| 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 MI RICHARD L | | OFFICE USE ONLY Date Received | | | |
| | PICKY NICKNAME | BOOW! | J | 2:15 | FILED P | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; | APT / SUITE #; | STATE; ZIP CODE | LEE | T 04 2024 | |
| Change of Address | | | | SON YOLE | DAY DEPUT | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (934) | 706 8023 | EXTENSION | 2. | or Date Postmarked | |
| 6 CAMPAIGN | MS (MRS) MR | FIRST | MI | Receipt # | Amount \$ | |
| TREASURER NAME | • | DANNA | | Date Processed | | |
| | NICKNAME | Liee | SUFFIX | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (| NO PO BOX PLEASE); APT / SU | JITE #; CITY; | STATE; | ZIP CODE | |
| (Residence or Business) | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (936) | PHONE NUMBER 258 - 2029 | EXTENSION | | | |
| 9 REPORT TYPE | January 15 | 30th day before e | lection Runoff | 15th day af treasurer a (Officeholde | | |
| | Jul | 8th day before ele | ction Exceeded Modified Reporting Limit | Final Repor | 1 (Atlach C/OH - FR) | |
| 10 PERIOD COVERED | 7 /14 / 24 THROUGH 10 / 3 / 2024 | | | | | |
| 11 ELECTION | ELECTION DA | | ELECTION TYPE | | | |
| | Month Day | Year Primary Z024 General | Runoff Other Description Special | | | |
| 12 OFFICE | OFFICE HELD (if any) | 1 | 13 OFFICE SOUGHT (if known | 1) | | |
| | MXASSESS | priCollector | TAY ASSESSOR | - Collector | | |
| 14 NOTICE FROM POLITICAL | 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(S) | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TRE | | | | |
| | | COMMITTEE CAMPAIGN TRI | EASURER ADDRESS | | | |
| GO TO PAGE 2 | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 4E CIOH NAME | | |
|--------------------------------|--|-------------------------------------|
| 15 C/OH NAME | 16 Filer I | D (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ O |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 875 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 875 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>O</i> |
| | wear, or affirm, under penalty of perjury, that the accompanying report is true and corr | ect and includes all information |
| re | quired to be reported by me under Title 15, Election Code. | |
| | | DATIM) |
| | | INN |
| | Signature of Candidate of | r Officeholder |
| | | |
| | | |
| | Please complete either option below: | |
| | r touco completo cialor opuen belevi. | |
| | | |
| | CHRISSY LEE WILEY | |
| (1) Affidavit | SE Notary Public, State of Texas | |
| (1) Amaden | Comm. Expires 05-23-2026 | |
| | Notary ID 129581148 | |
| NOTARY STAMP/SEA | | |
| Sworn to and subscribed | before me by Richard L Brawn this the 4 | day of Wholek |
| 20 , to certify | which, witness my hand and seal of office. | |
| 1 | MNS) (M) COMK) | FDenuty |
| Signature of officer administr | ering oath Printed name of officer administering oath | Title of officer administering oath |
| Day of the second | OR OR | The the transfer of the |
| (2) Unsworn Declarat | | |
| 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(month) | , 20 (year) |
| | Signature of Candidate/Office | eholder (Declarant) |

www.ethics.state.tx.us