CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction 0	auide explains how	to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Villian		MI	OFFICE USE ONLY		
NAME	NICKNAME	LAST		SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	Dear Trail	Run	ATE; ZIP CODE	B DEC 12		
Change of Address		Hea	116 17	(1879			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979)	PHONE NUMBER 575 - 648	EXT	TENSION	Date Hand derivered P Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR	Priscilly		МІ	Receipt # 2		
NAME	NICKNAME	LAST		SUFFIX	240 110003300		
1		Sige 7			Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #;	CITY;	STATE; ZIP CODE		
(Residence or Business)	, , , ,	•					
8 CAMPAIGN TREASURER PHONE	AREA CODE (975)	PHONE NUMBER	EXT	ENSION			
	(7/7)	575-6481					
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
10.055105	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year		Month	Day Year		
		13 / 23	THROUGH	12/	12/23		
11 ELECTION	ELECTION DA Month Day	Year Primary	Runoff	Other			
	3 / 5 / 24 General Special Description						
12 OFFICE	OFFICE HELD (if any)		13 OF	FICE SOUGHT (if known	1)		
	County	Attorney		Sone			
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					
2000	GENERAL	COMMITTEE ADDRESS		* *			
Additional Pages	* * * * * *	S 24 > V 2	2 th 100 2	The second second	5 g		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		* - 3 - ***		
		COMMITTEE CAMPAIGN TR		SS	N 15. (N		
		GO TO	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 F	iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	\$ 5		
~ -g	2. TOTAL POLITICAL CONTRIBUTI (OTHER THAN PLEDGES, LOANS, C		\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$ 0
7 7	4. TOTAL POLITICAL EXPENDITUR	RES	\$ &
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	Y . \$	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE	OUTSTANDING LOANS AS OF THE	\$ 0
	swear, or affirm, under penalty of perjury, that the equired to be reported by me under Title 15, Electic		correct and includes all information
10	required to be reported by the under this te, Election	5545.	
	_	Vill Gr	55.
		Signature of Candida	ate or Officeholder
		3	
		1 9 5 2 5 5	
	Please complete	e either option below:	
	1 loude complete	o oranor option bolom	
	E. State of the Control of the Contr		
(4) A 55 d it			
(1) Affidavit			
* The second			
NOTARY STAMP/SE	AL		
			odeno e f
Sworn to and subscribe	d before me by	this the	day of,
20 to certif	fy which, witness my hand and seal of office.		
	,		
			Title of officer administering oath
Signature of officer adminis	tering oath Printed name of officer	administering oath	Title of officer administering datif
	OF		
(2) Unsworn Declara	tion		
My name is	in Cory Signi	, and my date of birth is	2-24-1973
My address is	199 Dear Tail Kan	14061 AC 176	1831 484
	(street)	(city) (state	e) (zip code) (country)
Executed in Robert	County, State of Taxal,	on the 12 day of 2 day of 2	, 20 (ver)
		(month)	(year)
		Signature of Candidate	/Officeholder (Declarant)
		Signature of Candidate/	Officerolder (Deciarant)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.								
•• Complete only if "Report Type" on page 1 is marked "Final Report" ••									
1	C/OH N	NAME Villian Care Singer	ID (Ethics Commission Filers)						
3	SIGNA	ATURE							
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder								
4		R WHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••							
	A.	CAMPAIGN FUNDS							
	Check	ck only one:							
		I do not have unexpended contributions or unexpended interest or income earned from politic	cal contributions.						
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	B.	ASSETS							
	Check only one:								
		I do not retain assets purchased with political contributions or interest or other income from political contributions.							
		I do retain assets purchased with political contributions or interest or other income from politic that I may not convert assets purchased with political contributions or interest or other income personal use. I also understand that I must dispose of assets purchased with political contributions or interest or other income personal use. I also understand that I must dispose of assets purchased with political contributions or interest or other income from politic that I may not convert assets purchased with political contributions or interest or other income from politic that I may not convert assets purchased with political contributions or interest or other income personal use. I also understand that I must dispose of assets purchased with political contributions or interest or other income personal use.	e from political contributions to utions in accordance with the						
		Signature	e of Candidate						
5		CEHOLDER mplete this section <i>only</i> if you are an officeholder ••							
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.								
		Signature	of Officeholder						