JUDICIAL CAMPAIG	FORM JC/OH COVER SHEET PG 1							
The JC/OH Instruction	Guide explains hov	v to complete this form.	1 Filer ID (Ethic	1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR.			OFFICE USE ONLY				
NAME	NICKNAME LAST SUEEIX			REC'D JUL 2 1 2025				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STATE	E; ZIP CODE	11:44 an	^ ~ \\		
Change of Address					I. I MARKA	VIJORORO		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTE	NSION		or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$		
NAME	MR.	JEFF last	······································	W	Date Processed			
		MATHEWS				Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT	/ SUITE #; CI	TY;	STATE;	ZIP CODE		
(Residence or Business)								
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTER	NSION				
9 REPORT TYPE	January 15	30th day befor	re election F	Runoff	15th day at treasurer a (Officeholde			
	X July 15	8th day before	CICCHOIL	Exceeded Modified Reporting Limit	Final Repo	t (Attach C/OH - FR)		
10 PERIOD COVERED	Month 01	Day Year 16 2025	THROUGH	Month 07	Day Year / 15 / 202			
11 ELECTION ELECTION DATE ELECTION TYPE Month Day York Primary Runoff X Other								
	Month Day	Year Gener		Description Semi-	annual Report			
12 OFFICE	OFFICE HELD (if any) JUDGE, COUNT	Y COURT AT LAW		E SOUGHT (if known	n)			
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						
Additional Pages	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC	IFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN	TREASURER ADDRESS		:			
		GO TO	D PAGE 2		<u> </u>			

JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 JC/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ 0.00 **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 2. \$ 0.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00 TOTALS TOTAL POLITICAL EXPENDITURES \$ 0.00 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 19,092.20 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ 11,959.20 LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Gode. ature of Candidate/Officeholder Please complete either option below: Darlene Kaye Guy My Commission Expires . 10/6/2028 Notary ID 5877829 . Sworn to and subscribed before me by to certify which, witness my hand and seal of office Printed name of officer administering oath Title of officer administering oath Signature of officer administering oath OR (2) Unsworn Declaration My name is _ __, and my date of birth is _ My address is ____ (state) (country) (street) (city) (zip code) _____ County, State of _ Executed in ___ _ , on the _ Signature of Candidate/Officeholder (Declarant)

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)			2 Total pages filed		OFFICE USE ONLY					
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) FIRST RICKNAME LAST Town	• S · · · · · · ·	SUFFIX	Date RECMO JU	IL 2 1 2025				
4	ORIGINAL REPORT TYPE	July 15 30th day before election	Runoff Exceeded modified reporting imit 15th day after treasurer appointment (officeholder only)	Final report Other (specify)	Date Hand-delivered of Receipt #	T Date Postmarked Amount \$				
5	ORIGINAL PERIOD COVERED	Month Day Year 01 / 16 / 2025	THROUGH 07/	Day Year / 15 / 2025	Date Imaged					
6	explanation of co Contibution Chage of	- balance did not change	sine Janua Re	sait but was am	Hed from July	герагт.				
7		ear, or affirm, under penalty	of perjury, that this	corrected report	s true and corre	ect.				
	Chec	k ONLY if applicable:								
Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepre-sent the information contained in the report.										
Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.										
	Signature of Candidate/Officeholder									
•	Affiliation My C	10/6/2028 ary ID 5677820	complete either	option below:	day of J	relu.				
26	2	which, witness my hard and seal of	foffice.	Kaue Gu	, \ r	a Pablic				
Sic	nature of officer administ	CC I LONG TOOK	ame of officer administerin	7		administering oath				
OIŞ	gradule of officer duminion	oring datif	OR	9 02(11						
(2) Unsworn Declarat	ion								
(2	, Crisworn Deciarat									
My	y name is		, an	d my date of birth is _						
My	y address is									
		(street)		(city) (sta	te) (zip code)	(country)				
Ex	ecuted in	County, State of	, on the	day of (month)	, 20, (year)					
				Signature of Candidate/Officeholder (Declarant)						
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections										