Disclosure Report (Cover		Amendment
Use this form for general repo	ort and committee information	on, must be signed and s	ubmitted along with other detailed forms.
Do not use this form to update	information.		The state of the s
1. Committee Information			
a. Full Name			c. ID Number
B. Mailing Address (include City, S 6371 VANO C KERNERS O	LINGILUEC,	414FAIGN	
D. Mailing Address (include City, S	tate and Zip Code)		d. Date Filed
0041 VARO	12 198, 10.0	252811	1-2-3024
KERNAMO	NOE, COL		e. Phone Number
2. Report Year 3. Period Sta	rt Date (mm/dd/yy) 4. Perio	od End Date (mm/dd/yy)	5. Treasurer Full Name
2074 2-1-3	3024 10-	19-204	BIOHARE U. GINUILL
6. Type of Committee (Check	(One) 9. Type of 1	Report (check only one	e type of report from one category)
	arty Municipal	State/County	THE CANADITA
Independent Expenditure J	deferendum Organizat		
Legal Expense Fund	Pre-prima	,	
	Pre-election	· III	
7. Type of Fund (if applicab	le, check one) Pre-runof		
Booster Fund	Semi-ann		
Building Fund	☐ Mid	Year Semi-ann	- Shares
<u></u>	Year Year	End	Year 10. Special Report Name
Other:	Final	Year	r End
8. Number of Fundraisers th	is Report Special	Final	8 9
NONE		☐ Special	F. F.
11. Account Information		11. Account Inform	
a. Financial Institution Full Name		a. Financial Institution	Full Name
FIRST HORIZ	ON		
b. Purpose	c. Account Code	b. Purpose	c. Account Code
	48		
	d. Period Begin Balance		d. Period Begin Balance
GAMPAIEN	\$977-75		\$
CERTIFICATION			
report is complete, true and corr	hat no funds are commingled w	vith prohibited or other no	- <i>DV</i> 2
Printed Name of Si		Signature of Appointed Treas	1-2-2024
FOR OFFICE USE ONLY		organizate of Appointed Treas	Date C
Date Received:	Emp	oloyee:	Delivery Method Normal Mail
Date Postmarked:	Emp	oloyee:	Registered Mail Hand Delivered
Date Scanned:	Emp	oloyee:	Electronically Filed
Date Data Entered:	Emp	loyee:	Signer has not received mandatory training
assistar	cannot be used to amend con nt treasurer, custodian of boo I the Statement of Organizat	oks information, or acco	h as the committee address, treasurer, bunt information.

Detailed Summary
Use this form to summarize all disclosure reporting forms and to total monetary information Amendment ☐ Yes ☐ No

