CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | Guide explains how | to complete this form. | 1 Filer ID (Ethics Commis | sion Filers) | 2 Total pages fil | ed: 2 | | |
|---|---|--------------------------------------|---------------------------|----------------------|-----------------------------|----------------------|--|--|
| 3 CANDIDATE / OFFICEHOLDER | Ms/MRs/MR Mr. | FIRST Gregory | MI Le | e | OFFICE USE ONLY | | | |
| NAME | nickname "Greg" | LAST Brockman | LAST SUFFIX Date Received | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | PO Box 284 | · | | 491 | FILED ON THIS JUL 0 8 2024 | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (940) | PHONE NUMBER 862-3885 | EXTENSION | | Date Hand-delivered | or Date Postmarked | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Gregory | MI L | ee | Receipt # | Amount \$ | | |
| | "Greg" | LAST Brockman | | FFIX | Date Imaged | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | street address (234 Lake R | NO PO BOX PLEASE); APT / | SUITE #; CITY; Wood | son | STATE; TX | ZIP CODE 76491 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (840) | PHONE NUMBER 862-3885 | EXTENSION | | | | | |
| 9 REPORT TYPE | January 15 | 30th day before | | Modified | treasurer a (Officeholds | | | |
| | | dur day belore e | Reporting | Limit | 1 markepo | (Alladar Groff - Try | | |
| 10 PERIOD COVERED | Month 1 | Day Year 16 / 24 | THROUGH | Month 7 | Day Yea 15 / 24 | | | |
| 11 ELECTION | Month Day | Year Primary | Runoff C | Other Description | | | | |
| 12 OFFICE | OFFICE HELD (if any) Throckmorton County Commissioner Precinct 3 13 OFFICE SOUGHT (if known) Throckmorton County Commissioner Precinct 3 | | | | | | | |
| 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 NA | | | | | | | |
| Additional Pages | GENERAL | COMMITTEE CAMPAIGN TER COURTS AND TE | | | | | | |
| | 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 Mr. Gregory Lee ' | 16 Filer ID (Ethics | ler ID (Ethics Commission Filers) | | | | | | |
|---|---|--|----------------------|------------------------|--|--|--|--|
| 17 CONTRIBUTION TOTALS | PLEDGES, LOANS, O | POLITICAL CONTRIBUTIONS (OTHER THAN R GUARANTEES OF LOANS, OR DE ELECTRONICALLY) | \$ | 0.00 | | | | |
| | 2. TOTAL POLITICAL (OTHER THAN PLEDG | CONTRIBUTIONS ES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED I | POLITICAL EXPENDITURE. | \$ | 0.00 | | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | | | 0.00 | | | | |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CO | ONTRIBUTIONS MAINTAINED AS OF THE LA | ST DAY \$ | 0.00 | | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AN LAST DAY OF THE RI | OUNT OF ALL OUTSTANDING LOANS AS O | F THE \$ | 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. | | | | | | | | |
| | • | | | | | | | |
| | | 6.0 | 1 | | | | | |
| | | - In Bury | | | | | | |
| | | Signature of Ca | andidate or Officeho | lder | | | | |
| l . | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | Please | complete either option below | N: | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (1) Affidavit | | | | | | | | |
| (1) whiledate | | | | | | | | |
| | | | | | | | | |
| NOTARY STAMP/SEA | AL. | | | | | | | |
| | | | | | | | | |
| 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 administ | ering oath Printed n | ame of officer administering oath | Title of offi | cer administering oath | | | | |
| | | OR | | | | | | |
| (2) Unsworn Declarat | ion | | | | | | | |
| My name is Gregory Lee "Greg" Brockman, and my date of birth is 09/27/1963 | | | | | | | | |
| My address is 234 Lal | ke Road | | X 76491 | Throckmorton | | | | |
| | (street) | (city) | (state) (zip code) | (country) | | | | |
| Executed in Throckm | | | (State) (Zip code) | (country) | | | | |
| (month) (year) | | | | | | | | |
| 13n Amer | | | | | | | | |
| Signature of Candidate/Officeholder (Declarant) | | | | | | | | |