CAMPAIGN FINANCE REPORT					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 MA	FIRST	·	MI	OFFICE	USEONLY
NAME	NICKNAME	Sheldon LAST		SUFFIX	Date Received	VED
CANDIDATE	ADDRESS / PO BOX	Scott : APT / SUITE #; C	DITY; STATE;	ZIP CODE	FEB 0	6 2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	525 CR1		menche Tx		Comanche Cou	
Change of Address					Comazo	111
5 CANDIDATE/ OFFICEHOLDER PHONE	(254)	PHONE NUMBER	EXTENS	ION		Toale Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$
TREASURER NAME	NICKNAME	Sheldon		suffix	Date Processed	
	NICKNAME	Scott		301117	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #; CITY	;	STATE;	ZIP CODE
TREASURER ADDRESS	11	``	/ '		7'	1
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENS	ION		
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
	July 15	8th day before ele	Clion	eeded Modified porting Limit	Final Repor	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
COVERED	1	16 8024	THROUGH	2	105/20	124
11 ELECTION	ELECTION DATE ELECTION TYPE					
	Month Day	Year Primary	Runoff	Other Description		
	3/5/	2021 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE	SOUGHT (if known	misioner !	Precinct 1
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				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2						
		90 10	AGLZ			

CANDIDATE / OFFICEHOLDER

FORM C/OH

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 CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$ 0					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$					
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD 	F THE \$					
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:							
•							
(1) Affidavit							
NOTARY STAMP/SEAL							
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 administering oath	Title of officer administering oath					
OR							
(2) Unsworn Declarati	on						
	, and my date of birth is	·					
My address is	(street) (city) (street)	state) (zip code) (country)					
Executed in	County, State of , on the day of (month	, 20					
	Signature of Candid	late/Officeholder (Declarant)					