# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

|   |  |                             |                |   | ·                                       |   |
|---|--|-----------------------------|----------------|---|---|---|
| The C/OH Instruction C                              | uide explains how  | to complete this form.      | 1 Filer        | ID (Ethics Commission Filers)           | 2 Total pages f                         | iled:                                     |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME               | MS / MRS / MR  | Gloria                      |                | M                                       | OFFICE                                  | EUSE ONLY                                 |
| NAME  | NICKNAME   | Canti                       | ~              | SUFFIX                                  | Date Received                           |   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO BOX   | apt/suite#;  2nd 3+         | city;<br>Flore | STATE: ZIP CODE<br>escille If.<br>78114 |   |   |
| Change of Address                                   |  |                             |                |   |   |   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE               | (830)  | PHONE NUMBER                |                | 4629                                    |   | d or Date Postmarked                      |
| 6 CAMPAIGN<br>TREASURER                             | MS / MRS / MR  | FIRST                       | 1//0           | MI                                      | Receipt #                               | Amount \$                                 |
| NAME  |  |                             | !Y/./+.        |   | Date Processed                          |   |
|   | NICKNAME   | LAST                        | ,              | SUFFIX                                  | Date Imaged                             |   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                  | STREET ADDRESS   | (NO PO BOX PLEASE); APT / S | SUITE #;       | СІТҮ;                                   | STATE;                                  | ZIP CODE                                  |
| (Residence or Business)                             |  |                             |                |   |   |   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                    | AREA CODE  | PHONE NUMBER                | NA             | EXTENSION                               |   |   |
| 9 REPORT TYPE                                       | January 15   | 30th day before e           | election       | Runoff                                  |   | ifter campaign<br>appointment<br>er Only) |
|   | July 15  | 8th day before ele          | ection         | Exceeded Modified Reporting Limit       | Final Repo                              | ort (Attach C/OH - FR)                    |
| 10 PERIOD<br>COVERED                                | Month  | Day Year                    |                | Month                                   | Day Yea                                 | ır  |
| COVERCED  | Fello.   | 15/2024                     | F THRO         | ough Mar.                               | 30 / 2                                  | 024                                       |
| 11 ELECTION   | ELECTION DA  | 1 —                         |                | ELECTION TYPE                           |   |   |
|   | Month Day  | Year Primary                |                | noff Other Description                  | ń,                                      | if<br>t                                   |
|   | 05/04/   | 2024 General                | Sp             | pecial                                  | • | *   |
| 12 OFFICE   | OFFICE HELD (if any)   |                             | 13             | OFFICE SOUGHT (if known                 | May                                     | 10 r                                      |
| 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 OFFICEHOLDER'S 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 COMMITTEE CAMPAIGN TREASURER NAME   |                             |                |   |   |   |
|   |  | COMMITTEE CAMPAIGN TR       | EASURER AL     | DDRESS                                  |   |   |
|   |  |                             |                |   |   |   |
|   |  | GO TO                       | PAGE 2         | 2                                       |   |   |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

| 07 (1711 7 (1 0 )              |  | -                                       |   |                  |                      |
|--------------------------------|--|---|---|------------------|----------------------|
| 15 C/OH NAME                   |  |   | 16 Filer                                | ID (Ethics Co    | ommission Filers)    |
| 17 CONTRIBUTION TOTALS         | TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAI CONTRIBUTIONS MADE ELE                |   | HAN                                     | \$               | 0                    |
|                                | 2. TOTAL POLITICAL CONTR<br>(OTHER THAN PLEDGES, LO                                    | RIBUTIONS<br>ANS, OR GUARANTEES OF LOA  | NS)                                     | \$               | 0                    |
| EXPENDITURE<br>TOTALS          | 3. TOTAL UNITEMIZED POLITIC  | CAL EXPENDITURE.                        |   | \$ 7             | 126.00               |
|                                | 4. TOTAL POLITICAL EXPEN   | 4. TOTAL POLITICAL EXPENDITURES         |   |                  |                      |
| CONTRIBUTION<br>BALANCE        | 5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD                                    | JTIONS MAINTAINED AS OF THE             | LAST DAY                                | \$               | 0                    |
| OUTSTANDING<br>LOAN TOTALS     | 6. TOTAL PRINCIPAL AMOUNT ( LAST DAY OF THE REPORT)                                    | OF ALL OUTSTANDING LOANS A<br>NG PERIOD | S OF THE                                | \$               | 0                    |
|                                | wear, or affirm, under penalty of perjury, quired to be reported by me under Title 15, |   | true and co                             | rrect and incl   | udes all information |
| 1                              | ,  | 1 0                                     |   | 0                | ,                    |
|                                |  | Dlona (                                 | hi                                      | (')              | , f                  |
|                                |  | Mona                                    | <i>Μ</i> .                              | (ll              | na                   |
|                                |  | Signature of                            | Candidate                               | or Officehold    | er                   |
|                                |  | 3                                       |   |                  |                      |
| Í                              |  |   |   |                  |                      |
|                                |  |   |   |                  |                      |
|                                |  |   |   |                  |                      |
|                                | Please com   | plete either option bel                 | ow:                                     |                  |                      |
|                                | 1 10000 00111  | prote crimer opiner ise.                | • |                  |                      |
|                                |  |   |   |                  |                      |
|                                |  |   |   |                  |                      |
|                                |  |   |   |                  |                      |
| (4) A 879 I 14                 |  |   |   |                  |                      |
| (1) Affidavit                  | 11114  |   |   |                  |                      |
|                                | MARGARET TEJADA  |   |   |                  |                      |
| **                             | My Notary ID # 126612380   |   |   |                  |                      |
| NOTARY STAMP                   | Expires August 4, 2024   |   |   |                  |                      |
|                                | Title.   | - I                                     | <b>~</b> E                              | C                | (                    |
| Sworn to and subscribed        | before me by Glaria M.   | <u>Cantu</u> this                       | the <u>22</u>                           | _ day of <u></u> | tpm1                 |
| 20 24 , to certify             | which, witness my hand and seal of office.   |   |   |                  | •                    |
|                                | - ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '  | 1 -1 '                                  |   | K 1 . (          |                      |
|                                | Syrada Illarga   | ret lejada                              |   | Nota             | ry                   |
| Signature of officer administe | ering oath Printed name of c   | fficer administering oath               |   | Title of office  | r administering oath |
|                                |  | OR                                      |   |                  |                      |
|                                |  |   |   |                  |                      |
| (2) Unsworn Declarati          | on   |   |   |                  |                      |
|                                |  |   |   |                  |                      |
| My name is                     |  | , and my date of birt                   | h is                                    |                  |                      |
| My address is                  |  | -                                       |   |                  |                      |
| iviy address is                |  |   | /_k_4.\                                 | (-ll-)           | /                    |
|                                | (street)   | (city)                                  | (state)                                 | (zip code)       | (country)            |
| Executed in                    | County, State of   | , on the day of                         |   | , 20<br>(year)   | ··                   |
|                                |  | (m                                      | onth)                                   | (year)           |                      |
|                                |  |   |   |                  |                      |
|                                |  | Signature of Ca                         | andidate/Offic                          | eholder (Dec     | larant)              |

