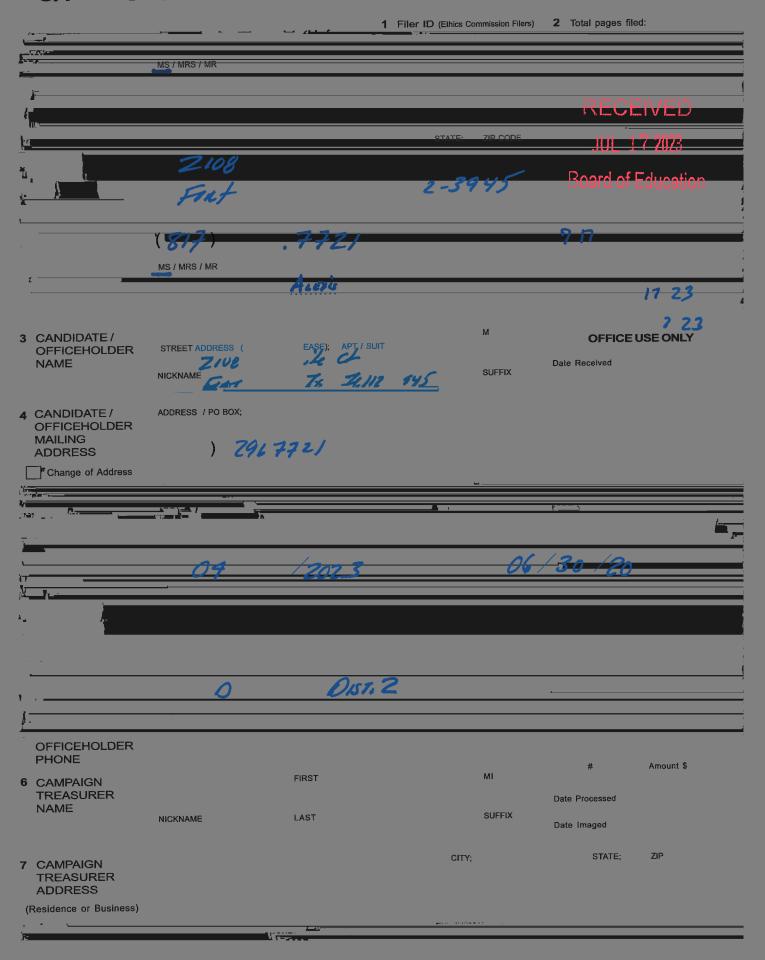
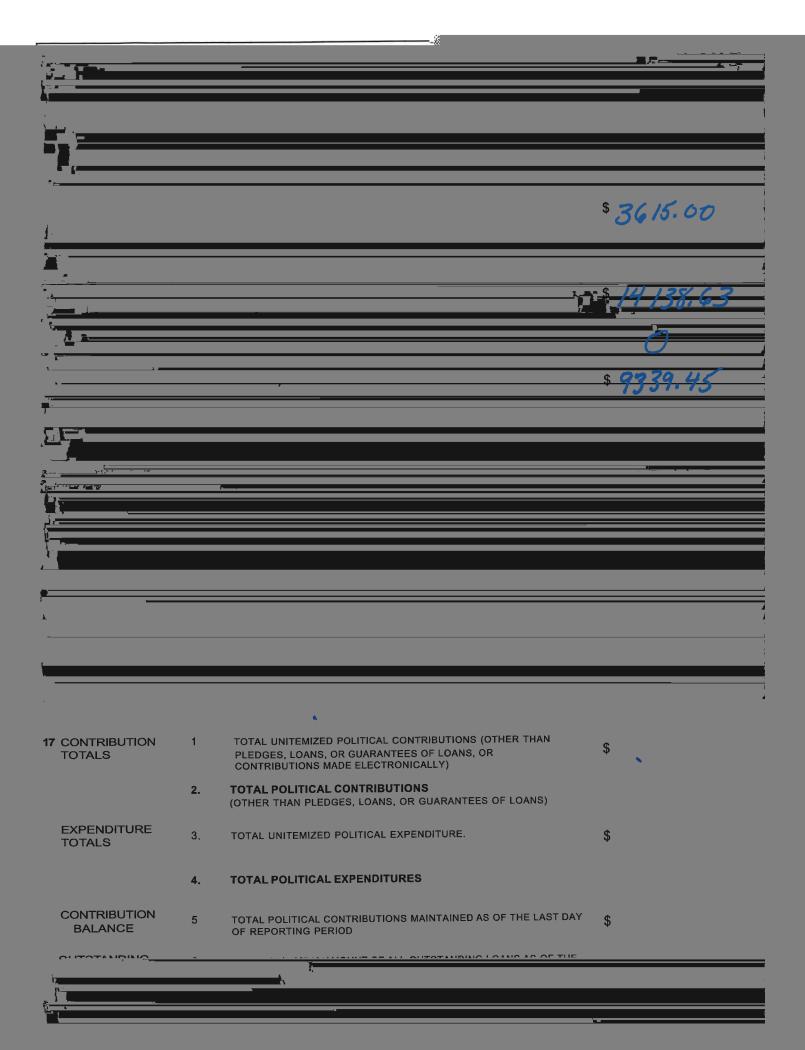
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FORM C/OH COVER SHEET PG 1





