## **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. 3 CANDIDATE / MS / MRS / MR FIRST МΙ OFFICE USE ONLY **OFFICEHOLDER** Mr **Thomas** L NAME Date Received NICKNAME LAST SUFFIX Tom Daniel 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE **OFFICEHOLDER** 5318 Enclave Court JUL 09 2024 MAILING **ADDRESS** San Angelo, Tx 76904 Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (325)234-4286 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Rebecca D Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Becca **Flores** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN CITY: STATE: ZIP CODE **TREASURER** 18844 US Hwy 277 South **ADDRESS** Christoval, Texas 76935 Residence (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION **TREASURER** PHONE (325 656-3825 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 30 / 24 24 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Other Month Year Description General Special 22 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Justice of the Peace Pct. 2 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 14 NOTICE FROM POLITICAL NAME OF THE PROPERTY CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE 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**

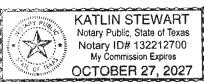
					<del> </del>
15 C/OH NAME Daniel, Thomas			16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	:	\$	
	4.	TOTAL POLITICAL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	3,373.70
OUTSTANDING LOAN TOTALS	6.	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 periury, 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



NOTARY STAMP/SEAL Sworn to and subscribed before me by to certify which, witness my hand and seal of office: Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration \_\_\_\_\_, and my date of birth is \_\_\_\_ My name is \_\_\_\_ My address is \_\_\_\_ (street) (city) (zip code) (country) \_\_\_\_\_ , on the \_\_\_ County, State of \_\_\_\_ (month) Signature of Candidate/Officeholder (Declarant)