

**FORM C/OH
COVER SHEET PG 1**

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR NICKNAME		FIRST Kelly	MI S	OFFICE USE ONLY Date Received	
4 CANDIDATE OFFICEHOLDER MAILING ADDRESS		ADDRESS / PO BOX:		APT / SUITE #:	CITY:	STATE:	ZIP CODE
<input type="checkbox"/> Change of Address		AREA CODE		PHONE NUMBER	EXTENSION		
5 CANDIDATE / OFFICEHOLDER PHONE		(502)		468-423)			
6 CAMPAIGN TREASURER NAME		MS / MRS / MR		FIRST Heather	MI B		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY:	STATE:	ZIP CODE
8 CAMPAIGN TREASURER PHONE		AREA CODE		PHONE NUMBER	EXTENSION		
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only)	
10 PERIOD COVERED		Month Day Year		Election Date		THROUGH Month Day Year	
11 ELECTION		ELECTION DATE		ELECTION TYPE			
12 OFFICE		OFFICE HELD (if any)		OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S)		COMMITTEE TYPE		COMMITTEE NAME			
<input type="checkbox"/> Additional Pages		<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC			
		COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
		GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

FORM C/OH
COVER PAGE PG 2

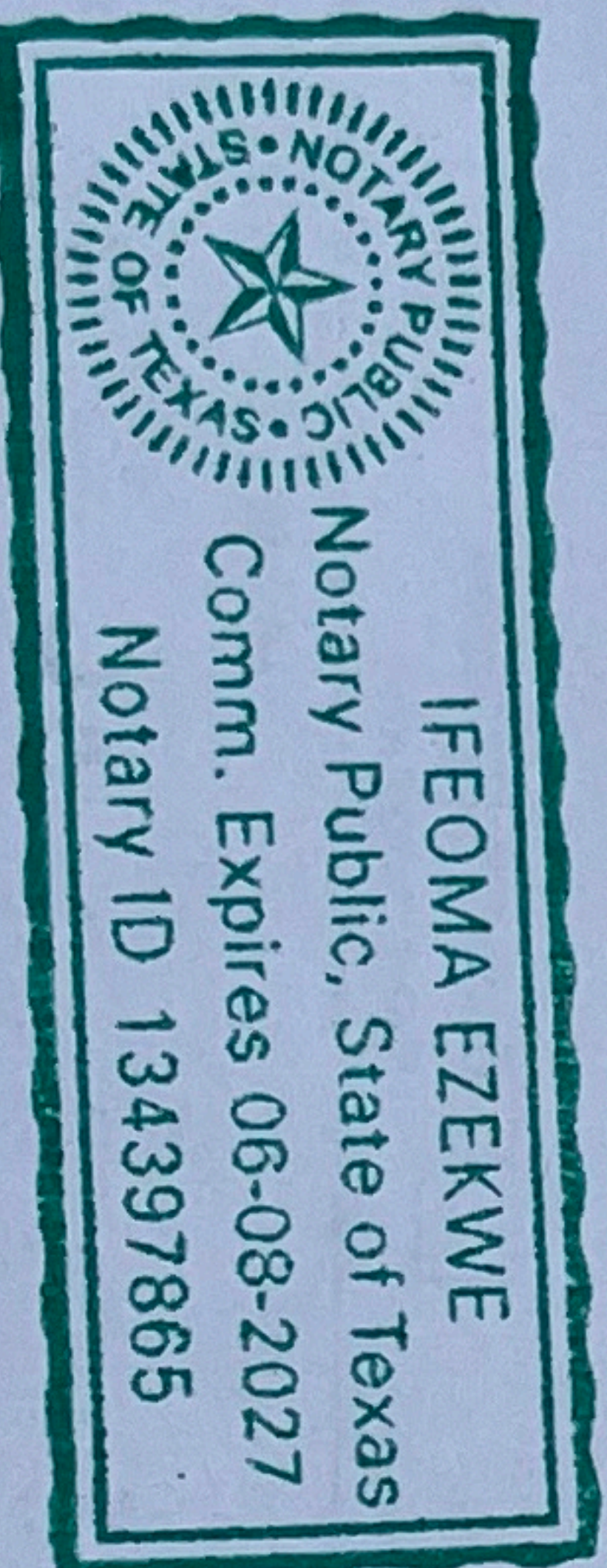
15 C/OH NAME	Kelly CMEBEK		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1977.45
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Kelly Cmek
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kelly Cmek this the 17th day of July, 2024, to certify which, witness my hand and seal of office.

Ifeoma Ezekwe Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
My address is _____

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(street) (city) (state) (zip code) (country)
(month) (year)

Signature of Candidate/Officeholder (Declarant)