add on

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

|  |   |   |                   | *************************************** |                     |  |
|--|---|---|-------------------|---|---------------------|--|
| 15 C/OH NAME   | loria Morales                                   | Centa   | <b>16</b> Filer   | ID (Ethics Com                          | mission Filers)     |  |
| 17 CONTRIBUTION<br>TOTALS  |   | DLITICAL CONTRIBUTIONS (OTHER<br>GUARANTEES OF LOANS, OR<br>E ELECTRONICALLY) | R THAN            | \$                                      |                     |  |
|  | 2. TOTAL POLITICAL CO                           | ONTRIBUTIONS<br>S, LOANS, OR GUARANTEES OF L                                  | OANS)             | \$                                      |                     |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED PO                          | \$ 309  | 1.86              |   |                     |  |
|  | 4. TOTAL POLITICAL EX                           | \$  |                   |   |                     |  |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONT<br>OF REPORTING PERIOD  | TRIBUTIONS MAINTAINED AS OF T   | THE LAST DAY      | \$                                      |                     |  |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOU<br>LAST DAY OF THE REPO | UNT OF ALL OUTSTANDING LOAN:<br>ORTING PERIOD                                 | S AS OF THE       | \$ 30                                   | 9.86                |  |
| 18 SIGNATURE I s   | swear, or affirm, under penalty of per          | rjury, that the accompanying repor  | rt is true and co | rrect and includ                        | es all information  |  |
| rec  | quired to be reported by me under Title         | 1 1   | ,                 | /3                                      | 1                   |  |
|  |   |   | h.                | ( Rn                                    | Total               |  |
|  |   | X One   |                   |   |                     |  |
|  |   | / Signature   | e of Candidate    | or Officeholder                         |                     |  |
|  |   |   |                   |   |                     |  |
| Please complete either option below:   |   |   |                   |   |                     |  |
|  |   |   |                   |   |                     |  |
| ANDREA MARTINEZ Notary ID #124735190 My Commission Expires NOTARY STAMP REALLY 8, 2025   |   |   |                   |   |                     |  |
| Swom to and subscribed before me by (1) Ma (antu this the 26 day of 2014   |   |   |                   |   |                     |  |
| Sworm to and subscribed before me by 110 (antument this the 10 day of 10 day |   |   |                   |   |                     |  |
| 20 1 10 CET III Y  |   | n 00 1000 . N.J. 000  | 1/                | Intrap                                  |                     |  |
| Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath   |   |   |                   |   |                     |  |
| Olgitator C. C. C.   | James dans                                      | _   |                   | Title or omoor w                        | only mistering oath |  |
| (A) Harrison Designation   |   | OR  |                   |   | _                   |  |
| (2) Unsworn Declaration  | on  |   |                   |   |                     |  |
| Mv name is   |   | and my date of  | hirth is          |   |                     |  |
|  |   |   |                   |   | *                   |  |
| My dddrood io  | (street)  | (city)  | ''                | ,<br>(zip code)                         | (country)           |  |
| Executed in  | , , ,   | · • ·   | •                 | ,                                       | (00011117)          |  |
|  | County, State of                                | day or  | (month)           | (year)                                  |                     |  |

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX LAST ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE 4 CANDIDATE / OFFICEHOLDER **MAILING ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER PHONE** Receipt # Amount \$ MS / MRS / MR FIRST ΜI 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME LAST Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE CAMPAIGN **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month COVERED **THROUGH ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

|         | The Instruction Guide explains how to complete this form.   |   |  |  |  |  |  |  |
|---------|---|---|--|--|--|--|--|--|
|         | •• Complete only if "Report Type" on page 1 is marked "Final Report" ••   |   |  |  |  |  |  |  |
| 1       | C/OH N  | AME GIOría Morales Cantu 2 Filer ID (Ethics Commission Filers)  |  |  |  |  |  |  |
| 3       | SIGNA   | TURE  |  |  |  |  |  |  |
|         |   |   |  |  |  |  |  |  |
|         | I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder |   |  |  |  |  |  |  |
| <u></u> | EU ED   | ANUO IS NOT AN OFFICEUOL DED  |  |  |  |  |  |  |
| 4       |   | WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••   |  |  |  |  |  |  |
|         | A.  | CAMPAIGN FUNDS  |  |  |  |  |  |  |
|         | Chec  | conly one:  |  |  |  |  |  |  |
|         |   | I do not have unexpended contributions or unexpended interest or income earned from political contributions.  |  |  |  |  |  |  |
|         |   | I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I   |  |  |  |  |  |  |
|         |   | may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. |  |  |  |  |  |  |
|         | B.  | ASSETS  |  |  |  |  |  |  |
|         | Chec  | c only one:   |  |  |  |  |  |  |
|         | I do not retain assets purchased with political contributions or interest or other income from political contributions.   |   |  |  |  |  |  |  |
|         |   | I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.   |  |  |  |  |  |  |
|         |   | Signature of Candidate  |  |  |  |  |  |  |
| 5       |   | EHOLDER<br>plete this section <i>only</i> If you are an officeholder ••   |  |  |  |  |  |  |
|         |   | I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.   |  |  |  |  |  |  |
|         |   | Signature of Officeholder   |  |  |  |  |  |  |