

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

## FORM SC C/OH COVER SHEET PG 1

The SC C/OH Instruction Guide explains how to complete this form.				1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE NAME	MS / MRS / MR	FIRST Wanda	MI C.	OFFICE USE ONLY		
	NICKNAME	LAST Rueffler	SUFFIX	Date Received FILED at 1:32 P (- 16), 2024		
4 CANDIDATE ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	
<input type="checkbox"/> Change of Address 10116 E. State Hwy, 29 Apt T & 76820						
5 CANDIDATE PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
(972) 345-2046						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Wanda	MI C.	Date Hand-delivered or Date Postmarked		
NICKNAME LAST Rueffler						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:					CITY: STATE: ZIP CODE
Same as Above						Date Processed
						Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
(972) 345-2046						
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		<input type="checkbox"/> 30th day before convention / election		<input type="checkbox"/> Runoff	
<input type="checkbox"/> July 15		<input type="checkbox"/> 8th day before convention / election		<input type="checkbox"/> Final report (Attach SC C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
11 / 11 / 2023				THROUGH		
				01 / 10 / 2024		
11 CONVENTION / ELECTION DATE	Month	Day	Year	12 OFFICE SOUGHT MASON County Chair	<input type="checkbox"/> STATE CHAIR <input checked="" type="checkbox"/> COUNTY CHAIR	
13 POLITICAL PARTY	COUNTY (If Applicable)					
Republican						
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF 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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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**STATE / COUNTY CHAIR  
CAMPAIGN FINANCE REPORT**

**FORM SC C/OH  
COVER SHEET PG 2**

**15 CANDIDATE NAME**

Wanda C. Rueffer

**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

2. **TOTAL POLITICAL CONTRIBUTIONS**  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

**EXPENDITURE  
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

**CONTRIBUTION  
BALANCE**

4. **TOTAL POLITICAL EXPENDITURES**

\$ 0

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

**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.

Wanda Rueffer

Signature of Candidate

**Please complete either option below:**



Sworn to before me by

Wanda Rueffer

this the 11<sup>th</sup> day of January,

2024, to certify which, witness my hand and seal of office.

Stephanie Simonton

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_

(street)

(city)

(state)

(zip code)

(country)

Executed in \_\_\_\_\_

County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

Signature of Candidate (Declarant)