Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

| Filer Identificati Number : | on | 2024 | C0141 | | | | port ed B | | CAN | ANDIDATE COMMITTEE LOBBYIST | | | | | | | | | |
|--|----------------------|-------------------|---------------------------------------|----------------------|---------|------------|--------------|----------------|----------|---|-----------|--------|-----------|--------------------------|-----------|---------|----------|---------|----------|
| Name of Filing C | ommitte | e, Candida | ate or Lo | obbyist: | | | | | CKENZ | ZIE | | | | | | | | | |
| Street Address: | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | State: | | | | | Zin Code | 1.0 | 015 | | | |
| City: | - | | | | | | | | | | | | | Zip Cod | 2: 10 | 013 | | | |
| TYPE OF REPORT | 6TH TUES PRE-PRIM | | 1. | 2ND FRIDA PRIMARY | Y PRE | - | 2. | 30 DA PRIMA | | P | OST- | 3. | | AMENDMENT Yes No REPORT? | | | | | √ |
| (place X to the right of | 6TH TUES PRE-ELEC | | 4. | 2ND FRIDATELECTION | Y PRI | Ē - | 5. X | 30 DA ELECT | | POST- 6. TERMINATION Yes REPORT? | | | | | No | · . | √ | | |
| report type) | ANNUAL | . REPORT | 7. | Year 2024 | | | | | IG MET | | | | | PAPER | | ✓ | DISKE | TTE | |
| Name of Office S | Cought by | . Candidat | | <u>I</u> | | | | | DATE | TE OF ELECTION District Office Party Code | | | | | ty Code | | | | |
| Name of Office 5 | ought by | Candidat | .e. | | | | | | мо | Number Code | | | | | | 1 | Code | 1 | |
| REPRESENTATI | VE IN TH | HE GENER | AL ASS | EMBLY | | | | | | 11 | | 5 | 2024 | | (SEE INS | TRUCTI | ONS FOR | CODES |) |
| Summary of | Receipts | s and | МО | DAY | YEAR | 2 | | | МО | | DAY | Y | EAR | FOF | R OFFIC | E USE | ONLY | | |
| Expenditures | from: | | | 9 17 | 2 | 024 | Т | 0 | | 10 | 2 | 21 | 2024 | | | | | | |
| A. Amount Bro | ught Forv | ward Fron | 1 Last R | eport | | | | \$ | | | | | 0.00 | | | | | | |
| B. Total Moneta | ary Contr | ibutions <i>F</i> | And Rec | eipts (From | Sche | dule | e I) | \$ | | | | | 0.00 | | | | | | |
| C. Total Funds | Available | (Sum Of | Lines A | and B) | | | | \$ | | | | | 0.00 | | | | | | |
| D. Total Expend | ditures (I | From Sche | edule II | I) | | | | \$ | | | | | 0.00 | | | | | | |
| E. Ending Cash | Balance | (Subtract | Line D | From Line (| C) | | | \$ | | | | | 0.00 | | | | | | |
| F. Value Of In- | Kind Con | tributions | Receive | ed (From S | chedu | le I | I) | \$ | | | | | 0.00 | | | | | | |
| G. Unpaid Debt | s And Ob | ligations | (From S | Schedule IV | ') | | | \$ | | | | | 0.00 | | , | | | | |
| | | | | | AFF | ID | AVI | T SE | CTIO | N | | | | | | | | | |
| PART I - If this is | s a Comm | nittee repo | ort, trea | surer sign | here. | If th | nis is | a Car | didate | re | port, c | andi | date sig | gn here. | | | | | |
| I swear (or affirm) correct and comple | | report, incl | uding the | attached scl | hedule | s file | ed on | paper (| or by el | ectr | onic me | edium | , are to | the best of | my know | /ledge | and beli | ef , tr | ue, |
| Sworn to and subs | cribed before day of | ore me this | | 20 | | | | | | | | 5 | Signature | e of Person | Submitt | ing Rep | oort | | _ |
| | _ | Signatur | · · · · · · · · · · · · · · · · · · · | | | | | - - | | | | | | Printe | ed Name | | | | - |
| My Commission Ex | cpires | oigilata. | | | | | | | | • | | | | Email | | | | | - |
| | | мо | D | AY | YR | | | | | | Are | ea Co | le | Daytime | Telepho | one Nu | mber | | |
| Part II- If this is | a report | of a cand | lidate's | authorized | Comr | nitte | ee, C | andid | ate sh | all s | sign he | ere. | | | | | | | |
| I swear (or affirm) No 320) as amende | | ne best of m | ny knowle | edge and beli | ef this | poli | itical | comm | ittee ha | s no | ot violat | ted ar | y provis | ions of the | act of Ju | ne 3,1 | 937 (P.L | . 133 | 3, |
| Sworn to and subsc | | re me this | | | | | | | | | | | s | ignature of | Candida | te | | | - |
| | day of — | | | _ 20 | | | | _ | | | | | | Dodant 1 | Nav | | | | _ |
| | | Signature | | | | | | - | | | | | | Printed | Name | | | | |
| My Commission Exp | | Signature | | | | | | | | • | | | | Email | | | | | _ |
| | - | МО | D | AY | YR | ł | | • | | | Area | Code | | Day | time Te | lephon | e Numb | er | - |

