CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MS.	Cynthia	A	OFFICE USE ONLY		
	NICKNAME	Herklotz	SUFFIX	Date Received DECEIVEN		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	ox; APT / SUITE #;	CITY; STATE; ZIP CODE	APR 2 6 2024		
Change of Address	Lexi	ngton, The	1894]	BY:		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (5/2)	PHONE NUMBER 461-5873	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Kristin	МІ	Recelpt # Amount \$		
	NICKNAME	Ramsey	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / St		STATE; ZIP CODE		
(Residence or Business)	ABEA CODE	gton 12	78947			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 05	Day Year / 04 / 24	Month	Day Year		
11 ELECTION	ELECTION D		ELECTION TYPE			
	Month Day	Year Primary	Runoff Other Description			
	/ /	General General	Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	Dunci/		
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.					
00	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME			
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS			
GO TO PAGE 2						

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FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL COPERING PLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRO	ES OF LOANS, OR	\$				
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS, (\$					
	3. TOTAL UNITEMIZED POLITICAL EX	\$					
	4. TOTAL POLITICAL EXPENDITUR	\$ 0					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	DAY \$					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE		THE \$				
	wear, or affirm, under penalty of perjury, that th uired to be reported by me under Title 15, Electio		and correct and includes all information				
Signature of Candidate or Officeholder							
Please complete either option below:							
NOTARY STAMP/SEAL Sworn to and subscribed by	hich, witness my hand and seal of office.	and and	25 day of April,				
Signature of officer administering		hle	City				
organization of officer administration	Trinted hame of officer add		Title of officer administering oath				
(2) Unsworn Declaration							
My name is		, and my date of birth is					
	,						
	(street)		e) (zip code) (country)				
Executed in	County, State of, on	the day of (month)	, 20 (year)				
		Signature of Candidate	e/Officeholder (Declarant)				