CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | 8 | | | | |
|--|--|---------------------------------------|--|--|--|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | | | |
| 3 CANDIDATE/ | MS / MRS / MR FIRST | MI | OFFICE LISE ONLY | | | | |
| OFFICEHOLDER | Ms. Charity | K | OFFICE USE ONLY | | | | |
| NAME | NICKNAME LAST | | Date Received | | | | |
| | DeVille | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ANNOECE / DA DAY: ABT / CHITE #: | CITY CTATE 718 CAME | 7. 201 ELEC BY:_ | | | | |
| Change of Address | | | L SR S | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER | EXTENSION | Date Punk de veres or Date Postman | | | | |
| 6 CAMPAIGN TREASURER NAME | ms/mrs/mr first Mrs. Leslie | мі D . | Receipt # Amount SCT PROPERTY OF THE Processet S | | | | |
| INCIVIC | NICKNAME LAST | SUFFIX | RA CO | | | | |
| | Lincoln | • | Date Imaged CR | | | | |
| 7 CAMPAIGN TREASURER ADDRESS | STRÉET ADDRESS (NO PO BOX PLEASE), APT / S | UITE #: CITY: STATE: | ZIP CODE | | | | |
| (Residence or Business) | | | | | | | |
| | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER | EXTENSION | | | | | |
| 9 REPORT TYPE | January 15 30th day before e | election Runoff | 15th day after campaign treasurer appointment | | | | |
| en e | X July 15 8th day before ele | ection Exceeded \$500 limit | (Officeholder Only) Final Report (Attach C/OH - FR) | | | | |
| 10 PERIOD | Month Day Year | Month | Day Year | | | | |
| COVERED | 07 / 06 /2015 | THROUGH 07 | 13 /2015 | | | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE | | | | | | |
| | Month Day Year Primary | Runoff Other | | | | | |
| | General | Description | | | | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known |) | | | | |
| | | | | | | | |
| | | | | | | | |
| GO TO PAGE 2 | | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME Charity K. DeVille | | | Filer ID (I | er ID (Ethics Commission Filers) | | |
|--|---|---|-------------|----------------------------------|---------------------------------------|--|
| 16 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 I 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 TYPE | COMMITTEE NAME | | | 40 | |
| | | | | | | |
| | GENERAL | | | | | |
| | SPECIFIC | COMMITTEE ADDRESS | ř | , EC | 2 7 | |
| | | | 1 | 57 | 5 A | |
| | | | | | ₽ ₹ | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | €6 €6 | TARRANT | |
| Additional Pages | | | 1 | and the | D CITI | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | (A)==== | <u>* 20</u> | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | - 1 | S TRATOR | 2 ≥ 3 | |
| | | | | S | ~ ~ | |
| 47 CONTRIBUTION | | | | | | |
| 17 CONTRIBUTION TOTALS | TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | | | \$ 0 | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | • | • | | |
| | | | \$ | 0 | | |
| EXPENDITURE TOTALS | 2 TOTAL POLITICAL EXPENDITURES OF A400 OR LEGG | | | | · · · · · · · · · · · · · · · · · · · | |
| | TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS. UNLESS ITEMIZED | | \$ | \$ 0 | | |
| | | | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ | \$ 0 | | |
| CONTRIBUTION BALANCE | | | | | | |
| | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | | *AY \$ | \$ 0 | | |
| | | | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | fE \$ | \$ 0 | | |
| w en en | | | | | | |
| 18 AFFIDAVIT | Annual Managhailtean Annual Managhailtean Annual Managhailtean Annual Managhailtean Annual Managhailtean Annua | | | | | |
| | | I swear, or affirm, under penalty of pe | | | • . | |
| | | true and correct and includes all infor | mation requ | ired to be repo | orted by me | |
| | | under Title 15, Election Code. | | | | |
| The state of the s | NITA CHANCELLOR | | , | / | | |
| 1 345.010.003 | ry Public, State of T y Commission Expir | es l | | | | |
| N OF STREET | January 09, 2019 | Signature of Candi | date or Of | ficeholder | | |
| ALLA NOTARY STAN | IP/SEALABOVE | | | | | |
| | | | | | | |
| Sworn to and subsc | ribed before me, | by the said <u>Charity K. DeVille</u> | , this | s the <u>13t</u> | ih | |
| _{day of} July | , 20 <u></u> , | to certify which, witness my hand and seal of office. | | | | |
| HA. a. | . 000. | 1111 06 | 1.1 | 1/ | | |
| 1 Mital har | rcellar | Nitalrancellor | 100+6 | rry | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | | |