4 12 OFFICE 11 ELECTION 6 œ POLITICAL COMMITTEE(S) (Residence or Business) CAMPAIGN TREASURER PHONE CANDIDATE/ OFFICEHOLDER PHONE CANDIDATE / OFFICEHOLDER MAILING PERIOD COVERED CAMPAIGN TREASURER CAMPAIGN TREASURER CANDIDATE / OFFICEHOLDER NAME The C/OH Instruction Guide explains how to complete this form. REPORT TYPE **ADDRESS** NAME Change of Address ADDRESS CAMPAIGN FINANCE REPORT CANDIDATE / OFFICEHOLDER Additional Pages THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE OFFICE HELD (If any) Mrs. 03 Month AREA CODE 123rd Judicial District District Attorney STREET ADDRESS NICKNAME MS / MRS / MR AREA CODE NICKNAME SPECIFIC GENERAL ADDRESS / PO BOX; MS / MRS / MR Mrs. 936 936 413 ΡO January 15 July 15 **ELECTION DATE** 05 Box 11 Month Shelbyville (NO PO BOX PLEASE); COMMITTEE NAME COMMITTEE COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE ADDRESS 2024 71 598-2981 5 9 PHONE NUMBER Year 98-PHONE NUMBER Day 9 Lisa Cummings Price Karren APT / SUITE #; LAST FIRST LAST 4106 FIRST 8th day before election 30th day before election CAMPAIGN TREASURER ADDRESS 2023 GO X Primary General 48 **TO PAGE 2** APT / SUITE Cente SLIS ST Filer ID (Ethics Commission Filers) THROUGH Special H Runoff ΤX office sought (fiknown) 123rd Judicial District District Attorney EXTENSION STATE; EXTENSION Center Runoff Reporting Limit Exceeded Modified Other Description 7593 ELECTION TYPE Ð S SUFFIX ₹ ZIP CODE SUFFIX 3 11 Month U Date Imaged Date Processed Date Receipt # Date Hand-delivered or Date Postmarked 2 2 COVER × 4 Total pages filed: Received AON 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) STATE; OFFICE USE ONLY TX 202 00 SHEET FORM 3 75935 ZIP CODE Amount S 7173 C/OH F PG 1

FORM C/OH COVER SHEET PG 2

\$ 0.00		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	OUTSTANDING LOAN TOTALS
\$ 0.00		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	CONTRIBUTION BALANCE
\$ 0.00		4. TOTAL POLITICAL EXPENDITURES	
\$ 0.00		3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	EXPENDITURE TOTALS
\$ 0.00		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	
\$ 0.00		1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	17 CONTRIBUTION TOTALS
		Karren S. Price	Karre
16 Filer ID (Ethics Commission Filers)	16 Filer ID		15 C/OH NAME

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.

Signature of Candidate or Officeholder

Please complete either option below:

NOTARY STAMP/SEAL			(1) Affidavit	
MP/SEAL	Notal Notal	Est. A. S. Comm.	150 Notary P	KIMBE!
	Notary ID 130739361	Comm. Expires 07-14-2024	Notary Public, State of Texas	KIMBERLY MCCLELLAND

Signature of office) administering oath Sworn to and subscribed before me by to certify which, witness my hand and seal of office.

The second of the Karren Printed name_or officer administering oath S this the 27th day of November Title of officer administering oath

Executed in My address is My name is (2) Unsworn Declaration Cor. County, State of (street) on the and my date of birth is Signature of Candidate/Officeholder (Declarant) day of (month) (state) (zip code) , 20 (year) **1000年的** (country)

