CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	MI	OFFICE USE ONLY		
	NICKNAME LAST SPLAZAC	suffix M.C.	Date Received .		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	fo Box 23 fer	CITY; STATE; ZIP CODE THE THE STATE; ZIP CODE EXTENSION	JUL 1 0 2023		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (940) 255-2500	>	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST NICKNAME LAST	SUFFIX	Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT /	SUITE #; CITY;	STATE; ZIP CODE		
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15 30th day before	election Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year An / 1 / 202		/30/2023		
11 ELECTION	ELECTION DATE Month Day Year Prima Gene	Description			
12 OFFICE	OFFICE HELD (If any) Comm 155 WWW 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 COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN	TREASURER NAME	· · · · · · · · · · · · · · · · · · ·		
	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 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.	\$ 0		
	4. TOTAL POLITICAL EXPENDITURES	\$ 0		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$		
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and includes all information		
	juired to be reported by me under Title 15, Election Code.	Server and morados an information		
)			
	\vee			
	Signature of Ca	indidate or Officeholder		
	\cup \cup			
	Diagon complete 10			
Please complete either option below:				
		CEIVEN		
-				
(1) Affidavit		JUL 1 0 2023		
		الطالب		
	[II II]			
NOTARY STAMP/SEAL				
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 administe	ring oath Printed name of officer administering oath	Title of officer administering oath		
A STATE OF THE STA	OR			
(2) Unsworn Declaration				
My name is ONN / TAMER, and my date of birth is /- 23-1968				
My address is Po Box 23 Penn TI, 1646, Jack				
(street) (city) (state) (zip code) (country)				
Executed in County, State of PEAS, on the day of				
(month) (year)				
	Horny			
	Signature of Candi	date/Officeholder (Declarant)		