CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fi	led:			
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mr. Chris	FIRST topher G.	MI	OFFICE USE ONLY				
NAME	NICKNAME Chris	LAST Taylor	SUFFIX	Date Received	•			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 4209 Brook H San Angelo,	; APT / SUITE #;	CITY; STATE; ZIP CODE	말 및 호텔 소리	i nana			
Change of Address	On 14 505				4 2023 p 1067			
5 CANDIDATE/ OFFICEHOLDER PHONE	(325)	PHONE NUMBER 659-6562	EXTENSION	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$			
	Mr. Richard	d A. LAST	SUFFIX	Date Processed				
	Rick McKinney			Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE 36 W. Beauregard Ave. San Angelo, Texas 76903							
8 CAMPAIGN TREASURER PHONE	AREA CODE (325)	PHONE NUMBER 655-4104	EXTENSION					
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day af treasurer a (Officeholde				
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)			
10 PERIOD COVERED	Month 01	Day Year / 2023	THROUGH 06	Day Year / 20)23			
11 ELECTION	ELECTION DA	Year Primary General	Runoff Other Description Special					
12 OFFICE	OFFICE HELD (if any) County Attor		13 OFFICE SOUGHT (if known	n)				
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 OFFICEHOLDERS 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						
		COMMITTEE CAMPAIGN TR	EASURER 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 Co	emmission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00			
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY	\$	349.85			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	0.00			
18 SIGNATURE	swear, or affirm, under penalty of perjury, that the accompanying report is true	and co	root and inch	idos all information			
	quired to be reported by me under Title 15, Election Code.	and co	neot and mon	des an information			
10	quired to be reported by the under thise 10, Election code.						
	_/	1,					
	Signature of Ca	ndidate (or Officeholde	er			
				•			
Please complete either option below:							
(1) Affida (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	TEENA PIERCE Notary Public STATE OF TEXAS ID # 231426-7 Wy Comm. Exp. Nov. 18, 2023						
NOTARY STAMP/SEA	L						
Sworn to and subscribed	14th	day of Ju	<u>y</u> ,				
20 23 to certify	which, witness my hand and seal of office.						
"Line Coll			Notary				
Signature of officer administr				administering oath			
Oignature of officer daminion			1110 01 0111001				
	OR						
(2) Unsworn Declarat	ion						
My name is	, and my date of birth is			·			
iviy address is	(city) (city)		/zip.oodo\	(country)			
	(,	,	(zip code)	(country)			
Executed in	County, State of, on the day of (month	١	, 20	•			
	(month	,	(year)				
	Signature of Candid	late/Offic	eholder (Decl	arant)			