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. 3 CANDIDATE/ MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Dwain K. NAME Date Received SUFFIX NICKNAME LAST RECEIVED Jr. Rogers 4 CANDIDATE / ADDRESS / PO BOX: ZIP CODE APT / SUITE # CITY: STATE: **OFFICEHOLDER** JUL 1 5 2024 MAILING Llano, TX 78643 **ADDRESS** LLANO CO ELECTIONS Change of Address **ADMINISTRATOR** 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI **TREASURER** Don Mr. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Graham STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: ZIP CODE CITY: CAMPAIGN TREASURER **ADDRESS** Llano, TX 78643 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Year Month Day Year Month COVERED 1 1 24 15 24 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Runoff Primary Other Month Day Veer Description . 5 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE County Attorney County Attorney 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	10	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)	\$	0.00	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		0.00	
	4.	TOTAL POLITICAL EXPENDITURES	\$	0.00	
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY		DAY \$	0.00	
OUTSTANDING LOAN TOTALS	O. TOTAL TRIBUTAL AMOUNT OF ALL OUTSTANDING LOANS AS THE				
		affirm, under penalty of perjury, that the accompanying report is true able reported by me under Title 15, Election Code.	_		

Please complete either option below:

Signature of Candidate or Officeholder

(1) Affidavit	X	KERRI LAFFOO My Notary ID # 13112 Expires May 11, 20	28386			
NOTARY STAMP/SEAL Sworn to and subscribed before 20 24	Kerril	K. Rogers ffice. affice of officer administerin		the <u>15</u>	Notari	July
		OR				
(2) Unsworn Declaration						
My name is		, an	d my date of bi	th is		
My address is		,				
	(street)		(city)	(state)		(country)
Executed in	County, State of	, on the	day of	nonth)	, 20 (year)	
			Signature of C	andidate/Of	ficeholder (Dec	larant)