CANDIDAT CAMPAIGN	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 NAME	MS / MRS / MR NICKNAME	PLAST	SUFFIX	OFFICE USE ONLY  RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE /	ADDRESS / PO BOX	APT / SUITE #;	EXTENSION	GCT 15 2024  ELECTIONS ADMINISTRATOR REFUGIO COUNTY, TEXAS
OFFICEHOLDER PHONE  6 CAMPAIGN	(36) MS/MRS/MR	319 153	MI	Receipt #   Amount \$
TREASURER NAME	NICKNAME	ZAST PANE	SUFFIX	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE # CITY	STATE; ZIP CODE
(Residence or Business)  8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before e	- Surveyed and Michigan	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year 2024	THROUGH 10	Day Year  / 240 / 2024
11 ELECTION	Month Day	Year Primary	Runoff Other Description	
12 OFFICE	OFFICE HELD (If any)	COMM'SS: WER	13 OFFICE SOUGHT (If known	Wiss', at 2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFK	CEHOLDER, THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TRE	SASURER NAME	
		COMMITTEE CAMPAIGN TR		
		GO TO	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

45 010111111						
15 C/OH NAME	18 BOY A ZAME	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	1. 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	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$				
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 OF LAST DAY OF THE REPORTING PERIOD	THE \$				
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information						
re	quired to be reported by me under Title 15, Election Code.					
The same						
	Signature of Ca	ndidate or Officeholder				
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEA	L.					
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 administr	ering oath Printed name of officer administering oath	Title of officer administering oath				
OR						
(2) Unsworn Declaration						
My name is	A. Lane and my date of birth is	02-04-1959				
My address is 40 8x 725 , 2547.0						
(street) (city) (state) (zip code) (country)  Executed in Atrica County, State of Automorphy, on the Whole Country day of Charles (vear)						
(year)						
Signature of Candidate Officeholder (Declarant)						