CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			Γ		T .		
The C/OH Instruction (Guide explains how to comp	lete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages file	ed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mrs. Sharla			мі К .		OFFICE USE ONLY	
NAME	NICKNAME K		SUFFIX	FILED FOR RECORD			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1506 Grand Avenue Sweetwater, TX 79556				JAN 11 2024 SHARLA KEITH		
Change of Address						COUNTY CLERK	
5 CANDIDATE/ OFFICEHOLDER PHONE		8-0850	EXTEN:	SION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$	
TREASURER NAME	Mrs.	Sharla		K.	Date Processed		
NAME	NICKNAME		SUFFIX	Date Imaged			
	P	Keith			Date imaged	*	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1506 Grand Avenue Sweetwater, TX 79556						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 338-0850						
	,						
9 REPORT TYPE	January 15	lection R	unoff	15th day aft treasurer ap (Officeholder			
	July 15 8th day before election Exceeded Modified Reporting Limit				Final Report	t (Attach C/OH - FR)	
10 PERIOD COVERED				Month 12	Day Year / 31 / 23		
11 ELECTION	ELECTION DATE Month Day Year	r Primary General	Runoff Special	Other Description			
12 OFFICE	OFFICE HELD (if any) Nolan County Clerk			E SOUGHT (if known	1)		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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						
	GENERAL COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRESS						
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Sharla Keith	16 File	r ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$					
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$					
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$					
CONTRIBUTION BALANCE	1 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY						
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$					
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:							
ricase complete cities option below.							
(1) Affidavit							
NOTARY STAMP/SEA							
Swom to and subscribed before me by this the day of,							
20, to certify	which, witness my hand and seal of office.						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							
OR							
(2) Unsworn Declarati	on , , ,						
My name is Sharla Ketth, and my date of birth is 02.19.1966.							
My address is 150 G (17 aud Ave Supertweter IX, 1956, (country)							
(street) (city) (state) (zip code) (country) Executed in County, State of day of (month), 20,24.							
Signature of Candidate/Officeholder (Declarant)							