FORM C/OH COVER SHEET PG 1

	GO TO PAGE 2		
	COMMITTEE CAMPAIGN TREASURER ADDRESS	COMMITTE	
	COMMITTEE CAMPAIGN TREASURER NAME	SPECIFIC COMMITTER	
	ADDRESS	GENERAL COMMITTEE ADDRESS	Additional Pages
	NAME	COMMITTEE TYPE COMMITTEE NAME	
MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. 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.	THIS BOX IS FOR NOTICE OF POLITICA THE CANDIDATE / OFFICEHOLDER. TH CONSENT. CANDIDATES AND OFFICEH	14 NOTICE FROM POLITICAL COMMITTEE(S)
ty Attorney	Attorney Shelby County	Shelby County Attorney	
n)	13 OFFICE SOUGHT (If known)	OFFICE HELD (if any)	12 OFFICE
	General Special	03/05/2024	
	X Primary Runoff Other	Month Day Year	
	ELECTION TYPE	ELECTION DATE	11 ELECTION
/ 09 / 2023	2023 THROUGH 11/	10 /26 /	
Day Year	Year Month	Month Day	10 PERIOD
Final Report (Attach C/OH - FR)	8th day before election Exceeded Modified Reporting Limit	July 15	
15th day after campaign treasurer appointment (Officeholder Only)	30th day before election Runoff	January 15	9 REPORT TYPE
	2981	(936) 598-	PHONE
	UMBER EXTENSION	AREA CODE PHONE NUMBER	8 CAMPAIGN TREASURER
TX 75935	le St. Center	413 Shelbyville	ADDRESS (Residence or Business)
STATE; ZIP CODE	LEASE); APT / SUITE #; CITY;	STREET ADDRESS (NO PO BOX PLEASE);	7 CAMPAIGN TREASURER
Date Illiaged	Cummings	Ω	
Date Processed	Lisa D.	Mrs. L	NAME
Receipt # Amount S	FIRST	MS / MRS / MR	6 CAMPAIGN
	2981	(936) 598-	OFFICEHOLDER PHONE
Date Hand-delivered or Date Postmarked	NUMBER EXTENSION	AREA CODE PHONE N	5 CANDIDATE/
Tra	Center TX 75935	PO Box 1719	MAILING ADDRESS
	APT / SUITE #; CITY; STATE; ZIP CODE	ADDRESS / PO BOX; AP	4 CANDIDATE / OFFICEHOLDER
	LAST SUFFIX Price		
Dale Received	John L.	Mr. J	OFFICEHOLDER NAME
OFFICE LISE ONLY	FIRST	MS / MRS / MR	3 CANDIDATE /
2 Total pages filed:	this form. 1 Filer ID (Ethics Commission Filers)	The C/OH Instruction Guide explains how to complete this form	The C/OH Instruction G

Executed in My address is My name is (2) Unsworn Declaration Signature of officer administeding oath Sworn to and subscribed before me by (1) Affidavit 8 7 3 EXPENDITURE TOTALS NOTARY STAMP/SEAL OUTSTANDING LOAN TOTALS CONTRIBUTION TOTALS Lyperm SIGNATURE CONTRIBUTION C/OH NAME CAMPAIGN FINANCE REPORT CANDIDATE / OFFICEHOLDER BALANCE , to certify which, witness my hand and seal of office. -McCOODauc John required to be reported by me under Title 15, Election Code I swear, or affirm, under penalty of perjury, that the accompanying report is true 6 5 4 ω 2 ._ L County, State of TOTAL POLITICAL CONTRIBUTIONS TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD TOTAL POLITICAL EXPENDITURES TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) Price (street) DIND Please complete either option below: Printed name of office administering oath imberly rice SELS: NO. McClelland the KIMBERLY MCCLELLAND Notary Public, State of Texas Comm. Expires 07-14 and my date of birth is Signature (city) Signature of Candidate or Officeholder Notary ID 130739361 OF LOANS) 9 of Candidate/Officeholder (Declarant) this (month) the (state) Qtty 16 Filer ID (Ethics Commission Filers) and 표 COVER correct (zip code) Title of officer administering oath 69 day of Movember 5 5 63 5 (year) FORM C/OH SHEET PG 2 includes all information 0.00 0.00 0.00 0 0 0 (country) 0 00 00

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

12. SCHEDULE	11. SCHEDUI	10. SCHEDULE	9. SCHEDULE	8. SCHEDULE F4:	7. SCHEDULE	6. SCHEDU	5. SCHEDULE F1:	4. SCHEDULE E:	3 SCHEDU	2. SCHEDU	1. SCHEDU	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		19 FILER NAME	
LE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	LE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	LE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	LE F4: EXPENDITURES MADE BY CREDIT CARD	LE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	LE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	LE E: LOANS	SCHEDULE B: PLEDGED CONTRIBUTIONS	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	20,000	hn L. Price		
BUTIONS RETURNED	CONTRIBUTIONS	O A BUSINESS OF C/OH	FUNDS		AL CONTRIBUTIONS		CONTRIBUTIONS			O				20 Filer ID (Ethics Commission Filers)	מטעות מ
€A	49	49	49	€	€9	↔	49	49	€9	49	49	SUBTOTAL AMOUNT		mmission Filers)	- 0

CO	
/ER	
SHEET	FORM
PG	0/0

		ago a	Additional Pages	(סומומודיי בב(ס)	14 NOTICE FROM POLITICAL COMMITTEE(S)		12 OFFICE	,	11 ELECTION	ָ ֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֖֓֞֞֝֞֞֝֞֝֞	10 PERIOD		9 REPORT TYPE	PHONE	8 CAMPAIGN TREASURER	(Residence or Business)	7 CAMPAIGN TREASURER ADDRESS		NAME	6 CAMPAIGN TREASURER	OFFICEHOLDER PHONE	5 CANDIDATE/	Change of Address	OFFICEHOLDER MAILING ADDRESS	4 CANDIDATE /		3 CANDIDATE / OFFICEHOLDER	The C/OH Instruction Guide explains how to complete this form
		SPECIFIC	GENERAL	COMMITTEE TYPE	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFIC CONSENT. CANDIDATES	Tax Asso	OFFICE HELD (If any)	`	ELECTION DATE	10	Month	July 15	January 15	(3%)	AREA CODE	549	STREET ADDRESS		NICKNAME	MS/MRS/MR	(956)	AREA CODE	Ten	649	ADDRESS / PO BOX;	NICKNAME	MS/MRS/MR	suide explains how
GO TO PAGE 2	COMMITTEE CAMPAIGN TREASURER ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE ADDRESS	COMMITTEE NAME	TED OR POLITIC <i>t</i> HAVE BEEN MAD! REPORT THIS INI	essor-Cullector T	13 OFFICE SOLIGHT (If known)			10/2023 THROUGH 16/	Day Year Month	8th day before election Exceeded Modified Reporting Limit	30th day before election Runoff	332-7966		CR 4243 Tenaha	STREET ADDRESS (NO PO BOX PLEASE); J APT / SUITE #: CITY;	Riley	LAST SUFFIX	Delizor in	332-796L	PHONE NUMBER	thought hospi	C P C P C P C P C P C P C P C P C P C P	APT /		FIRST MI	to complete this form. 1 Filer ID (Ethics Commission Filers)
					IDE BY POLITICAL COMMITTEES TO SUPPORT TOATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IET RECEIVE NOTICE OF SUCH EXPENDITURES.	1-Collector				25/223	Day Year	Final Report (Allach C/OH - FR)	15th day after campaign treasurer appointment (Officeholder Only)			TY TOOTS	STATE: ZIP CODE		Date Imaged	Date Processed		Date Hand-delivered or Date Postmarked	B Z	W 0CT 2 5 2023 0		Date Received	OFFICE USE ONLY	2 Total pages filed:

Executed in My address is My name is Signature of officer administering oath (2) Unsworn Declaration 20 Sworn to and subscribed before me by (1) Affidavit **18 SIGNATURE** 17 15 C/OH NAME EXPENDITURE TOTALS NOTARY STAMP/SEAL OUTSTANDING LOAN TOTALS CONTRIBUTION BALANCE CONTRIBUTION TOTALS CAMPAIGN FINANCE CANDIDATE / OFFICEHOLDER to certify which, witness my hand and seal of office. しのじつう 10 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. Ó 6 5 4. ω 2 Dong County, State of_ TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL POLITICAL EXPENDITURES TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTAL UNITEMIZED POLITIFAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) かていて Please complete either option below: REPORT Printed name of officer administering oath OR 18xas NO VI 5 Adam 9 and my date of birth is ぐんかん W Signature (city) DOG day of Octobe Signature of Candidate or Officeholder AS OF THE LAST DAY of Candidate/Officeholder (Declarant) this the Window) 一个 (state) chans 16 Filer ID (Ethics Commission Filers) COVER 中的多年 20,23 (zip code) Title of officer administering oath <\\year\) 5 5 8 5 \$ 8 Administration 30, FORM C/OH SHEET PG 2 Shelby 0 0 (country)

CO	
VER	
SHEET	FORM
PG	C/O

 ;		Additional Pages		14 NOTICE FROM THIS I	IZ OFFICE		11 ELECTION Month		10 PERIOD COVERED		9 REPORT TYPE	PHONE (C		usiness)	7 CAMPAIGN STI		:	AIGN	OFFICEHOLDER PHONE	Change of Address	4 CANDIDATE / ADI OFFICEHOLDER MAILING ADDRESS		3 CANDIDATE / MS OFFICEHOLDER	The C/OH Instruction Guide	
COMMITTEE CAMPAIGN TREASURER ADDRESS	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	GENERAL COMMITTEE ADDRESS	COMMITTEE TYPE COMMITTEE NAME	CONTRIBUTIONS ACCEPTED OR SE EXPENDITURES MAY HAVE B DERS ARE REQUIRED TO REPOR	CDIVANISSIONER, PC+. COMPANY SSIONER	105 124 General Spec	ELECTION DATE Day Year	10/18/2027 THROUGH 11/	Month Day Year Month	July 15 Bih day before election Exceeded Modified Reporting Limit	January 15 30th day before election Runoff	(936) 591-4333	AREA CODE PHONE NUMBER EXTENSION	483 CR 1148 CONTROL TR 75	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY;	Massair	NICKNAME LAST SUFFIX	MS / MRS / MR FIRST MI) 591-1-1333	AREA CODE PHONE NIMBER EXTENSION AREA CODE PHONE NIMBER EXTENSION AREA CODE PHONE NIMBER EXTENSION	/ PO BOX;	NICKNAME LAST SUFFIX MCSWXIP	MS/MRS/MR FIRST MI $\mathbb{R}_{\mathcal{O}}$	The C/OH Instruction Guide explains how to complete this form.	
*. *:				ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR SECRETURE NOTICE OF SUCH EXPENDITURES.	C, P.1			02/2023	Day Year	Final Report (Attach C/OH - FR)	15th day after campaign treasurer appointment (Officeholder Only)			からから	STATE: ZIP CODE	Date Imaged	Date Processed	Receipt # Amount \$	i-delivered or	BY. JUST	0V 02 20°	Date Neceived	OFFICE USE ONLY	2 Total pages filed:	

