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 Commis	sion Filers) 2 Total	pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS	FIRST	MI L	-	OFFICE USE ONLY		
	NICKNAME	WAKEMAN	SUI	Date Recei	EIVED)		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 212 CR 1225 LAMPASAS	APT / SUITE #: TX 76550	CITY; STATE; ZIP	CODE	2,3 2024		
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	(512)	734-1378	EXTENSION		d-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	BRYAN	мі				
	NICKNAME	LAST	SU	FFIX	505050000		
		ELLIS		Date Imag			
7 CAMPAIGN TREASURER ADDRESS	505 WEST 1		SUITE #; CITY;	,	STATE; ZIP CODE LAMPASAS		
	303 WEST 1		76550		LAWIPASAS		
(Residence or Business)	_	TEXAG	70000				
8 CAMPAIGN TREASURER PHONE	AREA CODE (512)	PHONE NUMBER 734-3775	EXTENSION				
9 REPORT TYPE	January 15 July 15	30th day before 8th day before e		Modified t	15th day after campaign reasurer appointment Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year		Month Day	Year		
COVERED	1 ,	/ 16 / 24	THROUGH	7 / 15	/ 24		
11 ELECTION ELECTION DATE ELECTION TYPE				CTION TYPE			
	Month Day	Year Primary		Other Description			
	03 / 01 /	Z2 Genera	l Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGH	HT (if known)			
AND STREET CONTROL OF CHILD	JUSTICE OF THE PEACE 1-1 JUSTICE OF THE PEACE 1-1						
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	COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN T	REASURER ADDRESS				
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Filer ID (Ethics Commission Filers)					
MISTY L WAKEMAN						
17 CONTRIBUTION TOTALS	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	\$ 0.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 0.00				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE . \$				
18 SIGNATURE 1	swear, or affirm, under penalty of perjury, that the accompanying report is true a	and correct and includes all information				
required to be reported by me under Title 15, Election Code.						
1	Signature of Cano	didate or Officeholder				
Please complete either option below:						
(1) Affidavit BETTY WILLIAMSON NOTATION IN #131926086 Notary ID #131926						
Sworn to and subscribe	this trie 2	day or <u>Outy</u>				
20 Dy to certify which, witness my hand and soal of office. Fatts Williams Words Words						
Signature of officer adminis		Title of office administering oath				
	OR					
(2) Unsworn Declara						
My name is	, and my date of birth is _					
My address is		,,,				
		tate) (zip code) (country)				
Executed in	County, State of, on the day of(month)	, 20 (year)				
•	Signature of Candid	ate/Officeholder (Declarant)				