1. Committee Full Name (and Fund if applicable) 2. Ty		Report	3. ID Number	
BICHARD U-LINVILLE	3RD			
Start of Election Cycle: January 1, 203	1	Total this Reporting Period	Total this Election Cycle	
4) Cash on Hand at Start		\$ 922-25		
RECEIPTS		De la constitución de la constit	AND AND AND ASSESSED.	
5) Aggregated Contributions from Individuals	(CRO-1205)	\$	\$	
6) Contributions from Individuals	(CRO-1210)	\$	\$	
7) Contributions from Political Party Committees	(CRO-1220)	\$	\$	
8) Contributions from Other Political Committees	(CRO-1230)	\$ 2000-	\$	
9) Loan Proceeds	(CRO-1410)	\$	\$	
10) Refunds/Reimbursements to the Committee	(CRO-1240)	\$	\$	
11) Other Receipt Sources			THE PERMIT	
11a) Interest on Bank Accounts	(CRO-1250)	\$	\$	
11b) Contributions from Not-For-Profit Organizations	(CRO-1250)	\$	\$	
11c) Outside Sources of Income	(CRO-1250)	\$	\$	
11d) Legal Expense Fund - Other Sources	(CRO-1270)	\$	\$	
11e) Exempt Purchase Price Sales	(CRO-1265)	\$	\$	
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,	11d and 11e)	\$ 7,000	\$	
EXPENDITURES	0.014		A WILLIAM STATE	
13) Disbursements				
13a) Operating Expenditures	(CRO-1310)	\$1081-85	\$	
13b) Contributions to Candidates/Political Committees	(CRO-1310)	\$	\$	
13c) Coordinated Party Expenditures	(CRO-1310)	\$	\$	
14) Aggregated Non-Media Expenditures	(CRO-1315)	\$ 2676	\$	
15) Loan Repayments	(CRO-1420)	\$	\$	
(6) Refunds/Reimbursements from the Committee	(CRO-1320)	\$	\$	
7) In-Kind Contributions	(CRO-1510)	\$	\$	
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15	, 16 and 17)	\$ 1123-31	\$	
9) Cash on Hand at End (Add lines 4 and 12 together, then sub	tract line 18	\$6800.04	\$	
ADDITIONAL INFORMATION				
	(CRO-1330)	\$	FUEL BEYON	
	(CRO-1430)	\$		
	(CRO-1610)	\$		
	(CRO-1620)	\$		
	(CRO-1720)	\$	公司为了 是在第二	
	(CRO-1710)	\$	\$	
	(CRO-1440)	\$	\$	
		\$	\$	
8) Contributions to be Refunded	CRO-1215)	\$	\$	

Contribut	tions from Other	Political Com	mittoog	_		Amendment
	to report contributions fro			Pg of _ PAC committees		Yes No
	Full Name (and Fund in			100	2.	D Number
BICH	ARR U. 610	IVILLE O	AMPI	6N		
3. Contributo				Remove		
a. Full Name, Ma	iling Address & Phone		b. Type of Co	mmittee	d. C	Comments
(include city, st			Candidate	PAC	1	
N.4-	A EAUTOR	-5	Referenda	ım	1	
			c. Level Regis	tered (Specify)	7	
ł.			☐ Federal	County:		
			☐ State	Municipality:	e. E	lection Sum to Date
RALEI					\$	2000-
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yy	yy)	j. Amount
48	WHECK			10,4-2	y.	\$2,000.
						\$
						\$
3. Contributor	Information		Add 🔲	Remove		
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(include city, sta	ate, & zip)		Candidate			
			Referendu	m ·		
			c. Level Regist	ered (Specify)]	
			Federal Federal	County:		
			State	Municipality:	e. El	ection Sum to Date
		·			\$	
f. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y)	j. Amount
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3. Contributor			Add F	Remove	M	
	ling Address & Phone		b. Type of Con	umittee	d. Co	omments
(include city, sta	ite, & zip)		Candidate	☐ PAC		
			Referendu			1
			c. Level Registe			
			Federal State	County:	T71	
			State	Municipality:	e. El	ection Sum to Date
A 4 C - 1	l n en	D =			\$	
. Account Code	g. Form of Payment	h. In-Kind Description		i. Date (mm/dd/yyy	y)	j. Amount
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. Total only th	nis Page				\$	
. Total of ALI	CRO-1230 Pages		A P		φ.	00
	e on line 8 of Detailed Summa	ury Page CRO-1100)			\$	2000.

Aggregated Non-Media Expenditures	Page of	Amendment ☐ Yes ☐ No
Optional form used to report NC Non-Media Expenditures of \$50 or less.		- APPEAR

1. Commit	Committee Full Name (and Fund if applicable)		2. ID Number			
Rici	HARDU	-birvila	FCAL	I ZAIL 10		
3. Payee Ir	Information			FAFIGI		
a. Amend	b. Account Code	c. Form of Payment	d. Purpose Code	e. Date (mm/dd/yyyy)	f. Amount	g. Required Remarks
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	se Codes (List	detailed expendit	iture code in (d)) above)		
E - Salario	B* -	Printing Equipment	C* - Fundra	aising D - To	Another Candida	
I - Postage		enalties	G - Political I K* - Office I		Holding Public Of	ffice Expenses
O* - Oth	ier	Skill William Inchill			Donations to Lega	al Expense Funa
* Codes	require detaile	ed explanation in r	required rema	ulza fiold (a)		

