CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT			FORM C/OH 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 FIRST Mr Thomas	MI O	OFFICE USE ONLY	
	NICKNAME LAST Bigham	suffix <b>Jr</b>	Date Received	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 444330 Grayburg DR San Ange	city; state; zip code lo, Texas 76904		
Change of Address			JAN 13 2025 A	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (325 ) 234-6544	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
	Mrs Angie		Date Processed	
	NICKNAME LAST Bigham	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	street address (NO PO BOX PLEASE); APT / S 4430 Grayburg Dr San Angelo,	•	STATE; ZIP CODE	
(Residence or Business)				
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 325 ) 234-6549	EXTENSION		
REPORT TYPE	July 15  234-0549  30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD		LJ Reporting Limit		
COVERED	Month Day Year 7 / 1 / 24	THROUGH 1		
11 ELECTION	ELECTION DATE  Month Day Year Primary	ELECTION TYPE  Runoff Other Description		
	11 / 2 / 24 General	Special		
2 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	))	
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 / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE   COMMITTEE NAME		,	
Additional Pages	GENERAL COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
	l l			

## CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) **Thomas Bigham** 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 1. \$ **TOTALS** 0.00PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** \$ 0.00(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00**TOTALS** 0.00**TOTAL POLITICAL EXPENDITURES** \$ CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. 0.00**BALANCE** OF REPORTING PERIOD . . . . . . . . . . . . . **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00**LOAN TOTALS** LAST DAY OF THE REPORTING PERIOD 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: Jana K Rincones My Commission Expires 6/16/2028 (1) Affidavit Notary ID130704362 NOTARY STAMP/SEAL am this the 13 mm day of Januar certify which, witness my hand and seal of office. Printed name of officer administering oath e of officer administering oath

(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\_\_\_\_.

Signature of Candidate/Officeholder (Declarant)