CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates
For Single-Candidate Committees

WITZOW POSTLAN

				COMMINIC	rees	2102	E & TAA
1	DATE OF REPORT 1/24/2018	2.a. NAME OF CA	ANDIDATE O	1 A	<u> </u>	17 t 1 (10 HH)
2.b.	F COMMITTEE, NAME OF CANDIDATE	1 OUTIN	May	ne H	3. ELECTION E	CATE GEA	\$1000 <u> </u>
<u> </u>						218	
4.a.	CAMPAIGN ADDRESS AND PHONE Street or Rural Route	City		State			
15	18 NW Ruttand Pd.	Mt. Inlied	t	Tial	Zip Code ろれつち	Phone 415 158	
4.b.	CANDIDATE'S HOME ADDRESS (if different Street or Rural Route	than 4.a.) City			- 1100		- ayı v
		Ony		State	Zip Code	Phone	
5.	OFFICE SOUGHT (include district number, if	· · ·	6. NAME	OF POLITICAL	TREASURER (ma	y be candidate)	
7.	CATEGORY OR REPORT (Check one)		Mus,	(a.1)jan	ne L. Hen	nder	
	FIRST SECOND THIRD	FOURTH	D PRE-				
	QUARTER QUARTER QUARTER BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY	PRE- GENERAL	MID-YEAR SUPPLEMEN	** .	
	7-1-18			GDATE OF REPO	ORTING PERIOD		
9. (C	heck one)			100	0		
a	This campaign is exempt from detailed tures total \$1,000 or less for this report	disclosure because	contribution	s (including in-ki	nd) received total \$	1.000 or less AN	VD expendi-
	The state of the s	ang pened. (Comple	te items 120	ı., ize. and 12f.	}		
Ð	 This campaign is required to file a deta and/or expenditures total more than \$1. 	iled financial disclosu ,000 for this reporting	ure because g period.	contributions (ir	ncluding in-kind) red	eived total more	than \$1,000

1	I/we do solemnly swear or affirm that the info accurate accounting of campaign contributions Financial Disclosure Act. Additionally, I/we sw denefit of the candidate or for any other nonpo	vear or affirm that no	Campaign 6	e reported by th	e candidate commit	tee and that this tee by the Campor the personal to	report is an paign financial
1	signature of candidate	date		signature o	f political treasurer	Hamle	724/Ja/ date
11. V	/ITNESS SIGNATURE					1	
M	18, Li Diane L. Homes signature of witness	Un 7/24/2	1018	www.signet	re of witness	<u> </u>	<u>) 4 - (8</u>
12. SL	IMMARY		****		***************************************		
a.	BALANCE ON HAND LAST REPORT	177	**************		s_O		
b.	TOTAL RECEIPTS THIS PERIOD		***************************************		<u> </u>		
C.	TOTAL DISBURSEMENTS THIS PERIOD				Ö	•	
d.	BALANCE ON HAND (12.a. plus 12.b. minu			•		s)
e.	TOTAL LOANS OUTSTANDING					s	
f.	TOTAL OBLIGATIONS OUTSTANDING					sO_	
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