A. Payee Information	1. Committee	Full Name (and Fu	nd if applicable)				2. ID Number
Poperating Expenses Contributions to Candidates Political Committees Coordinated Party Expenditures	3. Type of Dis	hursement (Pla	aso uso sonaroto (PO. 1310 forms for	oa ala	ture of Dist	
4. Payce Information Add Remove Add Remove A Poll Name, Mailing Address & Phone (Include city, state, & zip) Federal County: Federal County: Federal County: State Municipality: E. Election Sam to Date S Add Remove C. Level Registered (Specify) Federal County: S E. Account Code g. Form of Payment Add Remove Add Remove C. Level Registered (Specify) Federal County: S A Payce Information Add Remove C. Level Registered (Specify) Federal County: S A Payce Information Add Remove C. Level Registered (Specify) Federal County: Federal County: S A Payce Information Add Remove C. Level Registered (Specify) Federal County: Feder							
A. Comments Comments	4. Payee Infor	mation	MINING BU	Add			Jordinated Farty Expenditures
Calculate City, state, & zig) Calculated Committee Name County:	a. Full Name, Mai	iling Address & Phone			nittee N		d. Comments
C. Level Registered (Specify) Federal County: State Municipality: A Add Remove A Level Registered (Specify) Federal County: State Municipality: State Municipality: State Municipality: A Required Remarks S	(include city, state	e. & zin)				· ·	u. Comments
C. Level Registered (Specify) Satte	RIGHT	HER VILL	いひんしょき				
A. Account Code g. Form of Payment h. Purpose Code h. Date (mm/dd/yyyy) j. Amount k. Required Remarks				c. Level Registered (S	pecify)		
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A. Account Code g. Form of Payment h. Purpose Code h. Date (mm/dd/yyyy) j. Amount k. Required Remarks			116	State		•	e. Election Sum to Date
A. Account Code g. Form of Payment b. Purpose Code s. Date (mm/dd/yyyy) j. Amount k. Required Remarks s. Playee Information Add Remove b. Coordinated Committee Name d. Comments state Municipality: c. Election Sum to Date state state, d. pl Account Code g. Form of Payment b. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks s. Payee Information Add Remove b. Coordinated Committee Name d. Comments state	4 RANGI	a su i wan,i					Φ.
A. Payee Information Add Remove b. Coordinated Committee Name d. Comments Federal County: County:		<u>, </u>					2
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A. Payce Information						·	
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Account Code g. Form of Payment h. Purpose Code i. Date (mm/dd/yyyy) j. Amount k. Required Remarks 4	OLENNONE NEG-						
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Total only this Page Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List detailed expenditure code in (h.) above) *- Media B* - Printing C* - Fundraising - Salaries F* - Equipment G - Political Party - Postage J - Penalties K* - Office Expenses *- Other	Account Code	g. Form of Payment	h. Purpose Code	i. Date (mm/dd/yyyy	y)	j. Amount	k. Required Remarks
Total only this Page Total of ALL CRO-1310 Pages (This line goes in line 13a of Detailed Summary Page CRO-1100 if Operating Expenses) (This line goes in line 13b of Detailed Summary Page CRO-1100 if Contrib to Candidates/Political Comm) (This line goes in line 13c of Detailed Summary Page CRO-1100 if Coordinated Party Expenditures) Purpose Codes (List detailed expenditure code in (h.) above) *- Media B* - Printing C* - Fundraising - Salaries F* - Equipment - Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund		15 (5-5)				¢.	_
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- Postage J - Penalties K* - Office Expenses Q* - Donation to Legal Expense Fund	- Salaries						
* - Other	- Postage						
)* - Other			_ 1		Z Donation	o regar rybenze Luna

Disbursements

Amendment

No No