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 0	Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST Shelden	-1	МІ	OFFICE USE ONLY		
NAIVIE	NICKNAME	LAST			Date Received		
	NICKNAME	Scott		SUFFIX	RECEIVED		
4 CANDIDATE/	ADDRESS / PO BOX	APT / SUITE #;	CITY; STATE;	ZIP CODE	and the second of the second o		
OFFICEHOLDER MAILING ADDRESS	525 CR 11	5 (ionanche Tx	76442	JAN 1 6 2024		
Change of Address					Company of Change To		
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSI	ON	Comanche Councy Elections Date Fland delivered or Date Postmarked		
OFFICEHOLDER PHONE	(254)	8403-9412	暂		14		
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		МІ	Receipt # Amount \$		
NAME					Date Processed		
	NICKNAME	LAST		SUFFIX	8-1-1		
					Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT /	SUITE #; CITY;		STATE; ZIP CODE		
,							
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSI	ON			
PHONE							
	()						
9 REPORT TYPE	January 15	30th day before	election Rur	noff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before el	iection:	eeded Modified orting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year		Month	Day Year		
COVERED	11,	/27/23	THROUGH	1	/ 14 / 24		
11 ELECTION	11 ELECTION ELECTION DATE ELECTION TYPE						
	Month Day	Year Primary	Runoff	Other			
	Month Day	rear		Description			
	/ /	General	Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	SOUGHT (if known)		
			Co	1.	nisloner Precinct 1		
AA NOTICE EDOM					,		
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME		20			
		COMMITTEE ADDRESS		***************************************			
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS				
					*		
		GO TO	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	TSH		16 Filer ID (Ethics Commission Filers)
31	reldon T Scott		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL		\$ 0
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LO	RIBUTIONS OANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	CAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPEN	NDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE LAS	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS OF	THE \$ O
	swear, or affirm, under penalty of perjury		and correct and includes all information
100	quired to be reported by the under this re	, Licelion code.	1 —
		X / /	A
		1) & & /	
		Signature of Ca	ndidate or Officeholder
		Signature of Ca	indidate of Officerolder
	Please com	plete either option below	<i>t</i> :
(1) Affidavit			
NOTARY STAMP/SEAL	L		
Sworn to and subscribed	before me by	this the	, day of,
20 to certify	which, witness my hand and seal of office.		
, to obtain	which, with cost my hard and scar of office.		
Signature of officer administer	ring ooth		Title of officers deviced by
orginature of officer administer	Frinted name of C	officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
My name isShele	don T Scott	, and my date of birth is	9/27/1993
My address is 525 C			Ix, 76442, Comunche.
,	(street)		
	(Silver)	(city) (s	tate) (zip code) (country)
executed in <u>Comanch</u>	County, State of 1x	, on the / day of / (month	, 20 <u>2 4</u> . (year)
		- Mill K	
		Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Con	Filer ID (Ethics Commission Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ O		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$ 0		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ O		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ ()		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ O		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0		