Executed in Shelb My address is My name is Signature of officer administering oath (2) Unsworn Declaration (1) Affidavit 20 Sworn to and subscribed before me by **18 SIGNATURE** 7 5 EXPENDITURE TOTALS NOTARY STAMP/SEAL OUTSTANDING LOAN TOTALS CONTRIBUTION BALANCE CONTRIBUTION TOTALS C/OH NAME CAMPAIGN FINANCE REPORT CANDIDATE / OFFICEHOLDER かられ Korce to certify which, witness my hand and seal of office 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. (1) 0 6. Ç 4 ω 12 _ County, State of Cxas TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD (OTHER THAN PLEDGES, LOANS, OR GUARANTEES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD TOTAL POLITICAL CONTRIBUTIONS TOTAL POLITICAL EXPENDITURES TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) Svain (street) SWER Please complete either option below: 277 Printed name of officer administering oath Ď dank OR on the Z h. (city) and my date of birth is Signature of Candidate/Officeholder (Declarant) _ day of .^ Signature of Candidate or Officeholder Okor OF LOANS) this the (month) CCT UNS (state) 6 Filer ID (Ethics Commission Filers) COVER 5935 (zip code) Administrator , 20 2 3 (year) hier Title of officer administering oath day of 8 8 6 5 5 4 FORM C/OH SHEET PG 2 191 Shelba (country)

14 NOTICE FROM POLITICAL COMMITTEE(S) 10 PERIOD COVERED 12 OFFICE 11 ELECTION 9 G ω (Residence or Business) CANDIDATE / OFFICEHOLDER MAILING CAMPAIGN TREASURER CANDIDATE / OFFICEHOLDER NAME CAMPAIGN TREASURER The C/OH Instruction Guide explains how to complete this form. CAMPAIGN CANDIDATE/ OFFICEHOLDER TREASURER PHONE PHONE REPORT TYPE ADDRESS NAME ADDRESS Change of Address CAMPAIGN FINANCE Additional Pages THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE 03 OFFICE HELD (if any) AREA CODE 926 NICKNAME 20 NICKNAME STREET ADDRESS (NO PO BOX PLEASE); MS / MRS / MR AREA CODE ADDRESS / PO BOX; MS / MRS / MR 936) SPECIFIC GENERAL ひろろっといってつ V January 15 July 15 0 **ELECTION DATE** DOX 05 Month 0 90 12024 5 COMMITTEE NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE ADDRESS 0 100 60 PHONE NUMBER PHONE NUMBER Year 5 Day REPORT Stevic いることか 1611 Jon ith 760 APT / SUITE #; LAST _0 エルコ 8th day before election 30th day before election E GO TO PAGE 2 General Primary 1 APT / SUITE #: ロジニ 4 CITY; W baguin Filer ID THROUGH Special 13 Runoff Commissionen EXTENSION STATE; OFFICE SOUGHT (if known) EXTENSION (Ethics Commission Filers) Exceeded Modified Reporting Limit Runoff ELECTION TYPE SUFFIX SUFFIX Other Description 3 ZIP CODE ₹ ō Month 2 Date Imaged Date Processed Date Hand-delivered or Date Postmarked Date Received N COVER Receipt # Q Day Total pages filed: BY. \N 15th day after campaign treasurer appointment (Officeholder Only) 954 Final Report (Attach C/OH - FR) OFFICE USE ONLY 130 STATE: 3 FORM 20 N \bigcirc (V) Amount 2023 C/OH PG 1 PG

CANDIDATE

OFFICEHOLDER

Executed in My address is My name is (2) Unsworn Declaration Signature of officer administering oath 20 Sworn to and subscribed before me by (1) Affidavit 18 SIGNATURE 17 15 EXPENDITURE TOTALS NOTARY STAMP/SEAL OUTSTANDING LOAN TOTALS CONTRIBUTION TOTALS CONTRIBUTION C/OH NAME CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT BALANCE 570 to certify which, witness my hand and seal of office. 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 なり 0 6 5 4 ω 12 County, State of 3192 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD TOTAL POLITICAL EXPENDITURES TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) (street) から Please complete either option below: Printed name of officer administering oath (KXXX arra シオス OR Adams on the 2012 day of and my date of birth is Signature (city) Signature of Candidate or Officeholder AS OF THE LAST DAY OF LOANS) of Candidate/Officeholder (Declarant) this the んころ (month) ections (state) 6 Filer ID (Ethics Commission Filers) COVER でから (zip code) , 20 2.3 Title of officer administering oath Administrator day 2 69 6 6 69 6 4 (yéar) 으 SHEET FORM Shelby (country) C/OH PG 2

