

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

1. Date	e: 2.a. Can	didate or Committee Nam	ie:			
2.b. If (Committee, Name of Candid	date:		_ 3. Electi	on Date:_	
	npaign Address:					
City:	·	State:	Zip Code:	Phone:		
5. Can	didate Home Address:					
City:	·	State:	Zip Code:	Phone:		
Cano	didate Email Address:					
6. Offi	ce Sought: (include district i	number, if applicable)				
7. Nan	ne of Political Treasurer (ma	y be candidate):				
Polit	cical Treasurer Email Address	:				
8. Cate	egory or Report: (check one)				
□F	irst Quarter 🔲 Second C	Quarter 🔲 Third Quarter	Fourth Quarter	☐ Pre-P	rimary	☐ Pre-General
\square N	Nid-Year Supplemental	Year-End Supplemental	☐ Runoff Election			
9. Rep	orting Period: Start Date	2:	End Date:			
-	tailed Disclosure: (Check on				_	
_	This campaign is exempt fro or less AND expenditures to			_		
	This campaign is required to total more than \$1,000 and/				_	n-kind) received
an by ca	ve do solemnly swear or affi ad that this report is an accu- the candidate committee mpaign contributions have enpolitical purpose as define	rate accounting of campai by the Campaign Financia been expended for the p	ign contributions and ex al Disclosure Act. Additi personal financial benef	kpenditure onally, I/w	es require re swear o	d to be reported or affirm that no
Cand	didate Signature	Date	Political Treasurer Sign	ature	Date	
Witn	ness Signature	 Date	Witness Signature		Date	
12. Sui	mmary:					
a.	Balance On Hand Last Rep	ort	\$			-
b.	Total Receipts This Period		\$			_
c. Total Disbursements This Period		\$			-	
d.	Balance On Hand (12.a. pl	us 12.b. minus 12.c.)	\$			-
e.	Total Loans Outstanding					
f.	Total Obligations Outstan	ding	\$			-

SUMMARY PAGE - CANDIDATE

13. Naı	me of Candidate	or Committee:		
14. Rep	orting Period:	Start Date:	End Date:	
15. Rec	eipts:			
a.		ntributions (\$100 or less from each sounuary 16, 2023, Unitemized Contributions are c		
b.	Itemized Contr	ibutions (over \$100 from each source	this period)	\$
C.	Loans Received	This Reporting Period		\$
d.	Interest Receive	ed This Reporting Period		\$
e.	Total Receipts (add 15.a., 15.b., 15.c., and 15.d.) (must be show	n in item 12.b.)	\$
16. Dis	bursements:			
a.		ures (other than loan payments)nuary 16, 2023, all expenditures must be itemiz		\$
b.	Loan Repayme	nts Made This Period		\$
c.	Total Obligation	n Payments Made This Period		\$
d.	Total Disbursen	nents (add 16.a. and 16.b.) (must be shown in	item 12.c.)	\$
17. ln-ł	Kind Contribution	ns:		
a.	Unitemized In-I	Kind Contributions Received This Peric	od	\$
b.	Itemized In-Kin	d Contributions Received This Period .		\$
c.	Total In-Kind Co	ontributions Received This Period		\$
18. Ob	ligations:			
a.	Total Obligation	ns Outstanding (must be shown in item 12.	f.)	\$

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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Nam	e:			
2. Reporting Period: Start Date:	: End [Date:		
3. Total campaign contributions	from preceding page (ente	er \$0 if first page) \$		
COMPLETE THE APPROPRIATE IT	EMS EOD EACH ITEMIZED			
			Last Mana	
			Last Name:	
	•		State: Zip Code:	
			D ((()	
	•		Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribu	tion:	Aggregate This Election: \$	
Business or Organization Name:				OR
First Name:	Middle Name: _		Last Name:	
Address:	City:		State: Zip Code:	
Contribution Received For:	Primary Election (General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribu	tion:	Aggregate This Election: \$	
Business or Organization Name:				OR
			Last Name:	
			State: Zip Code:	
Occupation:				
Contribution Received For:	Primary Election (General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribu	tion:	_ Aggregate This Election: \$	
Business or Organization Name:				OR
First Name:	Middle Name: _		Last Name:	
Address:	City:		State: Zip Code:	
Contribution Received For:	Primary Election (General Election	Runoff (Local Elections Only)	
Amount of Contribution: \$	Date of Contribu	tion:	_ Aggregate This Election: \$	
Total Contributions: \$ (Carry forward to the next page amount must be shown in the	e if additional pages of this	_ form are used. If th	is is the last page of contributions,	this

