

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 | MS / MRS / MR | FIRST <i>Lamar</i> | MI | OFFICE USE ONLY | | | |
| | NICKNAME | LAST <i>De La Cruz</i> | SUFFIX | Date Received <i>1/12/2024</i> | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE: ZIP CODE | | | |
| | <i>P.O. Box 273 Garciasville, TX 78547</i> | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | |
| | <i>(956) 735-1335</i> | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST <i>Lamar</i> | MI | | | | |
| | NICKNAME | LAST <i>De La Cruz</i> | SUFFIX | Receipt # Amount \$ | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; | | | CITY: STATE: ZIP CODE | | | |
| | <i>P.O. Box 273 Garciasville,</i> | | | <i>Texas 78547</i> | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | | |
| | <i>(956) 735-1335</i> | | | | | | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | | |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | |
| 10 PERIOD COVERED | Month <i>07</i> | Day <i>01</i> | Year <i>2025</i> | Month <i>12</i> | Day <i>31</i> | Year <i>2025</i> | |
| 11 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | |
| 12 OFFICE | OFFICE HELD (if any) <i>Justice of the Peace Pct #6</i> | | | 13 OFFICE SOUGHT (if known) <i>Justice of the Peace Pct #6</i> | | | |
| 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. | | | | | | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |

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SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | |
|---|---|
| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ - 0 - |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ - 0 - |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ - 0 - |
| 4. SCHEDULE E: LOANS | \$ - 0 - |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ - 0 - |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ - 0 - |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ - 0 - |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ - 0 - |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ - 0 - |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ - 0 - |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ - 0 - |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ ✓ 0 - |

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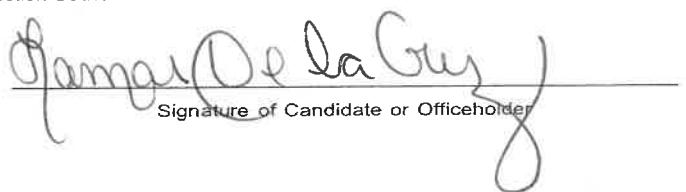
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

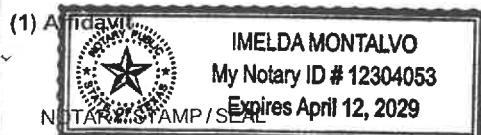
16 Filer ID (Ethics Commission Filers)

| | | |
|---------------------------|---|----------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ - 0 - |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ - 0 - |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ - 0 - |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ - 0 - |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ - 0 - |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ - 0 - |

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.


Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Lamar De La Cruz this the 14 day of Jan.

20 26 to certify which, witness my hand and seal of office.

Imelda Montalvo Imelda Montalvo 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 _____, 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)