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 (Ethic	s Commission Filers)	2 Total pages fil	ied:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY		
NAME		61en			Date Received			
	NICKNAME	Whit Fie	11	SUFFIX	FILED	ON THIS		
4 CANDIDATE/	ADDRESS / PO BOX;		CITY; STATE	; ZIP CODE		M IHI2		
OFFICEHOLDER MAILING	PP BOX	478 Tha	ack marin	V TV Testas	JAN 0	2 2024		
ADDRESS	J. J.			1 12/83				
Change of Address								
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTE	NSION	Date Hand-delivered	d or Date Postmarked		
OFFICEHOLDER PHONE	(940)	203-029	46					
6 CAMPAIGN	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$		
TREASURER NAME	Mr	Glen		16	Date Processed			
NAME	NICKNAME	LAST						
		whitel	Date Imaged					
7 CAMPAIGN		NO PO BOX PLEASE); APT / S	SUITE #; CI	TY;	STATE;	ZIP CODE		
TREASURER ADDRESS	1105 Smith ST Throckmorrow T4 76483							
(Residence or Business)			6,000			16 165		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTEN	NSION				
TREASURER PHONE								
	(940) 203-0246							
9 REPORT TYPE	January 15	30th day before	election F	Runoff		fter campaign ppointment er Only)		
	July 15	8th day before el	GOLIOIT	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	г		
JOVENED	1 / 2 / 24 THROUGH 1 / 16/24							
11 ELECTION	ELECTION DA	ELECTION TYPE						
	Month Day Year Primary Runoff Other Description							
	3/5/	General	Special	Description				
		24 General						
12 OFFICE	OFFICE HELD (if any)			E SOUGHT (if known		_2		
	Thronk no	a carry S			n Cany			
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME							
	Пописа	COMMITTEE ADDRESS						
Additional Pages	GENERAL							
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME	A				
		COMMITTEE CAMBAGO TO	SEACURES ASSESSED					
	a de de la constante de la con	COMMITTEE CAMPAIGN TR	CEASURER ADDRESS					
		GO TO	PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	3/-	4 (Air C-	10	16 File	r ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	The state of the s				\$			
		TOTAL POLITICAL CONTRIE	BUTIONS	NS)	\$ 000			
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.			\$ 000			
66.68686860.	4.	TOTAL POLITICAL EXPEND	ITURES		\$ 0.00			
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	\$ 0.00					
OUTSTANDING LOAN TOTALS		TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING		S OF 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								
re	quired to be	reported by me under Title 15, E	lection Code.		1			
					:B[[
The to welf								
			Signature o	Candidate	or Officeholder			
				_				
Please complete either option below:								
	,							
(1) Affidavit								
NOTARY STAMP/SEA	AL.							
Sworn to and subscribed	d before me	by	this	the	day of,			
		ess my hand and seal of office.						
	,	· · · · · · · · · · · · · · · · · · ·						
Signature of officer administ	ering oath	Printed name of off	cer administering oath		Title of officer administering oath			
EGG NEW SINE			OR					
(2) Unsworn Declarat	ion							
		Mis Rolf						
My address is _//	Sry 121	ST	Thrakamon	, <u>7X</u> ,	764B3 USA			
		(street)	(city)	(state)	(zip code) (country)			
Executed in They Imperal County, State of TX , on the 2 day of Tan , 20 24 . (month)								
The to certify								
Signature of Candidate/Officeholder (Declarant)								