2 3 9 œ G ω 0 (Residence or Business) POLITICAL COMMITTEE(S) CANDIDATE/ OFFICEHOLDER PHONE Change of Address CANDIDATE / OFFICEHOLDER NAME MAILING ADDRESS PERIOD CAMPAIGN TREASURER CAMPAIGN TREASURER ADDRESS The C/OH Instruction Guide explains how to complete this form. OFFICE CANDIDATE / OFFICEHOLDER ELECTION CAMPAIGN TREASURER REPORT TYPE PHONE CAMPAIGN FINANCE CANDIDATE Additional Pages THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 305 COMMITTEE TYPE 600 0七七) OFFICE HELD (if any) Dee Dee Month MS MRS / MR AREA CODE NICKNAME AREA CODE ADDRESS / PO BOX; MS /MRS / MR NICKNAME STREET ADDRESS SPECIFIC GENERAL 936) 555 (unpson) / OFFICEHOLDER January 15 July 15 **ELECTION DATE** C5 /2024 Month Day N (NO PO BOX PLEASE); APT / SL SS 0 00 COMMITTEE ADDRESS COMMITTEE NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER NAME 4328 Misty PHONE NUMBER PHONE NUMBER X V 7 REPORT Day Year 4653 Vi ごろろ (Ord over APT / SUITE #; LAST FIRST 1 8th day before election 30th day before election 750 GO CO Primary O 5 General 7 APT / SUITE #; o Theio $\bar{\omega}$ The CITY; PAGE つつい Filer ID (Ethics Commission Filers) THROUGH Runoff 3 Special N OFFICE SOUGHT arra STATE: EXTENSION EXTENSION CITY; Runoff Exceeded Modified Reporting Limit > ELECTION TYPE \Box SUFFIX 3 ZIP CODE SUFFIX ₹ Other Description X (if known) Month 245 3 N Date Received Date Processed Date Hand-delivered or Date Postmarked COVER Date Imaged Receipt # Day Total pages filed: マナマ 5 V. 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) STATE: OFFICE USE ONLY NOV N FORM **D**0 07 Amount \$ ZIP CODE 2923 C/OH PG TE ()

Executed in My name is Mara area My address is 555 CR 15 My address is (2) Unsworn Declaration Signature of officer administering oath 20 8 Sworn to (1) Affidavit EXPENDITURE TOTALS CONTRIBUTION TOTALS OUTSTANDING LOAN TOTALS NOTARY STAMP/SEAL SIGNATURE CONTRIBUTION C/OH NAME CAMPAIGN FINANCE REPORT CANDIDATE / OFFICEHOLDER BALANCE and subscribed before me by Sherbu to certify which, witness my hand and seal of office. 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. な ω 2 6 S 4 DecDec" 553h 1.200 County, State of TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF REPORTING PERIOD TOTAL POLITICAL EXPENDITURES TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) (street) Please complete either option below: Nancy Adams Printed name of officer administering oath -CXX N on the limpson 27th day of Novemb and my date of birth is Signature Signature of Candidate or Officeholder OF THE LAST DAY OF LOANS) 으 this lections (month) Candidate/Officeholder (Declarant) the (state) 6 Filer ID (Ethics Commission Filers) COVER 75975 Administratev reen 120 (zip code) _, 20 <u>2.2</u> (year) Title of officer administering oath day of 8 \$ 3 6 8 6 11974 FORM (Stre-1124 (country) C/OH PG 2

10 PERIOD COVERED 14 NOTICE FROM POLITICAL 12 OFFICE 11 ELECTION (J) ω (Residence or Business) CAMPAIGN TREASURER PHONE CAMPAIGN CANDIDATE / OFFICEHOLDER MAILING CANDIDATE / OFFICEHOLDER NAME The C/OH Instruction Guide explains how to complete this form. COMMITTEE(S) **ADDRESS** CAMPAIGN TREASURER PHONE CANDIDATE/ OFFICEHOLDER Change of Address REPORT TYPE **ADDRESS** NAME CAMPAIGN FINANCE Additional Pages THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OF OFFICEHOLDER'S KNOWLEDGE OR CHE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE 03 (936) OFFICE HELD (if any) (936) Constable AREA CODE とひひと January 15 STREET ADDRESS NICKNAME MS / MRS / MR AREA CODE ADDRESS / PO BOX; NICKNAME GENERAL 1866 MS / MRS / MR SPECIFIC July 15 ELECTION DATE 20 Month 0 Day S 汉二、 (NO PO BOX PLEASE); ーナナ 2024 COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE ADDRESS 2 PHONE NUMBER PHONE NUMBER Year Day REPORT Warr ングングン <u>...</u> ユシロ 700 LAST APT / SUITE #; FIRST LAST 42 5 644 8th day before election Pct 20 30th day before election GO TO PAGE Primary General N 3 APT / SUITE #: N Vi 03 CITY: N 0 Filer ID THROUGH 13 Runoff Special としてい N いつろうれ OFFICE SOUGHT (if known) STATE; EXTENSION EXTENSION (Ethics Commission Filers) Runoff Exceeded Modified Reporting Limit 1 Other Description という ELECTION TYPE SUFFIX 3 ZIP CODE SUFFIX ≥ 070 Month X C N Date Imaged Date Processed Receipt # Date Hand-delivered or Date Postmarked Date Received FORM COVER SHEET Q Day Total pages filed: 15th day after campaign treasurer appointment (Officeholder Only) 5Y..... Final Report (Attach C/OH - FR) STATE: OFFICE USE ONLY 007 2=2 00 Amount \$ ZIP CODE ~ 2023 C/OH PG 1