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting | g Period | | |
|--|-----------|-----------|--------------|------------|
| V. MILOU MACKENZIE | From: | 9/17/2024 | <u>4</u> То: | 10/21/2024 |
| 1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor | | | | |
| TOTAL for the Reporting |) Period | (1) | \$ | 0.00 |
| 2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B) | | | | |
| Contributions Received From Political Committees (Part A) | | | \$ | 0.00 |
| All Other Contributions (Part B) | | | \$ | 0.00 |
| TOTAL for the Reporting |) Period | (2) | \$ | 0.00 |
| 3. Contributions Received Over \$250.00 (From Part C and Part D) | | | | |
| Contributions Received From Political Committees (Part C) | | | \$ | 0.00 |
| All Other Contributions (Part D) | | | \$ | 0.00 |
| TOTAL for the Reporting |) Period | (3) | \$ | 0.00 |
| 4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E) | | | | |
| TOTAL for the Reporting | J Period | (4) | \$ | 0.00 |
| | | | | |
| Total Monetary Contributions and Receipts During this Reporting Period (Add an totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa | | | \$ | 0.00 |

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

| Name of Filing Committee or Candidat | Name of Filing Committee or Candidate | | | Period | | | |
|--------------------------------------|---------------------------------------|-------------------|-------|--------|------|----|--------|
| | | 1 | From: | | То | : | |
| | | · | | DATE | | | AMOUNT |
| Full Name of Contributing Committee | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | |

PAGE TOTAL \$0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

0.00

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

| Name of Filing Committe | e or Candidate | | Rep | orting P | eriod | | | |
|--------------------------|----------------|-------------------|------|----------|-------|------|----|------------|
| | | | Fror | m: | | To |): | |
| | | | | | DATE | | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | | |
| Mailing Address | | | | | | | \$ | 0.00 |
| City | State | Zip Code (Plus 4) | | | | | | |
| | | | | | • | • | | PAGE TOTAL |

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

| Name of Filing Committee or Candidate | ame of Filing Committee or Candidate | | | Reporting Period | | | | | | |
|---------------------------------------|--------------------------------------|----------|-------------|------------------|-----|------|----------|------------|------|--|
| | | | From: | | | То: | | | | |
| | | | | DA | TE | | P | AMOUNT | | |
| Full Name of Contributing Committee | | | | МО | DAY | YEAR | | 0 | 0.00 | |
| Mailing Address | | | | | | | * | U | .00 | |
| City | State | Zip Code | e (Plus 4) | | | | | | | |
| | | | | | | | | PAGE TOTAL | | |
| Enter Grand Total of Part C on Scheo | dule I, Detailed Sun | nmary Pa | age, Sectio | n 3. | | | \$ | 0.0 | 00 | |

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

| Name of Filing Committee or Candidate | ame of Filing Committee or Candidate | | | orting Pe | riod | | | |
|--|--------------------------------------|---------------|----------|-----------|-------|------|-------|-----------------|
| | | | Fror | n: | | | | |
| | | | | D | ATE | | | AMOUNT |
| Full Name of Contributor | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 1 | |
| City | State | Zip Code (Plu | s 4) | | | | | |
| Employer Name | | | | Occupa | tion | | | |
| Employer Mailing Address/Principal Pla | ce of Business | City | | • | State | | Zip C | ode (Plus 4) |
| Enter Grand Total of Part C on Scho | dule I, Detailed S | Summary Page, | , Sectio | on 3. | | : | \$ | PAGE TOTAL 0.00 |
| | | | | | | | | |

