CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. ****** MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** 416015 Poty Brenived SUFFIX NICKNAME ZIP CODE STATE: APT / SUITE #; CITY; 4 CANDIDATE / ADDRESS / PO BOX; OFFICEHOLDER MAILING **ADDRESS** Change of Address EXTENSION PHONE NUMBER AREA CODE Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** 296 772/ (8/7)PHONE MS/MRS/MR 6 CAMPAIGN TREASURER NAME SUFFIX NICKNAME **TREASURER ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION AREA CODE 8 CAMPAIGN **TREASURER** PHONE (817) 296, 772 15th day after campaign 9 REPORT TYPE Runoff 30th day before election January 15 treasurer appointment (Officeholder Only)

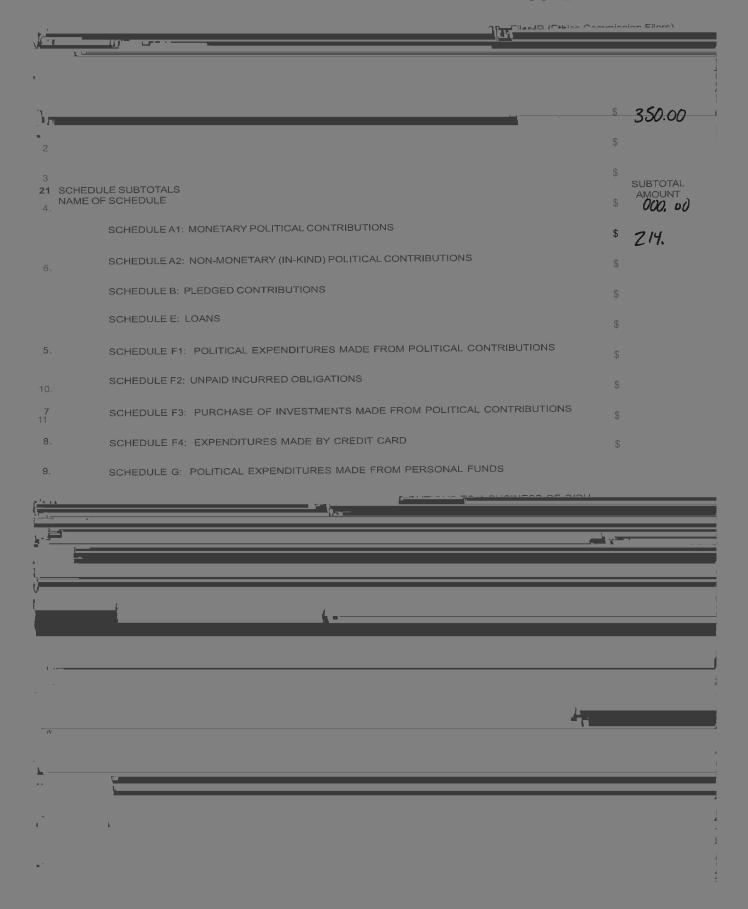


CAND DATE / OFF CEHOLDER CAMPA GN F NANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			Filer ID (Ethics Commission Filers)
is C/OH NAME			,
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)	\$ 5 350.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ Z14,
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD	\$ 33 Y
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2 00.00
		affirm, under penalty of perjury, that the accompanying report is e reported by me under Title 15, Election Code.	correct and includes all information
		of Candi	idate or Officeholder
		or oand	Nate of Smooneras.
		ALVARADO SION EXPIRES	
• • •		<u>5 2025</u> <u>Complete either option below:</u>	
•			1
(1) Affidavit			
		a Jackson this the	17 **
NOTARY STAMP/S			
Must to and composite	and hatara m	a hv	•
			1
20 to cer	rtify whi wit	ness my hand and seal of	
Signature of officer admir	nistering oath	Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declar	ration		
My name is	ly name is , and my date of birth is		
My address is		i /-it-i /oto	ta) (zip coda) (country)

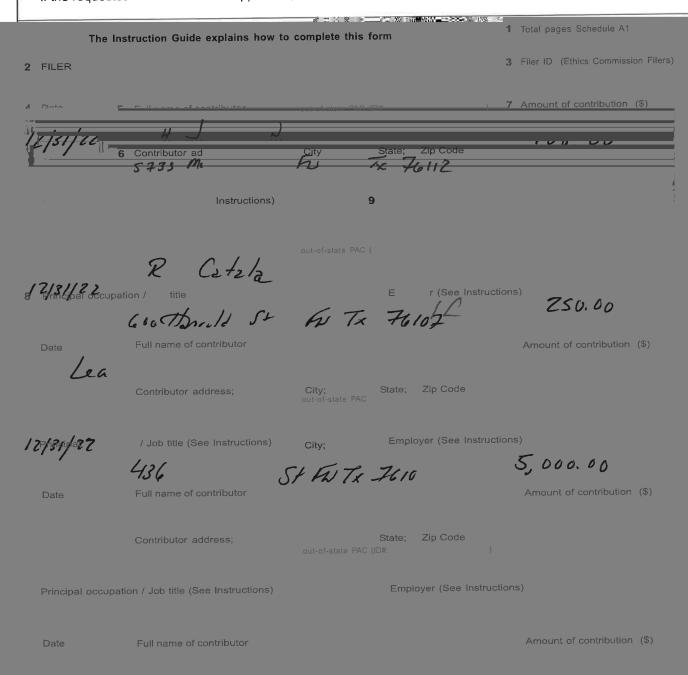
FORM C/OH COVER SHEET PG 3



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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



If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

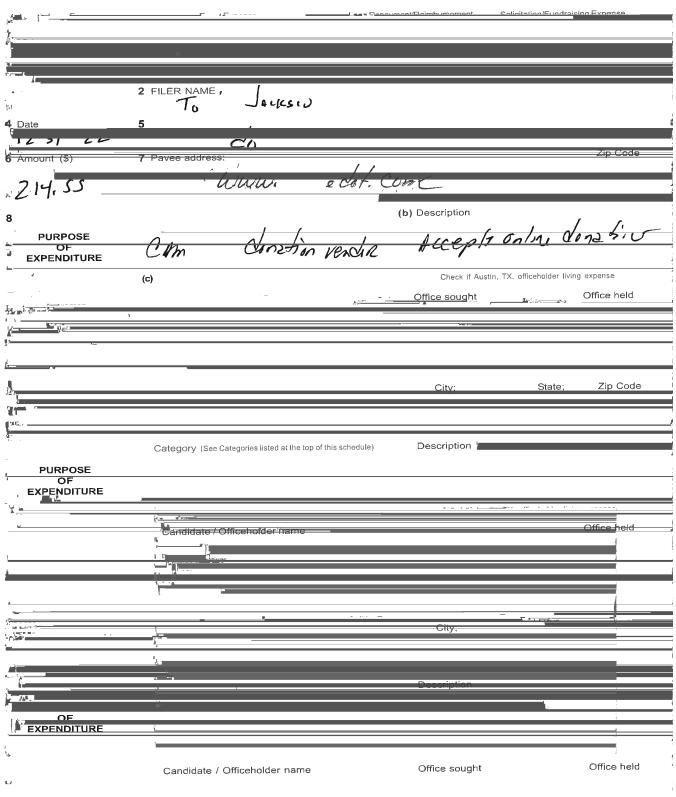
POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the uested information is not icable

icable, DO NOT include this e in the

EXPENDITURE CATEGORIES FOR BOX 8(a)



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1.0