## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

1

## FORM C/OH COVER SHEET PG 1

3 CANDIDATE / OFFICEHOLDER MAINE CANDIDATE / OFFICEHOLDER MAINE / CANDIDATE / CANDIDATE / OFFICEHOLDER MAINE / CANDIDATE / CANDIDATE / MAINE / CANDIDATE / CANDIDATE / MAINE / CANDIDATE / CANDI	The C/OH Instruction Guide explains how to complete this form.       1 Filer ID (Ethics Commission Filers)       2 Total pages filed:					
<ul> <li>ACANDIDATE / OFFICEHOLDER MAILING</li> <li>Change of Address</li> </ul> <ul> <li>ADDRESS / PO BOX</li> <li>APT / SUITE #, CITY, STATE; ZP CODE</li> <li>Change of Address</li> <li>Mon Mms / MR</li> <li>FIRST</li> <li>MORNAME</li> <li>Change of Address</li> <li>Mon Mms / MR</li> <li>FIRST</li> <li>STATE: ZP CODE</li> <li>The Address (NO PO BOX PLEASE; APT / SUITE #; CITY:</li> <li>STATE: ZP CODE</li> <li>PHONE</li> <li>MARCODE</li> <li>PHONE NUMBER</li> <li>Extension</li> <li>Extension</li> <li>THE ASURER</li> <li>Addresses</li> <li>Addresses</li> <li>Addresses</li> <li>Addresses</li> <li>Addresses</li> <li>Addresses</li> <li>Committee TYPE</li> <li>Committee Addresse dection</li> <li>Committee Addresse dection</li> <li>Committee Addresse Addre</li></ul>	OFFICEHOLDER	AT	MI	OFFICE USE ONLY		
OFFICEHOLDER MALING ADDRESS       Box       Y 4 PECOS       JAN 10 2024         Change of Address       AREA CODE       PHONE NUMBER       EXTENSION       Date Head-delivered or Date Postmarked PHONE         6 CAMPAIGN TREASURER NAME       AREA CODE       PHONE NUMBER       EXTENSION       Date Head-delivered or Date Postmarked PHONE         7 CAMPAIGN TREASURER ADDRESS (Residence or Business)       STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #.       CitY:       STATE:       ZIP CODE         8 CAMPAIGN TREASURER PHONE       STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #.       CitY:       STATE:       ZIP CODE         7 CAMPAIGN TREASURER PHONE       STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #.       CitY:       STATE:       ZIP CODE         8 CAMPAIGN TREASURER PHONE       STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #.       CitY:       STATE:       ZIP CODE         9 REPORT TYPE       January 15       30th day before election       Runoff       Insusure apportment (Officiander Officiander Offici	NAME	NICKNAME LAST	SUFFIX			
OFFICEHOLDER PHONE       (432)237 022       Date Hand-delivered of Date Pockmarked Phone         6 CAMPAIGN TREASURER NAME       Ms / Ms / Ms       FIRST       Mi         7 CAMPAIGN TREASURER ADDRESS       Ms / Ms / Ms       FIRST       Mi         8 CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #.       CITY:       STATE:       ZIP CODE         8 CAMPAIGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION         9 REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (Office-holder Orld)         10 PERIOD COVERED       Month       Day       Year       Month       Day       Year         11 ELECTION       ELECTION DATE Month       Day       Year       Immonth and and the command and the comm	OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CO BOX 749 PECOS 7	SITY; STATE; ZIP CODE	JAN 1 0 2024 BY: M. Cantrus		
6 CAMPAIGN TREASURER NAME       MS./ MS./ MR./       FRST       Mi       Date         7 CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;       CiTY;       STATE;       ZIP CODE         7 CAMPAIGN TREASURER PHONE       STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;       CiTY;       STATE;       ZIP CODE         8 CAMPAIGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION       STATE;       ZIP CODE         9 REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (Offendable Only)         10 PERIOD COVERED       Month       Day       Year       Month       Day       Year         11 ELECTION       ELECTION DATE Month       ELECTION DATE       ELECTION TYPE       Description         12 OFFICE       OFFICE HELD (if any)       13 OFFICE SOUGHT (if known)       Description         14 NOTICE FROM POLITICAL COMMITTEE (S)       THE BOX IS FOR HORGE OF POLITICAL CONTITIENT ACCEPTED TO REPORT THES MADE BY POLITICAL COMMITTEES TO SUPPORT COMMITTEE ADDRESS       COMMITTEE ADDRESS         12 Additional Pages       THE BOX IS FOR HORGE OF POLITICAL CONTITIENT ACCEPTED THE SUPPORT MADE SUPPORT CAMPA AND EXPENDENT ACCEPTER ONLE SUPPORT AND EXPENDENT ACCEPTER ONLE SUPPORT AND EXPENDENT THE SUPPORT AND EXPENDENT THE SUPER MONE EXPENDENT ACCEPTER ONLE SUPPORT AND	OFFICEHOLDER	(432)25 0100	EXTENSION			
