CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:						
3 CANDIDATE/	MS/MRS/MR FIRST	MI	OFFICE USE ONLY						
OFFICEHOLDER	John		Date Received FILED						
NAME	NICKNAME LAST	SUFFIX	at 11:59 o'clock +						
	Joslin		FEB -5 2024						
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	LEE H. CHAMBERS						
OFFICEHOLDER			Date Blade Annual Control Maries DEPU						
MAILING ADDRESS			[
change of address			Receipt # Amount						
5 CANDIDATE/ OFFICEHOLDER PHONE			Date Processed						
6 CAMPAIGN	MS/MR9/MR FIRST	MI	Date Imaged						
TREASURER	Tanja								
NAME		SUFFIX	Books (State State						
	NICKNAME JOSIIL								
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE						
TREASURER									
ADDRESS (residence or business)									
(residence of business)									
8 CAMPAIGN									
TREASURER PHONE									
	\$ -		15th day after campaign treasurer						
9 REPORTTYPE	January 15 30th day before election	Runoff	appointment (officeholder only)						
	July 15 Sth day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)						
10 PERIOD	Month Day Year	Month Day	Year						
COVERED	of 15 2024 THROUGH	©2 05	2024						
	01 17 0009		0009						
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year								
	03/05/2014 X Primary	Runoff	General Special						
	03/03/2024								
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known							
		Liberty consta	Sie Put 6						
14 NOTICE	DIRECT AMENICAL EXPENDITURES ARE CAMPAIGN EXPENDIT								
OF DIRECT	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.								
CAMPAIGN EXPENDITURE									
BY OTHER	Name								
INDIVIDUALS									
	Address / PO Box; Apt. / Suite #; City; State; Zip Code								
additional pages									
GO TO PAGE 2									

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Joh	n :	Joslin		16	ACCOUNT#	(Ethics Commission Filers)
17 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE		COMMITTEE NAME				
	GENERAL COMMITTEE ADDRESS						
	SPE	CIFIC					
additional pages		COMMITTEE CAMPAIGN TREASURER NAME					
			COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
18 CONTRIBUTION TOTALS	UTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED					\$	Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					\$	8
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED			\$	8		
	4. TOTAL POLITICAL EXPENDITURES			\$	0		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD					\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD					\$	Ø
Notary P	RISTEN SHA bublic, State Expires 01- ry ID 13286	of Texa 12-202		I swear, or affirm, under penalty is true and correct and includes a me under Title 15, Election Code	all info	ormation req	uired to be reported by
	scribed b	efore	me, by the said				, this the
day of Floruary, 20 <u>24</u> , to certify which, witness my hand and seal of office.							
Signature of officer adm	nistering oa	th	Kristen (Maw ficer administering oath		Title of office	ceradministering oath