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	MS / MRS / MR	FIRST)	Ä	OFFICE	USEONLY	
NAME	NICKNAME	Ĉeleon		SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	1122	_	ATE; ZIP CODE			
Change of Address	101 NM	10,24 25	minde	1X 1300			
5 CANDIDATE/ OFFICEHOLDER PHONE	(432)	432) 909-4550			Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$	
NAME					Date Processed		
	NICKNAME	LAST		SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / S	UITE #;	CITY;	STATE;	ZIP CODE	
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION						
TREASURER PHONE	()						
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					ppointment	
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)	
10 PERIOD	Month	Day Year		Month	Day Yea	r	
COVERED	7/1/2024 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)						
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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE COMMITTEE NAME						
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAMPAIGN TREASURER ADDRESS						
GO TO PAGE 2							

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 CONT (OTHER THAN PLEDGES, L	RIBUTIONS OANS, OR GUARANTEES OF LOANS)	\$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	\$ 0					
	4. TOTAL POLITICAL EXPE	NDITURES	\$ 0				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE LAS	ST DAY \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS OF	F THE \$				
18 SIGNATURE I s	wear, or affirm, under penalty of perjury	, that the accompanying report is true	e and correct and includes all information				
	uired to be reported by me under Title 15						
		Janan.	Coffee				
		Signature of Ca	andidate or Officeholder				
Please complete either option below:							
(1) Affidavit							
NOTARY STAMP/SEA	-						
Sworn to and subscribed	before me by	this the	day of,				
20 to certify	which, witness my hand and seal of office	1					
		•					
Signature of officer administe	ring oath Printed name of	officer administering oath	Title of officer administering oath				
		OR					
(2) Unsworn Declarati	on.						
(2) 0110110111 200141 411	· ·		111000				
My name is \(\frac{1}{2} \text{Q} \cdot \cdot \)	ran Deleon	and my date of birth is	<u>UIS11985</u>				
My address is 101 L	in 10th St	Seminal I	X 79360 US				
^	(street)	(city)	state) (zip code) (country)				
Executed in County, State of , on the 15th day of 1000 , 2025.							
	, (Jan and	h) (year)				
		Signature of Candi	date/Officeholder (Declarant)				
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