CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MI MS /MRS / MR FIRST 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME ZIP CODE 4 CANDIDATE/ ADDRESS / PO BOX: **OFFICEHOLDER** MAILING ADDRESS Change of Address EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** CF PHONE Receipt # Amount \$ 6 CAMPAIGN TREASURER Date Processed NAME LAST SUFFIX Date Imaged CITY; STATE: ZIP CODE 7 CAMPAIGN TREASURER **ADDRESS** (Residence or Business) EXTENSION CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED **THROUGH** ELECTION TYPE 11 ELECTION **ELECTION DATE** Primary Other Description Runoff Month Special General OFFICE HELD (If any) 13 OFFICE SOUGHT (# known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICENCIDER. THISSE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICENCIDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICENCILIERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME FAYE WOOLRIDGE 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)	\$ 6219.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1630.60
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	4587.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 10,080 08
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.		
flipe tous workedge		
The state of the s		
Signature of Candidate or Officeholder		
Please complete either option below:		
(1) Affidavit		
NOTARY STAMP/SEAL		
Swom to and subscribed before me by this the day of,		
20, to certify which, witness my hand and seal of office.		
•		
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
OR 2015 A STATE OF THE STATE OF		
(2) Unsworn Declaration		
Luly tour Markidas) ATINE 1948		
My name is TWO JUNE / W TURNED and my date of birth is 0 1/05/1770		
My address is 1 (street) (street) (country)		
DATE OF THE STATE		
Executed in <u>SUI UMU</u> County, State of <u>SUIM</u> , on the day of figure 2024.		
Tuber Thise Morrisge		
Signature of Candidate/Officeholder (Dicclarant)		

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) TOTAL OF UNITEMIZED LOANS Date of loan Name of leader ☐ cut-of-state PAC (ID#: Loan Amount (\$) 00 Is lender State; Zip Code a financial Institution? 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Date of loan Name of lender Loan Amount (\$) out-of-state PAC (ID#_ Interest rate ls lender Lender address; City; State; Zip Code a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION City; Guarantor address: State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.