CAMPAIGI	FORM C/OH COVER SHEET PG 1					
The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Co	ommission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)	Richard	-	MI	OFFICE USE ONLY	
· · · · · · · · · · · · · · · · · · ·	MICK	Bacc	n	J r	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 7706 FM Rd 2288 San Angelo, TX 76901					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 659-7002	Cell EXTENSION 325-23	ON	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS (MRS) MR NICKNAME	Past Blenda Rast		SUFFIX	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN	STREET ADDRESS (N	O PO BOX PLEASE); APT / S	UITE #; CITY;		STATE; ZIP CODE	
TREASURER ADDRESS		FMRda		4 , 0 0		
(Residence or Business)	Sar	Angelo	, IX	7690		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSIO	ON		
THORE	(325)	659-71	JU 2			
9 REPORT TYPE	January 15	30th day before o	election Run	off	15th day after campaign treasurer appointment (Officeholder Only)	
:	July 15	8th day before ele	CHOIL	eded Modified orting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	10 Month	B /24	THROUGH	Month /O	Day Year / 28 / 2024	
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Description General Special					
12 OFFICE	OFFICE HELD (If any) County Commissioner Pct. 3					
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR 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.					
COMMITTEL(O)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME	A 10.		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 00 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3 TOTALS **TOTAL POLITICAL EXPENDITURES** \$ 5 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit TAYLOR YOUNTS Notary Public, State of Texas Notary ID# 134985239 My Commission Expires JULY 11, 2028 NOTARY STAMP/SEAL this the 18 day of 0(10ber Sworn to and subscribed before me by _ , to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration , and my date of birth is _____ My name is My address is (street) (city) (state) (zip code) (country) County, State of _____, on the ____ (year) (month)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	ted information is not applicable, DO NOT include this page in the	report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Rick Bacon	3 Filer ID (Ethics Commission Filers)
1 D / 17 / 24	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Max.	Field Paper	(IIIII)
Date 10/ 124/28	Full name of contributor out-of-state PAC (ID#:) Aubrey & Chery De Ordo Ja. Contributor audress; City; State; Zip Code San Angelo	Amount of contribution (\$) 250^{00}
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
Principal occu	Ipation / Job title (See Instructions) Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS	