		CEHOLDER E REPORT		FORM C/OH COVER SHEET PG 1		
The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission File	ers) 2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME	First Raymond Last HODSON	MI , SUFFIX	OFFICE USE ONLY Date Received HOLLY THOMAS, COUNTY CLERI JASPER COUNTY, TEXAS		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	POBOX		asper Tx 7595	FILED JAN 08 2025		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 82-506/	EXTENSION	Date Fland-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) MR. NICKNAME	Didey LAST	MI SUFFIX	Receipt # Amount S Date Processed		
		Marris		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #: CITY: Jasper, 1x	STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 383-9713	EXTENSION			
9 REPORT TYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only)		
10 PERIOD COVERED	Month	Day Year / 2024	Reporting Limit Mod THROUGH 17			
11 ELECTION	ELECTION DAY		ELECTION 1 Runoff Other Descript Special	YPE		
12 OFFICE	OFFICE HELD (if any)	Z	13 OFFICE SOUGHT (II)	·		
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 / 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 TYPE COMMITTEE NAME					
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAMI AIGI	TIMANUE REPORT					
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)	\$ -0-				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ _ 'O -				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0 -				
	4. TOTAL POLITICAL EXPENDITURES	\$ -0 -				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ _ O -				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	* - O -				
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. Augustic for Candidate or Officeholder Signature of Candidate or Officeholder Please complete either option below: NOTARY STAMP/SEAL						
Sworn to and subscribed before me by Marphon de January, 20 25 to certify which witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration						
My name is	, and my date of birth is	·				
My address is						
	(street) (city)	state) (zip code) (country)				
Executed in	County, State of, on the day of (mont	, 20 (year)				
	Signature of Candi	date/Officeholder (Declarant)				