CANDIDATE

/ OFFICEHOLDER

1 5 17	e) (zi	(city) (state) (zip code) (col 27+1 day of 20-12-5. (mopth) (year) Signature of Candidate/Officeholder (Declarant)			13
0-5-53	6 4	and my date of birth is _	and (A)	War	My name is Lack
			OR	_	(2) Unsworn Declaration
Title of officer administering oath	100		Printed name of officer administering oath	g oath	Signature of officer administering oath
Azlandishaby		Elections	to certify which, witness my hand and seal of office.	nich, witness my h	20 to certify wh
day of		this the		efore me by	Swom to and subscribed before me by
					NOTARY STAMP/SEAL
					(1) Affidavit
		option below:	Please complete either option below:		
Officeholder	date or	Signature of Candidate or Officeholder			
ect and includes all information	nd corre	panying report is true	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.	ear, or affirm, undired to be reported	18 SIGNATURE I swe
\$		NDING LOANS AS OF 1	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	6. TOTAL LAST D	OUTSTANDING LOAN TOTALS
\$		NED AS OF THE LAST	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	5. TOTAL OF REI	CONTRIBUTION BALANCE
\$			TOTAL POLITICAL EXPENDITURES	4. TOTAL	
\$		₹.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	3. TOTAL	EXPENDITURE TOTALS
\$		ANTEES OF LOANS)	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	2. TOTAL (ОТНЕР	
\$		IONS (OTHER THAN	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	1. TOTAL PLEDC CONTI	17 CONTRIBUTION TOTALS
) (Ethics Commission Filers)	16 Filer ID		Mary	224	15 C/OH NAME
FORM C/OH /ER SHEET PG 2	COVER		E REPORT	E/OFFIC	CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		Additional Pages	14 NOTICE FROM POLITICAL COMMITTEE(S)	12 OFFICE	11 ELECTION	10 PERIOD COVERED	9 REPORT TYPE	8 CAMPAIGN TREASURER PHONE	7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	6 CAMPAIGN TREASURER NAME	5 CANDIDATE/ OFFICEHOLDER PHONE	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	3 CANDIDATE/ OFFICEHOLDER NAME	The C/OH Instruction (
GO TO PAGE 2	COMMITTEE CAMPAIGN TREASURER ADDRESS	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	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. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME	CONSTRUBIL, FC+ 7 CONSTRUBIL PC+ 2	Month Day Year Primary Runoff Other Description © 5 / 05 / 05 24 General Special	Month Day Year Month Day Year (0/12/2025) THROUGH (0/23/2025)	January 15 30th day before election Runoff Runoff Tish day after campaign treasurer appointment (Officeholder Only) Legeded Modified Reporting Limit Final Report (Atlach C/OH - FR)	AREA CODE PHONE NUMBER EXTENSION (436) 572-7748	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE: ZIP CODE 258 CR 2001 Center 1x 75735	NS / MRS / MR FIRST MI RECUID! # AMOUNT \$ NICKNAME LAST SUFFIX Date Imaged	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or (つろし) 5구2- 구구니ミ	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 001 2 7 20 258 CR 2001 Cerritor 1x 75935 BY M.	NICKNAME LAST NICKNAME NICKNAME LAST SUFFIX MI OFFICE USE ONLY Date Received Date Received	The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:

year) (year)	, 20	of Canc	on the 27 th day of the Signature	County, State of TCx a.s	Coun	Executed in Shalloy
35	30 - 1 3683E	and my date of birth is 6	and my da	Holder	AMIR R ZEOI	My name is CR
			OR			(2) Unsworn Declaration
Title of officer administering oath			Printed name of officer administering oath	Printed name of of	g oath	Signature of officer administering oath
Administrator	V	Election		to certify which, witness my hand and seal of office.	nich, witness r	20 to certify wh
day of,	daj	this the			fore me by	Swom to and subscribed before me by
						NOTARY STAMP/SEAL
						(1) Affidavit
		tion below:	Please complete either option below:	Please comp		
ficeholder	e or Of	Signature of Candidate or Officeholder	σ			
						a a
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.	correct	ng report is true and	that the accompanying Election Code.	I swear, or affirm, under penalty of perjury, that the accorrequired to be reported by me under Title 15, Election Code.	ear, or affirm	18 SIGNATURE I swo
0	€9	G LOANS AS OF THE	OF ALL OUTSTANDING PERIOD	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	6. TO	OUTSTANDING LOAN TOTALS
0	€9	AS OF THE LAST DAY	JTIONS MAINTAINED	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY	5. TO	CONTRIBUTION BALANCE
0	€		DITURES	TOTAL POLITICAL EXPENDITURES	4. To	
0	€9		AL EXPENDITURE.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	3. То	EXPENDITURE TOTALS
C	↔	ES OF LOANS)	IBUTIONS ANS, OR GUARANTE	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES	2. TC	
0	€9	OR OTHER THAN	CAL CONTRIBUTIONS RANTEES OF LOANS, CTRONICALLY)	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	1. TO	17 CONTRIBUTION TOTALS
Filer ID (Ethics Commission Filers)	iler ID (I	16 F		ic Hauler	722	15 C/OH NAME
FORM C/OH R SHEET PG 2	OVER	0	7.70	CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT	E/OFI	CANDIDATI CAMPAIGN

