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 FIRST MS. Christina		MI	OFFICE USE ONLY				
NAME	NICKNAME	LAST Ubando	SUFFIX	Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	St, San Angelo, T	CITY; STATE; ZIP CODE x 76905		JUL 14 2023 P			
Change of Address		44						
5 CANDIDATE/ OFFICEHOLDER PHONE	(325)	PHONE NUMBER 659-6553	EXTENSION	Date Hand-deliver	ed or Date Postmarked			
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Christina	MI	Receipt #	Amount \$			
NAME	NICKNAME		CHECK	Date Processed				
	NICKNAME	Ubando	SUFFIX	Date Imaged				
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1609 Cloud St, San Angelo, Tx 76905							
(Residence or Business)								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION							
	(325) 374-7476							
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)							
	July 15	8th day before e	Exceeded Modified Reporting Limit	***************************************	port (Attach C/OH - FR)			
10 PERIOD COVERED	Month 1	Day Year / 1 / 23	THROUGH 6	Day Ye	3			
11 ELECTION	ELECTION DATE EL			LECTION TYPE				
	Month Day	Year Primary	Runoff Other Description					
	/ /	Genera						
12 OFFICE	OFFICE HELD (if any) County Cle		13 OFFICE SOUGHT (if know	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							
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TR						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		· · · · · · · · · · · · · · · · · · ·						
15 C/OH NAME	100 100 100 100 100 100 100 100 100 100		1	6 Filer ID (Ethics	Commission Filers)			
17 CONTRIBUTION TOTALS	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)		\$					
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$				
	4. TOTAL POLITICAL EXPENDITURES			\$				
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$	354.34			
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL OUTSTANDING LOTHE REPORTING PERIOD	DANS AS OF 1	THE \$				
49 CICNATURE La	was as offer under page	alter of position, that the accompanying s	apart is true	and correct and	includes all information			
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.								
160	dured to be reported by the t	under Title 13, Election Code.						
		Signs	ature of Can	didate or Officeh	older			
		Signa	ature of Cart	didate of Officeri	older			
	Ple	ease complete either optio	n below:					
(1) Affidavit								
NOTARY STAMP/SEA					1)			
Sworn to and subscribed	before me by		this the	day of				
					,			
20, to certify	which, witness my hand and	seal of office.						
Signature of officer administe	ring oath Pri	inted name of officer administering oath		Title of of	ficer administering oath			
		OD.						
		OR						
(2) Unsworn Declaration	on							
My name is Chris	Fina Uban	CLO, and my date	e of birth is _	8-11-8	4			
My address is // 00	4 Cloud St	Janting	113,TX	710905	Jom Green			
	(street)	(city)	(sta	ate) (zip code)	(country)			
Executed in Tomas			-	1 .207	3			
Executed in Tombreen County, State of Texus, on the May of July , 2023. (month) (year)								
		Signatur	e of Candida	te/Officeholder (F	Declarant)			
Signature of Candidate/Officeholder (Declarant)								