## 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 f	iled:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MRS	FIRST MORGAN	мі М	OFFICE USE ONLY				
	NICKNAME	LAST BROOKS	SUFFIX	Pited For Record				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 103 E. THIR	D STREET, SWEE	JAN 12 2024 Nolan County Clerk					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (325)	PHONE NUMBER 235-4050	EXTENSION		d or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MR	FIRST CLINTON	MI P	Receipt #	Amount \$			
	, , , , , , , , , , , , , , , , , , , ,			Date Processed				
	NICKNAME	NICKNAME LAST SUFFIX BROOKS			Date Imaged			
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI D STREET, SWEE	UITE #; CITY; ETWATER, TEXAS 7955	STATE; 56	ZIP CODE			
(Residence or Business)								
8 CAMPAIGN TREASURER PHONE	( 940 )	рноме мимвек 391-5556	EXTENSION					
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)							
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit		rt (Attach C/OH - FR)			
10 PERIOD COVERED	Month 12	Day Year / 11 / 23	THROUGH 12	Day Yea / 12 / 23				
11 ELECTION	Month Day	Year Primary  24 General	ELECTION TYPE  Runoff Other Description  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 CANDIDATES 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	COMMITTEE NAME						
Additional Pages	GENERAL COMMITTEE ADDRESS							
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
	j	COMMITTEE CAMPAIGN TREASURER ADDRESS						
GO TO PAGE 2								

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

0, 11111 , 11 01		HOE KEI OKI				
15 C/OH NAME 16 File						Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			N	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				\$	
EXPENDITURE TOTALS	3.	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.				
	4. TOTAL POLITICAL EXPENDITURES					750.00
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUT DF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY	\$	
OUTSTANDING LOAN TOTALS	10000	TOTAL PRINCIPAL AMOUNT O AST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS ( G PERIOD	OF THE	\$	
18 SIGNATURE I S	swear, or affir	m. under penalty of periury, t	hat the accompanying report is tr	ue and co	orrect and in	cludes all information
		eported by me under Title 15, E			and in	ionado di information
			MAL			
			11/1/man	K		
			110000	0		
			Signature of C	andidate	or Officeho	lder
		Please comp	lete either option belo	w:		
		i iodoo oomp	note chiner option belo	•••		
(1) Affidavit						
• •						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me b	y	this the		_ day of _	
20 , to certify	which, witnes	s my hand and seal of office.				
,,		,				
Signature of officer administe	aring oath	Deleted access of all	!		Title of office	cer administering oath
Signature of officer administra	oning oath	Printed name or off	icer administering oath		Title of office	cer administering datif
		and the second second	OR			
(2) Unsworn Declarati	ion					
My name is MORGAI	N M. BRO	OKS	, and my date of birth i	s 08/07	7/1991	
My address is 103 E T				X	79556	USA
		(street)	(city)	(state)	(zip code)	(country)
Executed in Nolan	_	ounty, State of Texas	, on the 12thday of Janua		. 2024	(oodinay)
County, State of 10/40 , on the 11/40 day of 24/40 , 2021 . (month) (year)						
			11/18/00 N	/		
Signature of Candidate/Officeholder (Declarant)						