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

| Name of Filing Committee | or Candidate | | Report | ing Peri | od | | | |
|---------------------------|---------------------------|-----------------|---------|----------|-----|------|----|------------|
| | | | From: | | | To: | | |
| | | • | | C | ATE | | | AMOUNT |
| Full Name | | | | мо | DAY | YEAR | \$ | 0.00 |
| Mailing Address | | | | | | | 7 | |
| City | State | Zip Code (P | Plus 4) | | | | | |
| Receipt Description | • | - | | • | • | • | _ | |
| Enter Crand Total of Dark | E on Schodule I. Detailed | Summany Base | Cootion | 4 | | | | PAGE TOTAL |
| enter Grand Total of Part | E on Schedule I, Detailed | Summary Page, S | Section | 4. | | | \$ | 0.00 |

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

| Name of Filing Committee or Candidate | Reporting Period | i | |
|---|------------------|-----------------------------|------------|
| V. MILOU MACKENZIE | From: | <u>9/17/2024</u> To: | 10/21/2024 |
| 1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P | ER CONTRIBUTOR | | |
| TOTAL for the Reporting Pe | eriod (1) | \$ | 0.00 |
| 2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR | T F) | | |
| TOTAL for the Reporting Pe | eriod (2) | \$ | 0.00 |
| 3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G) | | · | |
| TOTAL for the Reporting Pe | eriod (3) | \$ | 0.00 |
| TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, | | \$ | 0.00 |

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

| Name of Filing Committee or Can | Name of Filing Committee or Candidate | | | | | Reporting Period | | | | | |
|---|---------------------------------------|-------------------|---------------------|------|------|------------------|--------|----|--|--|--|
| | Fi | | | | | From: To: | | | | | |
| | | | | DATE | | | AMOUNT | | | | |
| Full Name of Contributor | | | | DAY | YEAR | | | | | | |
| Mailing Address | | | | | | 7 \$ | 0.0 | 10 | | | |
| City | State | Zip Code (Plus 4) | | | | | | | | | |
| Description of Contribution: | • | | • | • | | | | | | | |
| | | | | | | | | | | | |
| Enter Grand Total of Part F on Schedule II, In-Kind Contributions Details | | | ailed Summary Page, | | | PAGE TOTAL | | | | | |
| Section 2. | | | | | | \$ | 0.0 | 0 | | | |

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

| Name of Filing Committee or Candidate | | | | Re | porting | Period | | | | |
|--|----------------|-----|------------------|--------|-------------------|----------------|-------|------|-----------------|------|
| | | | | Fro | m: | | To: | То: | | |
| | | | | | | DATE | | | AMOUN | т |
| Full Name of Contributor | | | | | мо | DAY | YEAR | | | |
| Mailing Address | | | | | | | | 1 | \$ | 0.00 |
| City | State | | Zip Code(Plus 4) | | | | | | | |
| Employer of Contributor | | | | | Occup | oation | | | | |
| Employer Mailing Address/Principal Pla | ce of Business | Cit | ty | Stat | e Zi _l | p Code(Plus 4) | Descr | ipti | ion of Contribu | tion |
| Enter Grand Total of Part G on Sch | edule II, In-K | ind | Contributions D | etaile | ed | | | | PAGE T | OTAL |
| Enter Grand Total of Part G on Schedule II, In-Kind Contributions Del Summary Page, Section 3. | | | | | | | | | | 0.00 |

SCHEDULE III STATEMENT OF EXPENDITURES

| Name of Filing Committee or Candidate | | | | Reporting Period | | | | | |
|---|--------------------|-------------------|----------|------------------|----------|----|------------|--|--|
| | | | | From | | | То: | | |
| | | DATE | | AMOUNT | | | | | |
| To Whom Paid | | | | DAY | YEAR | | | | |
| Mailing Address | | | | | | \$ | 0.00 | | |
| City | State | Zip Code (Plus 4) | Descrip | tion of Exp | enditure | | | | |
| Enter Grand Total of Expenditures | on Bogo 1 Bonort C | 'over Page Item I | ` | | | | PAGE TOTAL | | |
| Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D. | | | <i>.</i> | | | \$ | 0.00 | | |