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 3 CANDIDATE / ΜI OFFICE USE ONLY **OFFICEHOLDER** Mr. Joe Н NAME Date Received NICKNAME LAST SUFFIX Nagy Jr 4 CANDIDATE / ADDRESS / PO BOX: APT . SUITE # STATE ZIP CODE Patricia Roberson, Elections Administration OFFICEHOLDER 603 SW 14th Street Seminole, Texas 79360 MAILING Gaines County, Texas **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (432 788-7888 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Joe Mr. Н Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Jr Nagy STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE # CAMPAIGN STATE ZIP CODE **TREASURER** 603 SW 14th Street Seminole, Texas 79360 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (432 788-7888 REPORT TYPE

30th day before election

8th day before election

Primary

General

Year

22

COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE ADDRESS
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Runoff

Special

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.

Exceeded Modified

12

ELECTION TYPE

Description

Gaines County Attorney

Other

13 OFFICE SOUGHT (if known)

Reporting Limit

10 PERIOD

COVERED

11 ELECTION

12 OFFICE

14 NOTICE FROM

POLITICAL COMMITTEE(S)

Additional Pages

January 15

July 15

7

OFFICE HELD (if any)

COMMITTEE TYPE

Month

Month

ELECTION DATE

Day

Gaines County Attorney

Day

Year

COMMITTEE NAME

1

15th day after campaign

Final Report (Attach C/OH - FR)

treasurer appointment (Officeholder Only)

Year

22

Day

31

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Joe H. Nagy, Jr.				16 Fil	er ID (Ethics C	Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOA	MIZED POLITICAL CON ANS, OR GUARANTEE INS MADE ELECTRONI	S OF LOANS, OR	THAN	\$	0.00
		ICAL CONTRIBUTIO PLEDGES, LOANS, OF		DANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	TOTAL UNITEMIZED POLITICAL EXPENDITURE.			\$	0.00
	4. TOTAL POLITI	TOTAL POLITICAL EXPENDITURES			\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC	CAL CONTRIBUTIONS I	MAINTAINED AS OF TH	HE LAST DAY	\$	0.00
OUTSTANDING LOAN TOTALS		PAL AMOUNT OF ALL (THE REPORTING PER		AS OF THE	\$	0.00
(*(**)*) No	ORIA LONGORIA ary Public, State of Texas Notary ID# 374020-5 nmission Expires 11-09-2023	ease complete			e of officehold	der
(*(**)*) No	ary Public, State of Texas Notary ID# 374020-5	ease complete			e of Officehold	der
(*(**)*) No	ary Public, State of Texas Notary ID# 374020-5	ease complete			e of Officehold	der
My Co	ary Public, State of Texas Notary ID# 374020-5 nmission Expires 11-09-2023	ease complete	either option b	elow:	e of Officehold	der
(1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed	ary Public, State of Texas Notary ID# 374020-5 nmission Expires 11-09-2023	Nogy	either option b		day of	Jakeuf.
(1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed	before me by	Seal of office.	either option be this	elow:	day of Notan	Jakeny.
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed 20 23 , to certify	before me by	NOGY seal of office.	either option be this	elow:	day of Notan	Jakuy, y Publicer administering oat
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed 20	before me by	Seal of office. ORIA LON	either option be this	elow:	day of Notan	Jakeny y Public
My Color My	before me by	seal of office. ORIA LO M inted name of officer adm	either option be this	elow:	day of	Jakeny y Public
(1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed 20	before me by	seal of office. ORIA LO M inted name of officer adm	either option be this specific this stering oath	elow:	day of	Jakeny.

Signature of Candidate/Officeholder (Declarant)