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<p>14 NOTICE FROM POLITICAL COMMITTEE(S)</p> <p>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. CANDIDATE / OFFICEHOLDER ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <p>COMMITTEE TYPE: <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</p> <p>COMMITTEE NAME: <i>NA</i></p> <p>COMMITTEE ADDRESS:</p> <p>COMMITTEE CAMPAIGN TREASURER NAME:</p> <p>COMMITTEE CAMPAIGN TREASURER ADDRESS:</p>	
<p>12 OFFICE</p> <p>OFFICE HELD (if any): <i>Sheliff</i></p> <p>13 OFFICE SOUGHT (if known): <i>Sheliff</i></p>	
<p>11 ELECTION</p> <p>ELECTION DATE: <i>3 / 2024</i></p> <p>Month: <i>3</i> Day: <i>2024</i> Year: <i>2024</i></p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other</p> <p><input type="checkbox"/> General <input type="checkbox"/> Special</p> <p>ELECTION TYPE: <input type="checkbox"/> Description</p>	
<p>10 PERIOD COVERED</p> <p>Month: <i>12</i> Day: <i>18</i> Year: <i>2023</i> THROUGH Month: <i>1</i> Day: <i>15</i> Year: <i>2024</i></p>	
<p>9 REPORT TYPE</p> <p><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"/> Final Report (Attach C/OH - FR)</p> <p><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit</p>	
<p>8 CAMPAIGN TREASURER PHONE</p> <p>AREA CODE: <i>(903)</i> PHONE NUMBER: <i>958-7511</i> EXTENSION:</p>	
<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #: <i>PO Box 180 Linden TX 75833</i></p> <p>CITY: STATE: ZIP CODE:</p>	
<p>6 CAMPAIGN TREASURER NAME</p> <p>MS / MRS / MR: <i>MS</i> FIRST: <i>Cindy</i> LAST: <i>Turner</i> NICKNAME: SUFFIX:</p>	
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p> <p>AREA CODE: <i>(903)</i> PHONE NUMBER: <i>601-2584</i> EXTENSION:</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>Change of Address: <input type="checkbox"/></p> <p>ADDRESS / PO BOX: <i>4841 E 2326 Dr Box 453 Afton TX 75821</i></p> <p>ADDRESS / PO BOX: CITY: STATE: ZIP CODE:</p>	
<p>3 CANDIDATE / OFFICEHOLDER NAME</p> <p>MS / MRS / MR: <i>MR</i> FIRST: <i>LARRY</i> LAST: <i>Now</i> NICKNAME: SUFFIX: <i>B</i></p>	
<p>2 Total pages filed:</p> <p>1 Filer ID (Ethics Commission Filer):</p> <p>The C/OH Instruction Guide explains how to complete this form.</p>	
<p>OFFICE USE ONLY</p> <p>Date Received: <i>2024 JAN -5 P 2: 04</i></p> <p>Receipt # Amount \$</p> <p>Date Hand-Delivered or Date Postmarked</p> <p>FILED FOR RECORD 2024 JAN -5 P 2: 04 AMY L. VARNELL CASS COUNTY CLERK</p>	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

(2) Unsworn Declaration

My name is Larry Rowe

My address is 4641 fm 2024 (street) Texas (state) Atlanta (city) GA (zip code) US (country)

Executed in Texas County, State of Texas, on the 4 day of January, 2024 (month) (year)

Signature of Candidate/Officeholder (Declarant) [Signature]

OR

Title of officer administering oath _____

Signature of officer administering oath _____

Printed name of officer administering oath _____

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Larry Rowe this the 4th day of Jan.

2024 to certify which, witness my hand and seal of office. [Signature]

Signature of officer administering oath _____

Printed name of officer administering oath _____

Please complete either option below:

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 [Signature]

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

15 C/OH NAME _____

16 Filer ID (Ethics Commission Filers) _____