

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:
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3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI ...MR.CALVIN.....K..... NICKNAME LAST SUFFIX SELLERS	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE P.O. BOX 32 SEAGRAVES, TEXAS 79359 ☐ Change of Address	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date imaged
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (808) 438-3461	6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI MRS JUDY NICKNAME LAST SUFFIX SELLERS	
7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE P.O. BOX 32 SEAGRAVES, TEXAS 79359 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (808) 239-6079		
9 REPORT TYPE ☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only) ☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)		
10 PERIOD COVERED Month Day Year Month Day Year 7 / 1 / 24 THROUGH 12 / 31 / 2024		
11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year ☐ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special		
12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) JUSTICE OF THE PEACE PCT.2 JP		
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. ☐ Additional Pages COMMITTEE TYPE COMMITTEE NAME ☐ GENERAL COMMITTEE ADDRESS ☐ SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS		

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**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**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.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

**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 SIGNATUREI 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.*Calvin K. Sellers*

Signature of Candidate or Officeholder

Please complete either option below:**(1) Affidavit**

NOTARY STAMP/SEAL

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 administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____,
(street) (city) (state) (zip code) (country)Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)