14 NOTICE FROM POLITICAL 12 OFFICE 9 10 PERIOD COVERED 0 (Residence or Business) CANDIDATE/ OFFICEHOLDER PHONE CAMPAIGN TREASURER Change of Address CANDIDATE / OFFICEHOLDER MAILING CAMPAIGN TREASURER ADDRESS ELECTION The C/OH Instruction Guide explains how to complete this form. COMMITTEE(S) CAMPAIGN REPORT TYPE PHONE NAME TREASURER ADDRESS CANDIDATE / OFFICEHOLDER CANDIDATE CAMPAIGN FINANCE Additional Pages 202 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES. MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR 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. COMMITTEE TYPE 989) OFFICE HELD (if any) Month NICKNAME ONTHOLE 196 AREA CODE STREET ADDRESS (NO PO BOX PLEASE): MS / MRS / MR AREA CODE ADDRESS / PO BOX; NICKNAME MS / MRS / MR GENERAL SPECIFIC / OFFICEHOLDER January 15 July 15 200 **ELECTION DATE** 40 COMMITTEE NAME 多 COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE ADDRESS Joly V PHONE NUMBER PHONE NUMBER Year Day REPORT 181 3804 Cheff was APT / SUITE #; QB neut LAST LAST 700 8th day before election 30th day before election 3804 GO Primary Year 0 0 H380 APT / SUITE #; **TO PAGE** BOB Justinia CITY: 4 Filer ID (Ethics Commission Filers) THROUGH Runoff ಚ Special N OFFICE SOUGHT (if known) \nearrow SOMSTAPLE EXTÉNSION Doggan STATE; EXTENSION CITY Exceeded Modified Reporting Limit Runoff :€ ELECTION TYPE 6 SUFFIX SUFFIX 75954 Other Description ,≅ ZIP CODE 2 P 3 J. Date Date Imaged Receipt # Date Received N Date Processed COVER Day Total pages filed: Hand-delivered or Date Postmarked 15th day after campaign treasurer appointment (Officeholder Only) 101 Final Report (Attach C/OH - FR) STATE; OFFICE USE ONLY 20 FORM Amount No ZIP CODE C/OH PG

2 7 6 6 POLITICAL COMMITTEE(S) (Residence or Business) PERIOD CAMPAIGN TREASURER PHONE CANDIDATE/ OFFICEHOLDER PHONE CANDIDATE / OFFICEHOLDER MAILING OFFICE CAMPAIGN TREASURER ADDRESS ELECTION The C/OH Instruction Guide explains how to complete this form. REPORT TYPE TREASURER NAME CAMPAIGN ☐ Change of Address CANDIDATE / OFFICEHOLDER ADDRESS NAME CANDIDATE CAMPAIGN FINANCE Additional Pages THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE w O OFFICE HELD (if any) Month 6925 January 15 SPECIFIC GENERAL 936) AREA CODE NICKNAME STREET ADDRESS MS / MRS / MR 386 AREA CODE ADDRESS / PO BOX; NICKNAME MS / MRS / MR OCUTATE. July 15 ELECTION DATE OFFICEHOLDER 20 Month Day FM947 2024 (NO PO BOX PLEASE); APT / SUITE #; COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE COMMITTEE ADDRESS COMMITTEE NAME 17 PHONE NUMBER Year PHONE NUMBER APTH SUITE #: O Day とた REPORT Justia Tangry laylor 七十ち -LAST 4 FIRST CAMPAIGN TREASURER NAME 8th day before election ĺ 30th day before election 202 GO Primary SPEL General 0 Carry TO PAGE のたで F CITY: THROUGH X Filer ID (Ethics Commission Filers) Runoff ಚ Special N 1 ky lor OFFICE SOUGHT (If known) EXTENSION STATE: EXTENSION 249SH Onstable Exceeded Modified Reporting Limit Runoff ELECTION TYPE Other Description ∑≚ SUFFIX SUFFIX ZIP CODE Month W Receipt # Date Imaged Date Processed Date Hand-delivered or Date Postmarked Date Received 2 COVER が 5 Day Total pages filed: 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) OFFICE USE ONLY AON S 1 FORM a 250 N 2023 C/OH PG 1

