

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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: MR FIRST: William MI: C NICKNAME: Willie LAST: STARK SUFFIX:	OFFICIALS ONLY HOLMES COUNTY CLERK JASPER COUNTY, TEXAS Date Received: FILED JUL 03 2024 By: <i>[Signature]</i> DEPUTY
---------------------------------	---	---

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [Redacted] [Redacted] [Redacted] Kirbyville Texas 75956	
--	---	--

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (409) PHONE NUMBER: 383-9556 EXTENSION:	Date Hand-delivered or Date Postmarked: Receipt # Amount \$ Date Processed Date Imaged
----------------------------------	--	--

6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MR. FIRST: RICHARD MI: L. NICKNAME: LARRY LAST: GAISSOM SUFFIX:	
---------------------------	--	--

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [Redacted] [Redacted] [Redacted] Kirbyville Texas 75956	
---	--	--

8 CAMPAIGN TREASURER PHONE	AREA CODE: (409) PHONE NUMBER: 622-2703 EXTENSION:	
----------------------------	--	--

9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		

10 PERIOD COVERED	Month Day Year: 1 / 16 / 2024 THROUGH Month Day Year: 7 / 15 / 2024	
-------------------	---	--

11 ELECTION	ELECTION DATE: Month Day Year: / /	ELECTION TYPE: <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
-------------	------------------------------------	--

12 OFFICE	OFFICE HELD (if any): COMMISSIONER Pct. 3	13 OFFICE SOUGHT (if known): COMMISSIONER Pct. 3
-----------	--	---

14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 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.		
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

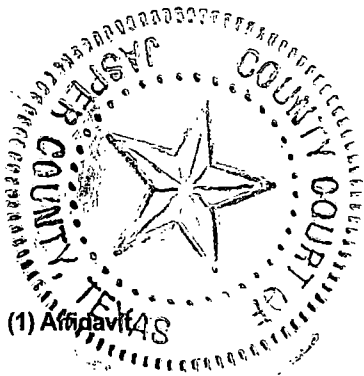
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <i>Willie STARK</i>		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)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>0</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>0</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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.

Willie Stark

Signature of Candidate or Officeholder



Please complete either option below:

NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Willie Stark* this the *3* day of *July*

20 *24*, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Patty Wagstaff
Printed name of officer administering oath

Deputy Clerk
Title 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 _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)