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 / МІ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4430 CRAYBURG SAN ANGILLO TO 76924 JUL 10 2024 4 CANDIDATE / **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged ZIP CODE CAMPAIGN TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN **TREASURER** PHONE (3.25) 774-6549 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day COVERED **THROUGH** 11 ELECTION Primary Runoff Other Month Day General 12 OFFICE 13 OFFICE SOUGHT (if known) 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. 14 NOTICE FROM **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 Filer	s)
17 CONTRIBUTION TOTALS	PLEDGE		L CONTRIBUTIONS (OTHE INTEES OF LOANS, OR TRONICALLY)	ER THAN	\$ 0	
	ŀ	POLITICAL CONTRIE	BUTIONS NS, OR GUARANTEES OF	LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL UI	NITEMIZED POLITICA	L EXPENDITURE.		\$	
	4. TOTAL P	POLITICAL EXPEND	TURES		\$	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUT	IONS MAINTAINED AS OF	THE LAST	ST DAY \$	
OUTSTANDING LOAN TOTALS	l .	RINCIPAL AMOUNT OF Y OF THE REPORTING	ALL OUTSTANDING LOAN PERIOD	NS AS OF	THE \$	
	wear, or affirm, under quired to be reported b			ort is true	e and correct and includes all inforn	nation
			Signatur	re of Can	ndidate or Officeholder	
			Olghatai	re or oan	ndidate of officeriolider	
		Please comp	lete either option	below	<i>r</i> :	
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me by		t	this the _	day of	,
20, to certify	which, witness my han	nd and seal of office.				
Signature of officer administe	ring oath	Printed name of office	cer administering oath		Title of officer administering	oath
			OR			
(2) Unsworn Declaration	on on					
My name is THON	1A5 BIGHA	M	, and my date of	f birth is	MAY 16,1962	
My address is 44.30	GRAYBURG	L)P	SAN HAGE	0 7	x 76904 USA	<u></u>
Executed in Tom Cl	(stree	t) ate of TEYAS	_ , on the day of	(month)	tate) (zip code) (country) , 20 2 4 (yeaf)	
			Signature o	of Candida	late/Officeholder (Declarant)	