CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER	Ale	JANDRO		Date Received	
NAME	NICKNAME	LAST	SUFFIX	Date Received	
	ALEY	Liensa			
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #,	CITY; STATE; ZIP CODE		
OFFICEHOLDER				[F] 7 [H]	
MAILING ADDRESS				ZO ZO	
Change of Address	BUBOX	253 Bars	tow Tx 19719	C-21 SO CASING	
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-deliver or Date Postmarked	
OFFICEHOLDER	(1122) 111	10 0072			
PHONE	130	18-0873 FIRST	MI	Receipt Ameur	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FINOT		Date Processed	
	NICKNAME	LAST	SUFFIX		
	MORNAMIC	27.07		Date Imaged	
	STREET ADDRESS (I	NO PO BOX PLEASE): APT /	SUITE #; CITY;	STATE; ZIP CODE	
7 CAMPAIGN TREASURER	STREET ADDRESS (10 10 2011 12 20 20			
ADDRESS					
(Residence or Business)					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE	(
	,			45th day offer composing	
9 REPORT TYPE	January 15	30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED		1	THROUGH		
11 ELECTION	ELECTION DA	TE	ELECTION TY	PE	
II ELECTION	Month Day	Year Primar	ry Runoff Other		
			Description Description		
	3/05	ay Gener			
12 OFFICE	OFFICE HELD (if any)	-	13 OFFICE SOUGHT (if kne	own) A	
			Commision	er Tct I	
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL COMMITTEE ADDRESS				
Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME				
	SPECIFIC COMMITTEE CAMPAIGN TREASURES TO THE SPECIFIC TO THE S				
		COMMITTEE CAMPAIGN	TREASURER ADDRESS		
		GO T	O PAGE 2		
GO TO FAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1	6 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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
red	quired to be reported by me under Title 15, Election Code.	0
	Negrano A	Crix
	∫ Signature of Can	adidate or Officeholder
	Please complete either option below	
	Please complete either option below	•
70		

(1) Affidavit		
	o kin	
NOTARY STAMP/SEA		
A second	Ole o d	1rig Fabourge
Sworn to and subscribed	before me by Transfer this the	1 - day of tebruary.
20 H, to certify	which, witness my hand and seal of office.	1 6 3 1 01 1
Thundhis	tens lorna Hawkins C	hiet Deputy Clerk
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer_administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	·
		state) (zip code) (country)
Executed in	County, State of, on the day of(month	, 20 (year)
	Signature of Candid	date/Officeholder (Declarant)