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	MS / MRS / MR MS		мі М	OFFICE USE ONLY			
NAME	NICKNAME		SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 1609 CLOUD	APT / SUITE #; C ST, SAN ANGEL	Jun 2021 15				
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	(325)	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt # Amount \$			
	MS	CHRISTINA	М	Date Processed			
	NICKNAME LAST SUFFIX			Date Imaged			
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT / SL ST, SAN ANGEL		STATE; ZIP CODE			
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE	рноне NUMBER 374-7476	EXTENSION				
9 REPORT TYPE	January 15	30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 2	Day Year 1 / 21		Day Year 15 / 21 30			
11 ELECTION	ELECTION DAT	re	ELECTION TYPE				
	Month Day	Year Primary	Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any) COUNTY CLERK 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 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 TRE	EASURER ADDRESS				
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME CHRISTINA UBANDO)	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)	1	0.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	Ś	0.00				
	4. TOTAL POLITICAL EXPENDITURES	Ş	0.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	0.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	0.00				
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.							
	\wedge						
	("Mistine Ubands						
	Signature of Ca						
Please complete either option below:							
(1) Affidavit							
(1) Affidavit							
NOTARY STAMP/SEAL							
Sworn to and subscribed before me by Christian Ubando this the 13 day of July.							
	which with a family and and of office		1				
Vonn Duelson	Notary Public, State of Texas		No tary				
Signature of officer administe		Ti	tle of officer administering oath				
My Contraisson Expires US-01-2023							
(2) Unsworn Declarati	on						
My name is	, and my date of birth is	š					
My address is		,,					
		state) (zi					
Executed in	County, State of, on the day of(mont		20 (year)				
	6						
	Signature of Candi	idate/Officeh	older (Declarant)				