CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

3

199

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages fil	led:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Caleb		m		USEONLY		
NAME	NICKNAME LAST SUFFIX				Date Received CEVED			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		city; sta cariche T	ATE: ZIP CODE K 76.442		N 1 6 2024 • County Election		
Change of Address					Comancia	e Odanty moonton		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (325)	PHONE NUMBER 330 414		TENSION	Date Hand dervered	i or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Co-leb		MI M	Date Processed			
NAME	NICKNAME LAST SUFFIX				Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	,		city; manche	STATE: TX	ZIP CODE 76442		
(Residence or Business)								
8 CAMPAIGN TREASURER PHONE	area code (<i>325</i>)	PHONE NUMBER 336 4141		ENSION				
9 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day af treasurer ap (Officeholde			
	July 15	8th day before	election	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 11 / 27 / 2023 THROUGH 1/16 / 2024							
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description General Special							
12 OFFICE	OFFICE HELD (if any)		13 OFF	Commission				
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						
		PECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN T	REASURER ADDRES	SS				
GO TO PAGE 2								

Forms provided by Texas Ethics Commission



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 2

CAMI AIGN	I MANGE REF OF	\ I				
15 C/OH NAME			16 File	er ID (Ethics Co	mmission Filers)	
17 CONTRIBUTION TOTALS		ITICAL CONTRIBUTIONS (OTHER TI JARANTEES OF LOANS, OR ELECTRONICALLY)	HAN	\$	0	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				0	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	\$	0			
	4. TOTAL POLITICAL EXPE	ENDITURES		\$	0	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	\$ (0			
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR 	IT OF ALL OUTSTANDING LOANS AS RTING PERIOD	S OF THE	\$ ()	
	ear, or affirm, under penalty of perju		true and c	orrect and inclu	udes all information	
requi	red to be reported by me under Title 1					
			27.11	the		
		When?	Lall	N		
		Signature of	Candidate	or Officeholde	er	
	Please co	mplete either option bel	ow.			
	r lease coi	inplete entiter option bei				
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed be	efore me by	this t	he	day of	······································	
20, to certify wh	nich, witness my hand and seal of offic	æ.				
Signature of officer administering	administering oath Printed name of officer administering oath			Title of officer administering oath		
		OR				
(2) Unsworn Declaration						
My name is		, and my date of birth	n is			
iviy address is	(-1		''	(zin oc do)	(acupta:)	
	(street)	(city)		(zip code)	(country)	
Executed in	County, State of	, on the day of (mo	onth)	, 20 (year)		
			didate /Off	aabalda- /Dl-		
		Signature of Car	iuluale/Offi	Centrater (Decia	irailt)	