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. M8 / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME SUFFIX NICKNAME 4 CANDIDATE / ADDRESS / PO BOX; **OFFICEHOLDER** MAILING **ADDRESS** Change of Address EXTENSION AREA CODE 5 CANDIDATE/ ked **OFFICEHOLDER** PHONE М 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX NICKNAME Date Imaged ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) EXTENSION 8 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 Day Year Month COVERED THROUGH 01/2023 ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Description General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME 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 E	les Jagort	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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
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.		
50		
		P
	Signature of Ca	ndidate or Officeholder
Please complete either option below:		
r icase complete dialor option below.		
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this the	day of
20, to certify which, witness my hand and seal of office.		
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
OR		
(2) Unsworn Declaration		
My name is	, and my date of birth is	C 34-68
My address is Po B	4825 mom	15 JULY 134
(ctreet) (city) (state) (zip code) (country)		
Executed in County, State of County, Sta		
(year)		
	Signature of Candi	date/Officeholder (Declarant)
I		