#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER Mrs. Benette M NAME Date Received LAST NICKNAME SUFFIX McDonald APT / SUITE #: 4 CANDIDATE / ADDRESS / PO BOX: CITY: STATE: ZIP CODE OFFICEHOLDER 300 SW 13th St. Seminole, TX 79360 Roberson, Elections Administration Patricia MAILING Gaines County, Texas **ADDRESS** Change of Address DEPUTY AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (432 209-0634 PHONE Amount \$ Receipt # MS / MRS / MR FIRST 6 CAMPAIGN MI **TREASURER** Shaun Mr. Date Processed NAME NICKNAME SUFFIX Date Imaged McDonald STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: CITY: ZIP CODE 7 CAMPAIGN TREASURER same **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (432 209-0633 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Description General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if anv) 12 OFFICE County Judge THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

## 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	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)	\$ 390000				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 6710 33				
	4. TOTAL POLITICAL EXPENDITURES	\$				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF REPORTING PERIOD	DAY \$				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TI LAST DAY OF THE REPORTING PERIOD	HE \$				
Signature of Candidate or Officeholder  Please complete either option below:						
GLORIA LONGORIA Notary Public, State of Toras NOTARY STATUTE TSLAE  Sworn to and subscribed before me by  Benn effe McDanald this the 231 day of February.						
20, 22, to certify which, witness my hand and seal of office.						
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declarati	on					
My name is	, and my date of birth is					
My address is						
, , ,		te) (zip code) (country)				
Executed in		, 20 				
	Signature of Candidate	e/Officeholder (Declarant)				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suida avalaine how		l .					
	Julue explains 110#	to comple	te this form.	1 Filer ID (Ethics Co	mmission Filers)	2 Total	pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS MRS MR Mrs.	R FIRST Benette			M	OFFICE USE ONLY		EONLY
NAME	NICKNAME		LAST CDonald		SUFFIX	Date Rece	ived	D-
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY: STATE. ZIP CODE 300 SW 13th St, Seminole, TX 79360			Patricia Ro	berson, Elec Baines Coun	tions Administ ty, Texas		
Change of Address	AREA CODE	PHONE	NUMBER	EXTENSIO			W 101 K 7 C 7	DEPUI
5 CANDIDATE/ OFFICEHOLDER PHONE	(432)		0634	EXTENSIO	N	Date Hand	-delivered or D	ate Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR		FIRST Naun		MI	Receipt #		mount \$
NAME						Date Processed		
	MICRINAME	NICKNAME LAST SUFFIX  McDonald			SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE: ZIP CODE  Same							
(Residence or Business)								
CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION							
PHONE	(432 ) 209-0633							
REPORT TYPE	January 15	30th day before election		on Runoff		15th day after campaign treasurer appointment (Officeholder Only)		ment
	July 15		8th day before election	/( )	eded Modified rting Limit		inal Report (Atta	
IO PERIOD	Month	Day	Year		Month	Day	Year	
COVERED	2	23	22	THROUGH	5	16	22	
1 ELECTION	ELECTION DA	TE		E	ELECTION TYPE			
	Month Day	Year	Primary	Runoff	Other			
	5 24	22	General	Special	Description			
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if kno County Judge				1)			
4 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							
Additional Pages	GENERAL COMMITTEE ADDRESS							
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
, 155,155,166, 1 63545	SPECIFIC							

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME			16 Filer ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIB     PLEDGES, LOANS, OR GUARANTEES OF     CONTRIBUTIONS MADE ELECTRONICALL	LOANS, OR	\$	
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUA	ARANTEES OF LOANS)	\$ 7	50-
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITION	\$		
	4. TOTAL POLITICAL EXPENDITURES		\$ 7	7378J
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	TAINED AS OF THE LAS	ST DAY \$	0 0 1
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTS     LAST DAY OF THE REPORTING PERIOD	TANDING LOANS AS O	F THE \$	
(1) Affidavit	SARA ABBOTT Notary Public, State of Texas Comm. Expires 02-18-2024	er option belov	v:	
NOTARY STAMP/SEA	Notary ID 12300137		e-i	
	which, witness my hand and seal of office.  Sara Abhott	this the	16 th day of 1	Public
Signature of officer administ		ering oath		r administering oath
	OR			
(2) Unsworn Declarat				
My name is		and my date of birth is		
My address is		1	,,,	
	(street)	(city) (	state) (zip code)	(country)
Executed in		day of(month	, 20	
		Signature of Candi	date/Officeholder (Decl	arant)

#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

	The	Instruction Guide explains how t	1 Total pages Schedule A1		
2	FILER NAME	Senette Mck	onale	L	3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of centributor  6 Contributor address;	out-of-state PAC	State: Zip Code	7 Amount of contribution (\$)
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See In	structions)
	Date	Full name of contributor  Contributor address;	2	State; Zip Code	Amount of contribution (a)
	Principal occup	ation / Job title (See Instructions)		Employer (See In:	structions)
	Date	Full name of contributor  Contributor address;		C (ID#:	) Amount of contribution (\$)
	Principal occup	pation / Job title (See Instructions)		Employer (See In	structions)
	Date	Full name of contributor	out-of-state PA(	C (ID#:	) Amount of contribution (\$)
		Contributor address:	City:	State: Zip Code	
	Principal occup	pation / Job title (See Instructions)	S. 18 - 8 -	Employer (See In	structions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.