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 MR	FIRST Sheldon		MI	OFFICE	USE ONLY	
NAME	NICKNAME	LAST		SUFFIX	Date Received		
		Scott			REC	EIVED	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		oity; state; nche Tx	76442	MAR	0 1 2024	
Change of Address			EVIENC		Company	The Vilections	
5 CANDIDATE/ OFFICEHOLDER PHONE	(254)	403-9412	EXTENS	SION	Date Hand delivered	or Date Postmarked Amount \$	
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	1/00015/ #	Amount •	
TREASURER NAME					Date Processed		
	NICKNAME LAST SUFFIX			Date Imaged			
		// ADT / S		,	STATE;	ZIP CODE	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	:UITE #; CITY	r;	JIAIL,	ZIF GODE	
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENS	ION			
2 DEDORT TYPE	, ,						
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					ppointment	
	July 15	8th day before ele	ection	ceeded Modified porting Limit	Final Repor	rt (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year		Month	Day Year	×	
COVERED	/ THROUGH /						
11 ELECTION	ELECTION DA	ATE		ELECTION TYPE			
	Month Day Year Primary Runoff Other Description						
	2/5/24 General Special						
12 OFFICE	OFFICE HELD (if any) 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	ENERAL 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			16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CON PLEDGES, LOANS, OR GUARANTEE CONTRIBUTIONS MADE ELECTRONI	\$ 0					
	2. TOTAL POLITICAL CONTRIBUTIO (OTHER THAN PLEDGES, LOANS, OR		\$ 0				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXP	ENDITURE.	\$ 0				
	4. TOTAL POLITICAL EXPENDITURE	S	\$ 0				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS I OF REPORTING PERIOD	MAINTAINED AS OF THE LAS	T DAY \$				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL C LAST DAY OF THE REPORTING PER		THE \$ Ø				
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report 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.							
		Signature of Car	ndidate or Officeholder				
Please complete either option below: (1) Affidavit							
NOTARY STAMP/SEAI	L						
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 Printed name of officer adm	ninistering oath	Title of officer administering oath				
	OR						
(2) Unsworn Declaration	on						
My name is		, and my date of birth is	·				
My address is							
	(street)	(city) (s	tate) (zip code) (country)				
Executed in	County, State of, on	the day of(month	, 20 (year)				
		Signature of Candid	ate/Officeholder (Declarant)				