

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) 4	2 Total pages filed: 2
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr FIRST: Milton MI: W NICKNAME: _____ LAST: Glenn SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address <input checked="" type="checkbox"/>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 714 CR 2620 Mr Ivanhoe Texas 75447	Date Received 10-23-23 by Angela Trajnu 9:30 a.m.	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (214) PHONE NUMBER: 732-6849 EXTENSION: _____	Date Hand-delivered or Date Postmarked 10-23-23	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr FIRST: Milton MI: W NICKNAME: _____ LAST: Glenn SUFFIX: _____	Receipt # _____ Amount \$ _____ Date Processed: 10-23-23 Date Imaged: 10-23-23	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 714 CR 2620 Ivanhoe Texas 75447		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (214) PHONE NUMBER: 732-6849 EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input checked="" type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 25 / 20 THROUGH 10 / 23 / 23		
11 ELECTION	ELECTION DATE: Month Day Year 3 / 3 / 20	ELECTION TYPE: <input checked="" 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)	13 OFFICE SOUGHT (if known) Fannin County Commissioner PCT 3	
14 NOTICE FROM POLITICAL COMMITTEE(S) 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.		
	COMMITTEE TYPE: GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	

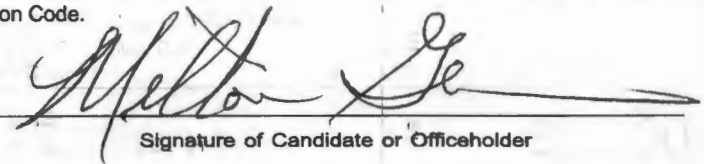
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Milton Glenn		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)	\$ 600.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,878.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

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 administering oath Printed name of officer administering oath 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)



TEXAS ETHICS COMMISSION STATEMENT OF DEFENSE

Complete this form if you are raising a defense to a late filing.
You must complete either Jurat 1 or Jurat 2 below.

OFFICE USE ONLY	
Date Received	10-23-23 by Angela J. Rosen 9:30 a.m.
Date Postmarked	10-23-23
Date Processed	10-23-23
MID #	
Document #	

Filer Name Milton Glenn	Filer ID # 4
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I swear, or affirm, under penalty of perjury, that the following statement is in all things true and correct:

This statement is filed for the Late filing of Candidate Final Report report due on
(type of report)
03/21/2020 . I learned that the report was late on 10/19/2023
(report due date) (date)
by Republican County Chair Called
(how filer learned the report was late)

The reasons for requesting a waiver or reduction are (attach additional pages if necessary):

I hand carried all of my filings to the county clerk office for filing. At the time of the final filing, COVID had pretty much shut down the entire county/state/country.

I thought this was filed by mail, so have been trying to locate the computer I was using at the time and/or paper files.

I have been unable to locate the files or computer, and know there is no record of the filing so I am filing this now.

Please complete either option below:

(1) Affidavit


Signature of Filer

NOTARY STAMP / SEAL

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 administering oath	Printed name of officer administering oath	Title of officer administering oath
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(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (country) (ZIP code)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(date) (month) (year)

Signature of Filer (Declarant)