f	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1		
The C/OH Instruction	Guide explains how to complete this form.	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS(MA) FIRST MI DOMMAY Gene NICKNAME LAST SUFFIX	OFFICE USE ONLY IOLLY THOMAS, COLINTY CLERI ^{Da} 'JASPER COUNTY, TEXAS		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE BUNA TA 726/2 B	ILED JAN 14 2025		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) 894; 2430	DEPUTY VV		
6 CAMPAIGN TREASURER NAME	MS (MR) / MR FIRST DONNA PENCE NICKNAME LAST SUFFIX	Receipt # Amount S Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY:	STATE: ZIP CODE TX 97412		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (409) AQ4 2010			
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 Sth day before election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month	Day Year 81 / 2024		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other General Special			
12 OFFICE	OFFICE HELD (if any) CONSTADE POLL)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES M THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF T COMMITTEE TYPE COMMITTEE NAME	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
GO TO PAGE 2				

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR \$ 0. 2. TOTAL POLITICAL CONTRIBUTIONS MARKTEES OF LOANS, OR \$ 0. 2. TOTAL POLITICAL CONTRIBUTIONS MARKTEES OF LOANS, OR \$ 0. 2. TOTAL POLITICAL CONTRIBUTIONS \$ 0. 2. TOTAL POLITICAL EXPENDITURES \$ 0. 4. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 9. OUTSTANDING 6. TOTAL POLITICAL ACONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 9. OUTSTANDING 6. TOTAL POLITICAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 9. OUTSTANDING 6. TOTAL POLITICAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 9. OUTSTANDING 1. Issue and correct and includes all inform required to be reported by me under Tille 15, Election Code. 9. DUTOTAL STANDING 1. Issue and correct and includes all inform required to be reported by me under Tille 15, Election Code. 9. DUTOTAL STANDING 1. Issue and correct and includes all inform required to be reported by me under Tille 15, Election Code. 9. Notriner stringer Signature of Cand	15 C/OH NAME		16 Filer ID (Ethics Commission Filers)			
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ OUTSTALS 4. TOTAL POLITICAL EXPENDITURES \$ 0 CONTRIBUTION 5. TOTAL POLITICAL EXPENDITURES \$ 0 OUTSTANDING 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ IS SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all inform required to be reported by me under Tille 15. Election Code. INTREMITION Excepted by the under Tille 15. Election Code. Signature of Candidate or Officeholder VIANTOSVIT O Please complete either option below: VIANTOSVIT O The DOTMAN Green How Mark The IM day of JANUARY 20 State Solori to 'and subscribed before me by DOTMAN Green How Mark The IM day of JANUARY 20 State Deputy Solori to 'and subscribed before me by DOTMAN Green How Mark The IM day of JANUARY 20 State Deputy Solori to 'and subscribed before me by DOTMAN Green How Mark The IM day of JANUARY 20 State Deputy Solori to 'and subscribed before me by DOTMAN Green Administering outh Trile o		PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR	rhan \$ O			
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Please complete either option below: Please complete either option be	1					
Please complete either option below:	Doromay Gere Sauthoe					
'Sworn Declaration My address is	NATE COLLARS	Please complete either option be	łow:			
My name is	Sworn to and subscribed	before me by Dorman Gene Howth Phis	he 14 day of January,			
OR (2) Unsworn Declaration My name is, and my date of birth is (Street) (city) (state) (zip code)	frundagent Patty Wagstaff Deputy					
(2) Unsworn Declaration My name is, and my date of birth is My address is, (street) (city) (state) (street)	Signature of officer administr					
My address is,, _,	(2) Unsworn Declarat					
My address is,,, _,	My name is	, and my date of bi	rth is			
	-					
(year)	Evenuted in					
		Outly, orace of, on the day of (r	month) (year)			
Signature of Candidate/Officeholder (Declarant)		Signature of C	Candidate/Officeholder (Declarant)			