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 filed:		
3 CANDIDATE / OFFICEHOLDER	MS MRS / MR	FIRST		MI L,		USE ONLY	
NAME	NICKNAME LAST SUFFIX			Time O clock of			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O.	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. D. BE X 525 Blackwell,) x				JAN 16 2024 SHARLA KEITH NOLAN COUNTY CLERK	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		ENSION		d or Date Postmarked	
6 CAMPAIGN TREASURER	M S / MRS / MR	FIRST TE Mmy		MI	Receipt #	Amount \$	
NAME	NICKNAME	LAST		OUEERV	Date Processed		
	NICKNAME	white		SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 106 SOUTH Blance AVE Blackwell Ty 79506						
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	(325)	PHONE NUMBER		ENSION			
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)						
	July 15	8th day before ele	ction	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month Day Year 6 / 30 / 2023 THROUGH /2 / 3(/ 2023						
11 ELECTION ELECTION DATE ELECTION TYPE							
	Month Day Year Primary Runoff Other Description						
	03/5/	ZeZ4 General	Special	Description			
12 OFFICE	OFFICE HELD (if any) (8 Mmiss; over Pe+3						
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'S 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	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TRE	EASURER ADDRES	ss			
GO TO PAGE 2							

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)	\$ 8.80					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0,00					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 8,80					
	4. TOTAL POLITICAL EXPENDITURES	\$ 0,00					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$ 0,00					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0, 0					
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.							
, .	quired to be reported by the under this 10, Election code.						
Signature of Candidate or Officeholder							
Please complete either option below:							
(1) Affidavit							
NOTARY STAMP/SEAL							
Sworn to and subscribed	, day of,						
20, to certify which, witness my hand and seal of office.							
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath					
OR							
(2) Unsworn Declarati	on						
My name is	South Blanco Aug Blackwell	09/20/1957					
My address is	South Blanco Aug Blackwell	1x, 79506					
Executed in Nola	(street) (city) (s County, State of 7, on the 4 day of 3 aw (month	tate) (zip code) (country)					
	(month	(year)					
	Signature of Candid	ate/Officeholder (Declarant)					