## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR) FIRST	MI A	OFFICE USE ONLY	
NAME	MAD DOG DAVI 50	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: (	CITY: STATE: ZIP CODE	JAN 14 2025	
5 CANDIDATE/ OFFICEHOLDER PHONE			Charle Hend delivered of Date Postharked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	S.	Date Processed	
137 1371	NICKNAME LAST  DAVI SON	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS				
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE				
9 REPORT TYPE	January 15 30th day before e	election	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	THROUGH (	Day Year / 15 / 25	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description		
	11 / 5 / 2 \ General	Special		
12 OFFICE	Pct. 3 Constable	13 OFFICE SOUGHT (If known	Fable	
14 NOTICE FROM POLITICAL  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMI THE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SI				
COMMITTEE(S)	COMMITTEE TYPE   COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME		
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
GO TO PAGE 2				

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ 0		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ .0		
	4. TOTAL POLITICAL EXPENDITURES	\$ &		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
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	r		
TIFFANY SLANKARD Notary Public, State of Texes Comm. Expires 06-26-2025 Notary ID 131185162				
NOTARY STAMP/SEAL				
Sworn to and subscribed before me by Tiffany Slanbard this the ## day of Sanuary.				
20 35, to certify which, witness my hand and seal of office.  Wotan Public  Wotan Public				
Signature of officer administe	ring 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				
Executed in	(street) (city) (s	state) (zip code) (country)  , 20 (year)		
	Signature of Candid	date/Officeholder (Declarant)		