

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:																									
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">MR MRS MR</td> <td style="width:30%;">FIRST</td> <td style="width:20%;">MI</td> <td style="width:20%;"></td> </tr> <tr> <td></td> <td>Rodney</td> <td>A.</td> <td></td> </tr> <tr> <td colspan="4" style="border-top: 1px dotted black;"></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td></td> </tr> <tr> <td></td> <td>Townsend</td> <td>Jr.</td> <td></td> </tr> </table>	MR MRS MR	FIRST	MI			Rodney	A.						NICKNAME	LAST	SUFFIX			Townsend	Jr.		<div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <p style="font-size: small;">Date Received</p> <p style="font-size: large; font-weight: bold;">REC'D JAN 13 2023</p> <p style="font-size: large; font-family: cursive;">ddebord 11:46 am</p> <p style="font-size: small;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
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12 OFFICE	OFFICE HELD (if any) N/A	13 OFFICE SOUGHT (if known) County Court at Law #2																										
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: x-small;">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.</p> <table style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:20%; border-right: 1px solid black;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> <p><input type="checkbox"/> Additional Pages</p>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS																	
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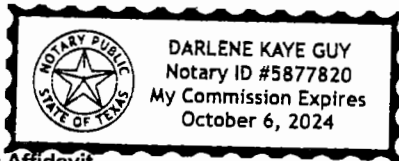
FORM JC/OH
COVER SHEET PG 2

15 JC/OH NAME Rodney Townsend 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

Rodney Townsend
Signature of Candidate/Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Rodney Townsend this the 13th day of January, 2023, to certify which, witness my hand and seal of office.
Darlene Kaye Guy Darlene Kaye Guy Notary Public
Signature of officer administering 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 _____.
My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)
Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)