CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The CIOH Instruction Guide explains how to complete this form. 3 CANDIDATE / OFFICEHOLDER NAME 3 CANDIDATE / OFFICEHOLDER NAME 4 CANDIDATE / OFFICEHOLDER ADDRESS / PO BOX					
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Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	Additional Pages	GENERAL			
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Rojelio ALVARAdo	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) \$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ _ 0 -		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ _ 0 -		
	4. TOTAL POLITICAL EXPENDITURES	\$ _ 0 -		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ -0 -		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	* _ O _		
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.				
Lailie Olymando				
Signature of Candidate or Officeholder				
Please complete either option below:				
(1) Affidavit				
NOTARY STAMP/SEAL Sworn to and subscribed before me by Emma Lozano this the 15th day of July,				
20 24, to certify which, witness my hand and seal of office.				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				
OR				
(2) Unsworn Declar	ation	· · · · · · · · · · · · · · · · · · ·		
My name is	, and my date of birth is			
My address is				
5		state) (zip code) (country)		
Executed in	County, State of, on the day of(month	n) (year)		
	Signature of Candi	date/Officeholder (Declarant)		