

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 Commission Filers)	2 Total pages filed:																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">MS / MRS / MR</td> <td style="width:20%; border-bottom: 1px solid black;">FIRST</td> <td style="width:20%; border-bottom: 1px solid black;">MI</td> </tr> <tr> <td>MRS</td> <td>BENETTE</td> <td>M</td> </tr> <tr> <td style="border-bottom: 1px solid black;">NICKNAME</td> <td style="border-bottom: 1px solid black;">LAST</td> <td style="border-bottom: 1px solid black;">SUFFIX</td> </tr> <tr> <td></td> <td>MCDONALD</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI	MRS	BENETTE	M	NICKNAME	LAST	SUFFIX		MCDONALD		OFFICE USE ONLY Date Received FILED 11/22/22 - 3:29 PM Patricia Roberson, Elections Administration Gaines County, Texas BY _____ DEPUTY Date Hand-delivered or Date Postmarked <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">Receipt #</td> <td style="width:50%; border-bottom: 1px solid black;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) County Judge																			
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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. <table style="width:100%; border-collapse: collapse; font-size: 0.8em;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">COMMITTEE TYPE</td> <td style="border-bottom: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="border-bottom: 1px solid black;">GENERAL</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-bottom: 1px solid black;">SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS										
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COVER SHEET PG 2

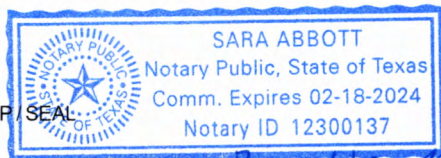
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5,077.53
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,077.53
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
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.

Benette McDonald
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Benette McDonald this the 12th day of January, 2022, to certify which, witness my hand and seal of office.

Sara Abbott Sara Abbott Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Benette McDonald, and my date of birth is 10/24/1963.
My address is 300 SW 13th St, Seminole, TX, 79360, US.
(street) (city) (state) (zip code) (country)
Executed in Gaines County, State of Texas, on the 12 day of January, 2022.
(month) (year)
Benette McDonald
Signature of Candidate/Officeholder (Declarant)