P OWN AUR         ADDRESS         (Residence or Business)         8 CAMPAIGN TREASURER PHONE         9 REPORT TYPE         9 REPORT TYPE         9 January 15         9 July 15         9 BREPORT TYPE         9 July 15         9 BREPORT TYPE         9 July 15         9 REPORT TYPE         9 July 15         9 BREPORT TYPE         9 July 16         9 BREPORT TYPE         9 July 17         9 DERIOD         10 OPERIOD         11 ELECTION DATE         12 OFFICE         12 OFFICE HELD (frany)	TREASURER	SELF		Date Processed		
TREASURER PHONE       (\432) 257 0222         9 REPORT TYPE       January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (Officeholder Only)         10 PERIOD COVERED       Month       Day Year       Month       Day Year       Month       Day Year         11 ELECTION       ELECTION DATE Month       ELECTION TYPE       ELECTION DATE Month       ELECTION TYPE         12 OFFICE       OFFICE HELD (if any)       13 OFFICE SOUGHT (if known)       13 OFFICE SOUGHT (if known)         14 NOTICE FROM POLITICAL COMMITTEE(S)       THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPOR THE CAMDADER: OFFICE OLOGER. THESE SPREADTURES AND APARE BEEM MADE WITHOUT THE CANDIDATE'S OF OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES COMMITTEE TYPE         14 NOTICE FROM POLITICAL COMMITTEE TYPE       COMMITTEE NAME         12 additional Pages       COMMITTEE ADDRESS         13 Additional Pages       COMMITTEE CAMPAIGN TREASURER NAME	TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE; ZIP CODE		
9       REPORT TYPE	8 CAMPAIGN TREASURER		EXTENSION			
10 PERIOD COVERED       Month       Day       Year         11 ELECTION       ELECTION DATE       ELECTION TYPE         Month       Day       Year       Other Description         12 OFFICE       OFFICE HELD (if any)       13 OFFICE SOUGHT (if known)         14 NOTICE FROM POLITICAL COMMITTEE(S)       THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPOR MINITTEE(S)         14 NOTICE FROM POLITICAL COMMITTEE (S)       THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPOR MINITTEE (S)         COMMITTEE TYPE       COMMITTEE NAME         COMMITTEE TYPE       COMMITTEE NAME         GENERAL       GENERAL         GENERAL       COMMITTEE ADDRESS         SPECIFIC       COMMITTEE CAMPAIGN TREASURER NAME	9 REPORT TYPE	January 15 30th day before e	ction Exceeded Modified	Contraction to the second seco		
Month       Day       Year       Primary       Runoff       Other         Description       General       Special         12 OFFICE       OFFICE HELD (if any)       13 OFFICE SOUGHT (if known)         14 NOTICE FROM POLITICAL COMMITTEE(S)       THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPOR THE CANDIDATE / OFFICEHOLDER: ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES COMMITTEE TYPE         COMMITTEE TYPE       COMMITTEE NAME         GENERAL       COMMITTEE ADDRESS         SPECIFIC       COMMITTEE CAMPAIGN TREASURER NAME		Month Day Year Month Day Year				
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 of consent. candidate and officeholders are required to report this information only if they receive notice of such expenditures committee type         Additional Pages		Month Day Year Primary	Runoff Other Description	-		
POLITICAL COMMITTEE(S)       THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES         COMMITTEE TYPE       COMMITTEE NAME         GENERAL       COMMITTEE ADDRESS         SPECIFIC       COMMITTEE CAMPAIGN TREASURER NAME	12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)		
Additional Pages	POLITICAL	THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIN COMMITTEE TYPE COMMITTEE NAME	MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
COMMITTEE CAMPAIGN TREASURER ADDRESS	Additional Pages		ASURER NAME			
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

11.

15 C/OH NAME		1	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRI PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICAL	LOANS, OR	\$ )
given the start of	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GU	ARANTEES OF LOANS)	\$ ()
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEND	TURE.	\$ ()
5.5° 8° - 1	4. TOTAL POLITICAL EXPENDITURES		\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	ITAINED AS OF THE LAST	DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	TANDING LOANS AS OF	тне \$
	Please complete eit		didate or Officeholder
(1) Affidavit	PATRICIA CHACON GARCIA My Notary ID # 126517205 Expires May 12, 2024		
NOTARY STAMP/SEAL	6		CUM (
	before me by <u>Scott W. Johnso</u> which, witness my hand and seal of office.	Λ.	Notany.
Signature of officer administer	ing oath Printed name of officer adminis		Title of officer administering oath
(2) Unsworn Declaratio	OR		
My name is	,	and my date of birth is _	
	(street)		ate) (zip code) (country)
Executed in	County, State of, on the	day of(month)	, 20 (year)
		Signature of Candida	te/Officeholder (Declarant)