CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					FORM C/OH COVER SHEET PG 1	
The C/OH Instruction (Suide explains how	to complete this form.	1 Filer ID (Ethics Commission I	Filers) 2 Total page	es filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	ZFIRST Sy	MI A		ICE USE ONLY	
	NICKNAME	PRYNE	SUFFIX	Date Received	- Hearo	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	_	CITY: STATE: ZIP COD	''	EIVED	
Change of Address				1 - 1	2024	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	319 1537	EXTENSION	ELECTIONS REFUGIO	ADMINISTRATION COUNTY. TEXAS	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Processed		
	NICKNAME	Jerys &	SUFFIX	Date Imaged	- Tar W.	
7 CAMPAIGN		NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE	ZIP CODE	
TREASURER ADDRESS	\$080x	725	LEPINO	X	W. W.	
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	319 1537	EXTENSION			
9 REPORT TYPE	January 15	30th day before e	election Runoff	treasu	ay after campaign rer appointment holder Only)	
1800	July 15	8th day before ele	ction Exceeded Modification Reporting Limit	fied Final F	Report (Attach C/OH - FR)	
10 PERIOD COVERED	O\ Month	Day Year	THROUGH O	Day Day	Year 9	
11 ELECTION	ELECTION DA	TE	ELECTION	TYPE		
	Month Day	Year Primary General	Runoff Other Description Special	ption		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (i	f known)		
	Cour	CHRISSINE	com	COMMISS:	\67x	
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 MAVE BEEN MADE WITHOUT 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	100000000000000000000000000000000000000			
	GENERAL	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
40		COMMITTEE CAMPAIGN TREASURER ADDRESS				
		GO TO	PAGE 2			



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	OOVER SHEET I G 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	7 m 6 2	5100
	Signature of Ca	ndidata or Officeholder
	Please complete either option below	<i>r</i> :
(1) Affidavit		
NOTARY STAMP/SEA	L	
Swom to and subscribed	before me by this the	day of
ZU, to certify	which, witness my hand and seal of office.	
Signature of officer administ		Title of officers administrates a rate
Signature of officer administr		Title of officer administering oath
رحهانيا إليانية	OR OR	
(2) Unsworn Declarat	ion	
My name is	A Ranie , and my date of birth is	05 04 1626
My address is	Bu 725 Latio	K 830, 25/2
	(street) (city) (s	state) (zip code) (country)
Executed in	County, State of 1000 on the 23 day of 1000	waz , 20 24.
	(month	(year)
	Signature of Column	Into Office holder (Tacles at)
	Signature of Canglo	late/Officeholder (Declarant)