CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		2000-	Harten Arthur				
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Comm	nission Filers)	2 Total pages file	ed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	Oralia	M		OFFICE	USE ONLY	
	NICKNAME	Alanso		SUFFIX		2	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	6709 Park		ITY; STATE; Z	5227		EOARE DAU 2024 APR 2	
Change of Address	<u> </u>					o (− ⊕	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	274-2720	EXTENSION		Date Hand-delivered	or Data Postmation	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS	Melissa Last		41	Date Processed	05	
	MONVAINE	Alonso	•		Date Imaged		
7 CAMPAIGN TREASURER	1	NO PO BOX PLEASE); APT / SL			STATE;	ZIP CODE	
ADDRESS (Residence or Business)	6 101 Pai	kdale Dr.	Dallas		TX	75227	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION				
TREASURER PHONE	(469) 254-7406						
9 REPORT TYPE	January 15	30th day before e	lection Runoff		15th day af treasurer a (Officeholde		
	July 15	8th day before ele	ction Exceede Reportin	ed Modified ng Limit	Final Repor	rt (Attach C/OH - FR)	
10 PERIOD COVERED	04	Day Year / 24	THROUGH	Month /	Day Year (26 / 26		
11 ELECTION	ELECTION DA	TE	ELI	ECTION TYPE			
	Month Day	Year Primary	Runoff	Other Description			
	05/04/	2C General	Special				
12 OFFICE	OFFICE HELD (if any)	A	13 OFFICE SOUR	, ,	stee Dis	trict 9	
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 Pages	GENERAL COMMITTEE ADDRESS						
, ,	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			i i	
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Oralia M. Alonso				er ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	Ø				
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	Ø				
EXPENDITURE TOTALS	3.	\$	Ø					
	4.	TOTAL POLITICAL EXPENDITURES	\$	Ø				
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$	B				
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	THE \$	0				
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.								
Oralia M. alonso								
		Signature of Ca						
		Oignature of other	indidute of Office	oriolae)				
		,						
Please complete either option below:								
(1) Affidavit								
(1)11111111111								
NOTARY STAMP/SEAL	-							
Sworn to and subscribed	before me	by this the	day	of				
20, to certify	which, witn	ess my hand and seal of office.						
Signature of officer administer	ring oath	Printed name of officer administering oath	Title o	f officer administering oath				
		OR						
(2) Unsworn Declaration	on							
My name is	<i>1 1 1 1</i>	. Alonso, and my date of birth is		صاح				
My address is	\sim	rkdale Dr. Dallas	TX .75a	U.S.A.				
1000			state) (zip co					
(street) (city) (state) (zip code) (country) Executed in Dallas County, State of Texas, on the 26 day of April , 20,24.								
		10 malia my	7. ala	year)				
Signature of Candidate/Officeholder (Declarant)								