SUBTOTALS - C/O

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36 00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3	\$
	\$ 9 <i>339.45</i>
4. CHEDULE E: LOANIS	us \$
5 SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	,
6 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
AND EDOM DOLITICAL CONTRIBIT	TONS \$
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SCHEDULE A1

ONETARY POLIT CAL CONTR BUTIONS

If the requested information is not applicable, DO NOT include this page in the report.

The In	struction Guide explains how to com	plete this form.	
2 FILER NAME	/16)		3 Filer ID (Ethics Commission Filers)
4 Date	7707		7 Amount of contribution (\$)
4-28-23	Fire the	State; Zip Code	100.00
8 Principal	/ Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		of-state PAC	Amount of contribution (\$)
4-28-23	Contributor address; Ci	y; State; Zip Code	1000.00
Principal occupa	tion / Job title (See	Employer (See Instruct	tions)
Date	Full name of contributor	of-state PAC	Amount of contribution (\$)
5-3-23	Full name of contributor out-	y; State; Zip Code	50.00
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruc	tions)
Date 5 · 3 · 2 3	Full name of contributor	of-state PAC (ID#:)	Amount of contribution (\$)
у	3 BLACK CMYIN	ll	350.00
		E	tione) L'itte

MONETARY POLITICAL CONTR BUT ONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

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	TUL	L	In sont Co
FILER NAME	O long ET	CAST LL C	3 Filer ID (Ethics Commission Filers) 2000. 0 D 7 Amount of contribution (\$)
Date	6	City; State: Zip	Code
Principal occ	supation / Job title (See Instructions	s) 9 Employer	
Date	Full name of contributor	out-of-state PAC (ID#:	Amount of contribution (\$)
		State; Zip	Code
Principal	/ Job title (See Instructions) Employer	Instructions)
Date	Full name of contributor	☐ out-of-state PAC	Amount of contribution (\$)
	Contributor address;	City; State; Zip	Code
	upation / Job title (See Instructions) Employer	(See Instructions)
Principal occ			

POL T CAL EXPEND TURES MADE FROM POL T CAL CONTRIBUT ONS

SCHEDULE F1

If the requested information is not a icable, **DO NOT include this** in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to co	omplete this form.	1 Total pages Schedule E:
A FUED MANE		3 Filer ID (Ethics Commission Filers)
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181		\$
4 TOTAL OF UNITENATED LOANS		\$
4 TOTAL OF UNITEMIZED LOANS		Ψ
5 Date of loan 7 Name		9 Loan Amount (\$)
Date of loan		
	K 76112-3945	10 Interest
6 Is lender a financial	Zip Code	10 meres
Institution?		11 Maturity date
Y		_
12 Panaripai ົວເຣໂມົລໄດ້ກັກໄວb title (See Instructions)	13 Employer (See Instructions)	
	,	
	15	
	Check if personal fund account (See Instruction	s were deposited into political
SELF AS	43005	7337.70
16 GUARANTOR 17 Name of guarantor INFORMATION		19 Amount Guaranteed (\$)
INFORMATION		
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