of officer administering oath
(2) Unsworn Declaratio		
	, and my date of birth is	3
		(state) (zip code) (country)
		date/Officeholder (Declarant)