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. Candidate or Committee Name:			
2. Reporting Period: Start Date:	End Date: _		
3. Total in-kind contributions from pre	eceding page (enter \$0 if fir	st page) \$	
COMPLETE THE APPROPRIATE ITEMS F dollars (\$100) from any contributor during the		UTION. In-kind contributi	ions totaling more than one hundred
Business or Organization Name:			OR
First Name:	Middle Name:	Last N	ame:
Address:	City:	State:	Zip Code:
Occupation:	Employer:		
In-Kind Contribution Received For:	Primary Election	General Election	Runoff (Local Elections Only)
In-Kind Contribution Value: \$	_ In-Kind Contribution Dat	e: Aggreg	gate This Election: \$
Description of In-Kind Contribution:			
Business or Organization Name:			OR
First Name:			
Address:			
Occupation:			
In-Kind Contribution Received For:			
In-Kind Contribution Value: \$	_ In-Kind Contribution Dat	e: Aggreg	gate This Election: \$
Description of In-Kind Contribution:			
Business or Organization Name:			OR
First Name:			
Address:			
Occupation:			
In-Kind Contribution Received For:	Primary Election	General Election	Runoff (Local Elections Only)
In-Kind Contribution Value: \$			
Description of In-Kind Contribution:			
Business or Organization Name:			OR
First Name:			
Address:			
Occupation:			
In-Kind Contribution Received For:			
In-Kind Contribution Value: \$	_ In-Kind Contribution Dat	e: Aggreg	gate This Election: \$
Description of In-Kind Contribution:			
Total In-Kind Contributions: \$(Carry forward to the next page if add contributions, this amount must be sh	itional pages of this form ar		t page of in-kind

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ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. Candidate or Committee Name: $_$					
2. Reporting Period: Start Date:		End Date:	_		
3. Total campaign expenditures from	preceding p	age (enter \$0 if first page) \$ $_$			
COMPLETE THE APPROPRIATE ITEMS kind contribution to a candidate, please rem candidate's name in the purpose of the expe	ember to includ	e the purpose of the expenditure (e	must be itemized .g., postage, printii	. If the expenditure ng, etc.) along with	is an in- the
Business or Organization Name:					OF
First Name:	Middle	Name:	Last Name:		
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OF
First Name:	Middle	Name:	Last Name:		
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OF
First Name:					
Address:					
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OF
First Name:	Middle	Name:	Last Name:		
Address:		City:	State:	Zip Code:	
Purpose of Expenditure:					
Amount of Expenditure: \$		Date of Expenditure: \$			
Business or Organization Name:					OF
First Name:	Middle	Name:	Last Name:		
Address:					
Purpose of Expenditure:					
		Date of Expenditure: \$			

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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. Candidate or Committee Name:						
2. Reporting Period: Start Date:		_ End Date:				
3. Complete the appropriate items for ea	ich loan	totaling more than	one hundred dol	lars	(\$100).	
Complete the following for the source of each lo	an receiv	ed and/or outstanding	during the period.			
Business or Organization Name:						OR
First Name:N	1iddle N	ame:	Last Nam	າe: _		
Address:		City:	State:		_ Zip Code:	
Outstanding Loan Balance (Beginning)		\$				
Loans Received		\$				
Loan Payments		\$				
Outstanding Loan (End)		\$				
Loan Received For: Primary Election	n	General Election	Runoff (Local	Elect	tions Only)	
Date of Loan:						
List all endorsers or guarantors for above loan (I	If more si	pace is needed, please a	ttach additional pag	es.)		
Business or Organization Name:						OR
First Name:	Middle	Name:	Last Na	ıme:		
Address:		City:	State:		_ Zip Code:	
Amount Guaranteed Outstanding: \$		· 				
Business or Organization Name:						OF
First Name:	Middle	Name:	Last N	Nam	e:	
Address:		City:	State:		_ Zip Code:	
Amount Guaranteed Outstanding: \$						
Business or Organization Name:						OF
First Name:	Middle	Name:	Last N	\am	e:	
Address:		City:	State:		_ Zip Code:	
Amount Guaranteed Outstanding: \$						
Business or Organization Name:						OF
First Name:	Middle	Name:	Last N	\am	e:	
Address:		City:	State:		_ Zip Code:	
Amount Guaranteed Outstanding: \$						
Totals for all loans (Complete this page for ear Total loans received and loan payments should be s						
Balance (Beginning)		\$				
Loans Received						
Loan Payments		\$				
Outstanding Loan (End)		\$				

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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. Candidate or Committee Name:				
2. Reporting Period: Start Date: End Da	ate:			
3. Complete the appropriate items for each obligation owed to	o a person/vendor at th	ne end of the re	eporting period	d.
Business Name:	Description of			
First Name: Middle Name:	Obligation:			
Last Name:				
Address:		Debt	Payments	Outstanding
City:	Balance (Period Beginning)	Incurred This Period	This Period	Balance (Period End)
State: Zip Code:	\$	\$	\$	\$
	Г.	<u> </u>		
Business Name:	Description of Obligation:			
First Name: Middle Name:	_			
Last Name:				
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period		(Period End)
State: Zip Code:	_ \$	\$	\$	\$
	[5 · · · ·	1		
Business Name:	Description of Obligation:			
First Name: Middle Name:	_			
Last Name:			_	
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:	Beginning)	This Period		(Period End)
State: Zip Code:	\$	\$	\$	\$
	Description of	1		
Business Name:	Obligation:			
First Name: Middle Name:	_			
Last Name:		ļ	Τ.	T
Address:	Outstanding Balance (Period	Debt Incurred	Payments This Period	Outstanding Balance
City:		This Period		(Period End)
State: Zip Code:	\$	\$	\$	\$
TOTALS				
(Carry forward to the next page if additional pages of this form are used. If this is the last page of obligations, the	Outstanding Balance (Period Beginning)	Debt Incurred	Payments This Period	Outstanding Balance (Period End)
Total from "Outstanding Balance - (Period End)" column	\$	Ś	İs	Ś

must also be shown on the summary on first page.)