## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	iled:	
3 CANDIDATE / OFFICEHOLDER	MS MRS MR	FIRST	MI	OFFICE USE ONLY		
NAME	NICKNAME	(ROM)	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:		CITY: STATE; ZIP CODE			
Change of Address			79245	l		
5 CANDIDATE/ OFFICEHOLDER PHONE	(886)	PHONE NUMBER  J04-0124	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS (MRS) / MR	FIRST	MI	Receipt #	Amount \$	
NAME	NICKNAME	LAST	SUFFIX	Date Flocessed		
	CROMWell			Date Imaged ·		
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY:	STATE;	ZIP CODE	
ADDRESS		ame				
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION					
	() Same					
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
	July 15	8th day before ele	lection Exceeded Modified Reporting Limit		ort (Atlach C/OH - FR)	
10 PERIOD COVERED	Month /	Day Year /17 / 24	Month THROUGH 5	Day Yea	1	
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  Special Special					
12 OFFICE	OFFICE HELD (if any)  A I ALR WOMAN  13 OFFICE SOUGHT (if known)  Mayor					
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	MITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	1444		
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE		\$			
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	<b>IBUTIONS</b> ANS, OR GUARANTEES OF LOANS	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	\$				
	4. TOTAL POLITICAL EXPENI	\$ 375,00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT ( LAST DAY OF THE REPORTIN	DF ALL OUTSTANDING LOANS AS C NG PERIOD	F THE \$			
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information						
rec	quired to be reported by me under Title 15,	Election Code.				
			komunal			
		- Gall C	Windele			
		// Signature of C	andidate or Officeholder			
		V				
	Please com	olete either option belov	w:			
		•				
	CYNTHIA WOODARD					
	My Notary ID # 8496816					
(1) Affidavit	Expires December 3, 2026					
"antimo"	الصنصيف					
NOTARY STAMP/SEA		1.6				
Sworn to and subscribed	before me by	nw.e   this the	$\mathcal{J}_{\text{day of }} \mathcal{M} \mathcal{A} \mathcal{Y}_{\text{day of }}$			
20 47, to certify	which, witness my hand and seal of office.	1.1 1 1	ALL ALLS			
Cypithen U	boden Cynthia	2 Woodard	Notary Public			
Signature of officer administe	ring oath Printed name of of	ficer administering oath	Title of officer administering oath			
		OR				
(2) Unsworn Declarati	on					
My name is		, and my date of birth is	·			
My address is						
	(street)	` • •	state) (zip code) (country)			
Executed in	County, State of	, on theday of (mont	h) , 20 (year)			
		Signature of Candi	date/Officeholder (Declarant)			