CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / FIRST MΙ OFFICE USE ONLY **OFFICEHOLDER CHRISTINA** M NAME Date Received NICKNAME LAST SUFFIX UBANDO 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE OFFICEHOLDER 1609 CLOUD ST, SAN ANGELO, TX 76905 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (325) 659-6553 na yayyaa PHONE 1117 Receipt # Amount \$ MS / MRS / MR FIRST CAMPAIGN **TREASURER** CHRISTINA Μ Date Processed NAME NICKNAME LAST **SUFFIX** Date Imaged **UBANDO** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CAMPAIGN ZIP CODE **TREASURER** 1609 CLOUD ST, SAN ANGELO, TX 76905 **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER **EXTENSION** TREASURER PHONE 374-7476 (325 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Dav Year Month Day Year Month COVERED 25 30 25 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Other Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE COUNTY CLERK **COUNTY CLERK** 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 354.34
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$
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.		
Signature of Candidate or Officeholder		
Please complete either option below:		
(1) Affidavit LAUREN BARRON Notary Public STATE OF TEXAS ID# 134589783 My Comm. Exp. Oct. 5, 2027		
Sworn to and subscribed	before me by this the	21st day of July,
20, 75 , to certify Signature of officer administe		Chief Deputy Title of officer administering eath
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath OR		
(2) Unsworn Declaration		
Mv name is	, and my date of birth is	
	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of , on the day of(month	, 20 _(year) .
	Signature of Candid	late/Officeholder (Declarant)