CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 3 CANDIDATE/ MS / MRS / MR OFFICEHOLDER OFFICE USE ONLY NAME Date Received NICKNAME RECEIVED 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** NOV 20 2023 MAILING 9:20 All. AC **ADDRESS** City Secretary's Office Change of Address 5 CANDIDATE/ AREA CODE **EXTENSION OFFICEHOLDER** Date Hand-delivered or Date Postmarked **PHONE** CAMPAIGN MS / MRS / MR Receipt # Amount \$ МІ TREASURER NAME Date Processed NICKNAME SUFFIX Date Imaged **CAMPAIGN** STREET ADDRESS (NO PO BOX PI CITY; STATE: ZIP CODE **TREASURER ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Year COVERED 2022 30/2022 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Month Day Runoff Other Year Description General Special 12 OFFICE OFFICE HELD 13 OFFICE SOUGHT (if known) 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
500	Johnson	, i.e., i.e. (_i.i.e.)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ %
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \$
	4. TOTAL POLITICAL EXPENDITURES	\$ 10
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 50,092,23
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.		
Signature of Candidate or Officeholder		
Please complete either 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 administer	ing oath Printed name of officer administering oath	Title of officer administering oath
OR OR		
(2) Unsworn Declaration		
My name is Scatt Tologon, and my date of birth is		
My address is		
(street) (city) (state) (zip code) (country) Executed in County, State of EXCLS, on the Z day of November, 20 Z s. (month) (year) Signature of Candidate/Officeholder (Declarant)		
	Olgitation of Carrier	and a modern (Bookarant)