JAN 16 PM12:30

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS MRS MR FIRST	Δ,	OFFICE USE ONLY			
NAME	NIDKNAME LAST CLM I	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / AUTE #; C	STATE; ZIP CODE				
Change of Address	MI MUUU0, 14.18	47				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER  100 ) DBB-BLO9	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS/MRS/MR / MIANNE	K	Receipt # Amount \$			
NAME	MICKNAME LAST 1	SUFFIX				
	Decky Jungal	12,	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOY PLEASE): APT / SU	X 7 7 7 7 1	STATE; ZIP CODE			
	SIII HOWING					
8 CAMPAIGN TREASURER PHONE	(210) 363 -453	8 EXTENSION				
9 REPORT TYPE	January 15 30th day before ele	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	July 1 202	3 THROUGH WWW.	131 / 2023			
11 ELECTION	ELECTION DATE	ELECTION TYPE				
	Month Day Year Primary Runoff Other					
	Month Day Teal Description					
	General	Special	1.0			
12 OFFICE	OFFICE HELD (IF any) TRUSTER, DISTRICT LE	SSAISD (If known)				
14 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL  THE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
OOMMITTEE(O)	COMMITTEE TYPE   COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN THE	ASURER NAME				
	COMMITTEE CAMPAIGN TRE	ASURER 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	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)	\$ Ø				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø				
	4. TOTAL POLITICAL EXPENDITURES	\$				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE S				
rec	quired to be reported by me under Title 15, Election Code.  Signature of Ca	ndidate or Officeholder				
Please complete either option below:						
(1) Affidavit		MICHELLE MARTINEZ My Notary ID # 130846940 Expires October 3, 2024				
NOTARY STAMP/SEA		7400 0000001 0, 2024				
Sworn to and subscribed	before me by <u>Uynthia Ramirez</u> this the	16th day of January,				
Organ O	which, witness my hand and seal of office.  Michelle Wartinez	NOTARY				
Signature of officer administer	Printed name of officer administering oath	Title of officer administering oath				
	OR	ETEROTE DE COMPENSANCE				
(2) Unsworn Declarati	on					
My name is	, and my date of birth is					
All Market Andrews And	, and my date of birth is					
iviy dudiess is		state) (zip code) (country)				
Executed in	County, State of, on theday of(month					
	Signature of Candid	date/Officeholder (Declarant)				