

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM 500
COVER SHEET PG 1

| | | | |
|--|---|--|----------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <i>MRS</i> FIRST <i>Rachael</i> MI <i>M</i> <i>Sanders-Wife</i> | OFFICE USE ONLY RECEIVED MAY 10 2024 Superintendent's Office | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE; PHONE NUMBER; EXTENSION [REDACTED] | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <i>SAME</i> | Date Hand-delivered or Date Postmarked | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>SAME</i> | Amount \$ | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <i>() SAME</i> | Date Processed | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Return <input checked="" type="checkbox"/> Final Report (After C/OH-ETS) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year <i>02 / 22 / 2024 THROUGH 05 / 04 / 2024</i> | | |
| 11 ELECTION | ELECTION DATE: Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <i>05 / 04 / 2024 <input checked="" type="checkbox"/> Special</i> | | |
| 12 OFFICE | OFFICE HELD (if any) <i>None</i> | 13 OFFICE SOUGHT (if known) <i>SAME</i> | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF THE CANDIDATE/OFFICEHOLDER'S CONSENT TO THE CAMPAIGN FINANCE REPORTING REQUIREMENTS. | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL | COMMITTEE NAME | |
| | | COMMITTEE ADDRESS | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

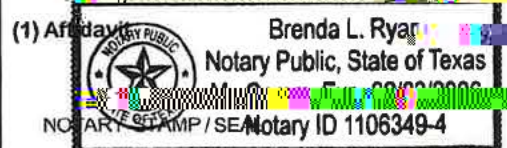
FORM C/OH
COVER SHEET PG 2

| | | | |
|-------------------------|--|--|---|
| 15 C/OH NAME | | 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 INTERNATIONALLY) | \$ | 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ | 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 0 |
| CAMPAIGN BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE 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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Brenda Sanders Wise this 11th day of May, 2024 to certify which witness my hand and seal of office.
 Signature of officer administering oath: Brenda L. Ryan Printed name of officer administering oath: Brenda L. Ryan Title of officer administering oath: Notary

(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 _____ (month) _____ (year)
 Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH-FF

The Instruction Guide explains how to complete this form.

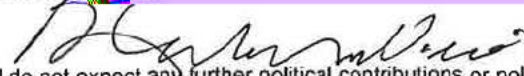
•• Complete only if this report type on page 1 is marked "Final Report" ••

1 C/OH NAME

Brenda M. Sander-Wise

2 Filer ID (Ethics Commission File #)

3 SIGNATURE



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 political campaign contributions or make any political expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT

•• Complete A & B below only if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only 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

Check only one:

- I do not retain assets purchased with political contributions or interest earned on political contributions.
- I do retain assets purchased with political contributions or interest earned on political contributions. I understand that I may not convert assets purchased with political contributions or interest earned on 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 OFFICEHOLDER

•• Complete this section if you are an officeholder ••

- I am aware that I remain an officeholder. If I am 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