Executed in My name is しつられん My address is (2) Unsworn Declaration Signature of officer administering oath Sworn to and subscribed before me by (1) Affidavit 17 CONTRIBUTION TOTALS 15 C/OH NAME NOTARY STAMP/SEAL OUTSTANDING LOAN TOTALS SIGNATURE CONTRIBUTION EXPENDITURE TOTALS CAMPAIGN FINANCE REPORT CANDIDATE / OFFICEHOLDER BALANCE 6975 to certify which, witness my hand and seal of office. 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. .5 FM 6 S 4 ω N County, State of かでか YOU TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD TOTAL POLITICAL EXPENDITURES TOTAL UNITEMIZED POLITICAL EXPENDITURE POTAL UNITEMIZED POLITICÁL CONTRÍBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) (street) 5 Please complete either option below: Printed name of officer administering oath シメン S , on the 27th day of Navember Adams Carry and my date of birth is Signature of Candidate/Officeholder (Declarant) Signature of Candidate or Officeholder OF LOANS) this the (month) Election (state) 16 Filer ID (Ethics Commission Filers) COVER お下され (zip code) _, 20*2,3* (year) > Administrator Title of officer administering oath day of 4 5 4 5 0 FORM Shelby (country) 0 C/OH 「PG 2

14 NOTICE FROM POLITICAL COMMITTEE(S) 12 OFFICE = 6 9 œ 6 Ü 4 ω (Residence or Business) COVERED CAMPAIGN TREASURER ADDRESS CANDIDATE/ OFFICEHOLDER PHONE CAMPAIGN TREASURER NAME Change of Address ELECTION CAMPAIGN TREASURER CANDIDATE / OFFICEHOLDER NAME The C/OH Instruction Guide explains how to complete this form. REPORT TYPE CANDIDATE / OFFICEHOLDER ADDRESS MAILING CANDIDATE CAMPAIGN FINANCE Additional Pages COMMITTEE TYPE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEGGE TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. Ò (936 Constable OFFICE HELD (if any) 7798 186) 7798 AREA CODE MS / MRS / MR SPECIFIC STREET ADDRESS (NO PO BOX PLEASE); NICKNAME AREA CODE ADDRESS / PO BOX; NICKNAME GENERAL MS / MRS / MR 172 January 15 / OFFICEHOLDER July 15 ELECTION DATE 000 Month Day 17 7 20 COMMITTEE NAME COMMITTEE COMMITTEE ADDRESS 0 COMMITTEE CAMPAIGN TREASURER ADDRESS N Z PHONE **** 2 24 PHONE Year REPORT Vi n V65 70 0_ 10ton LAST APT / SUITE #; NUMBER LAST のいう S. C. NUMBER 121d CAMPAIGN TREASURER NAME 8th day before election V 30th day before election 20 (3) GO TO PAGE Year Primary 63 Z 3 General N N N 2 APT / SUITE N N N W W いい CITY: 10500 # THROUGH Filer ID (Ethics Commission Filers) Special 걺 Runoff N かりかいか costatale OFFICE SOUGHT EXTENSION STATE; EXTENSION K459.75 CITY Exceeded Modified Reporting Limit Runoff ELECTION TYPE Other Description SUFFIX SUFFIX 3 ₹ ZIP CODE (if known) Month 2 X V Date Imaged Date Processed Date Hand-delivered or Date Postmarked 75975 N Date Received COVER SHEET 1 Day Total pages filed: 15th day after campaign treasurer appointment (Officeholder Only) DEC Final Report (Allach C/OH - FR) N OFFICE USE ONLY ١., 25 Year FORM 0 N (7) W 2023 C/OH PG 1

. .

Executed in She My address is My name is Signature of officer administering oath (2) Unsworn Declaration 20 Sworn to and subscribed before me by (1) Affidavit **18 SIGNATURE** 15 NOTARY STAMP/SEAL OUTSTANDING LOAN TOTALS CONTRIBUTION CONTRIBUTION TOTALS EXPENDITURE TOTALS C/OH NAME CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE BALANCE しのかん 2298 150 to certify which, witness my hand and seal of office. I swear, or affirm, under penalty of perjury, required to be reported by me under Title 15, Election Code. 200 2270 6 S 4 ω 2 <u>. -</u> County, State of TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD 0 में TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD TOTAL POLITICAL EXPENDITURES TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) (street) Please complete either option below: Printed name of officer administering oath REPORT ワナマ mou OR that the accompanying Adowns , on the Timpson 673 and my date of birth is Signature of Candidate/Officeholder (Declarant) (city) day of Signature of Candidate or report this the ß. true Elections (state) OF THE N and 6 3-16-Filer ID COVER 75645 correct (zip code) Title of officer administering oath day Officeholder 49 5 5 69 8 69 (Ethics Commission Filers) and 으 Administration SHEET PG includes all FORM C/OH SHEET PG 2 Shalby (country) information

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 11/15/2022