CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

NAME OF FILING COMMITTEE,		REPORT FILED ON BEHALF OF	CANDIDATE	COMMITTEE	LOBBYIST	3.
Standard	, ,					
STREET ADDRESS	reenleat Tr.					
417 Bart	ram Boad					
CITY		STATE	ļ :	(9090		
willow Gro	NAME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY		TE OF ELECTION	
TYPE OF REPORT (CHECK ONE)		ŀ	REP	MO.	DAY YEA	
6TH TUESDAY	Incumbent Controller		IKET	1 (3 261	5
PRE-PRIMARY 2.	MO. DAY YEAR	MO. DAY YEAR]	FOR OFFICE USE ONLY		
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POST-PRIMARY	CASH BALANCE AT END	0	_		610 010	
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30 DAY 6	- L	1 1 7			e e e	
POST-ELECTION X	AMENDMENT YES	NO X				
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