CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction | Guide explains hov | to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 2 |
|---|--|-----------------------------------|---|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Robert | м J. | OFFICE USE ONLY |
| NAME | NICKNAME Bobby | Rader | suffix Jr | Date Received |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / DO BOY | ADT / CHITE #. | CITY STATE TIP CORE | JAN 13 2025 LEE H. CHANESTS COUNTY CLERK LIBERTY COUNTY, THYRE |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | | | | Date Hand-delivered or Date Postmarked |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. NICKNAME | Robert LAST | MI J. SUFFIX | Receipt # Amount \$ Date Processed Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | Bobby STREET ADDRESS Same as #4 | Rader (NO PO BOX PLEASE); APT / S | Jr. UITE #; CITY; | STATE; ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | |
| 9 REPORT TYPE | January 15 July 15 | 30th day before e | | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month 7 | Day Year / 1 / 24 | Month THROUGH 12 | Day Year / 1 / 24 |
| 11 ELECTION | Month Day | Year Primary 25 General | Runoff Other Description Special | |
| 12 OFFICE | OFFICE HELD (if any) Sheriff | | 13 OFFICE SOUGHT (if known Sheriff |) |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages | CONSENT. CANDIDATES COMMITTEE TYPE GENERAL | EHOLDER. THESE EXPENDITURES | S MAY HAVE BEEN MADE WITHOUT THE CANE RED TO REPORT THIS INFORMATION ONLY IF T | ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| | SPECIFIC | COMMITTEE CAMPAIGN TRE | EASURER ADDRESS | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | | 16 Filer ID (Ethics Commis | ssion Filers) | | |
|---|--|---|---------------|--|--|
| 17 CONTRIBUTION TOTALS | 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 LAS OF REPORTING PERIOD | * 3,0 | 50.00 | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE \$ | 0.00 | | |
| Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by Robert 3. Rader, Jr. this the 13th day of January. 20 Z J., to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | |
| | OR | | | | |
| (2) Unsworn Declaration | on | | | | |
| My name is | , and my date of birth is | | | | |
| My address is | ,, | | | | |
| | | . , , , , , , , , , , , , , , , , , , , | ountry) | | |
| Executed in | County, State of , on the day of (month |) 20 | | | |
| | Signature of Candid | ate/Officeholder (Declarant | :) | | |