

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

Filed for Record at 1:50 O'Clock P M 10/20/08  
 Tammy Biggar, County Clerk By Heidi Miller Deputy

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 <b>MRS</b>	FIRST <b>APRIL</b>	MI <b>E</b>
	NICKNAME	LAST <b>GIBBS</b>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <b>5278 FM 2554 IVANHOE TX 75447</b>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(903 )</b>	PHONE NUMBER <b>640-3395</b>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MS</b>	FIRST <b>NANCY</b>	MI
	NICKNAME	LAST <b>YOUNG</b>	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <b>803 CR 4130, BONHAM, TEXAS 75418</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(903 )</b>	PHONE NUMBER <b>640-3876</b>	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 type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year <b>11 / 1 / 22</b> THROUGH <b>12 / 31 / 22</b>		
11 ELECTION	ELECTION DATE    ELECTION TYPE Month Day Year    Primary Runoff Other Description <b>11 / 8 / 22</b> <input checked="" type="checkbox"/> General    Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <b>DISTRICT CLERK</b>	
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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME

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)

\$

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 313.71

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

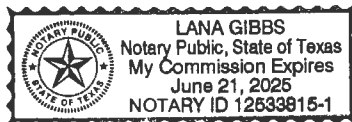
\$

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]*  
Signature of Candidate or Officeholder

**Please complete either option below:**

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by April Gibbs this the 12th day of January

20 23, to certify which, witness my hand and seal of office.

[Signature] Lana Gibbs Notary  
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)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

<b>19 FILER NAME</b> <b>APRIL GIBBS</b>		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		<b>SUBTOTAL AMOUNT</b>
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ <b>313.71</b>

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K:
2 FILER NAME <b>APRIL GIBBS</b>		3 Filer ID (Ethics Commission Filers)
4 Date  12/28/2022	5 Name of person from whom amount is received  <b>APRIL GIBBS</b>	8 Amount (\$)  <b>313.71</b>
	6 Address of person from whom amount is received; City; State; Zip Code <b>5278 FM 2554, BONHAM, TEXAS 75447</b>	
7 Purpose for which amount is received <input checked="" type="checkbox"/> Check if political contribution returned to filer <b>PARTIAL REIMBURSEMENT FOR EXPENDITURES MADE ON PERSONAL CREDIT CARD</b>		
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
Address of person from whom amount is received; City; State; Zip Code		
Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT**

**FORM C/OH - FR**

The Instruction Guide explains how to complete this form.

-- Complete only if "Report Type" on page 1 is marked "Final Report" --

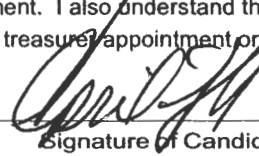
1 C/OH NAME

April Gibbs

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

-- Complete A & B below only if you are not an officeholder. --

**A. CAMPAIGN FUNDS**

Check only one:



I do not have unexpended contributions or unexpended interest or income earned from political contributions.



I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:



I do not retain assets purchased with political contributions or interest or other income from political contributions.



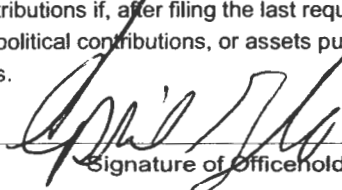
I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER

-- Complete this section only if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.



Signature of Officeholder