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 (E	thics Commission Filers)	2 Total pages file	ed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	John	a	Ğ.	MATELE	USE ONLY	
	NICKNAME	Tudas	_	SUFFIX	Date Received lock	202E	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO ROX	ADT / SHITE #-	CITV: eT	ATE: ZID CADE	LEE H. CHAME	CONTY TENE	
5 CANDIDATE/ OFFICEHOLDER PHONE					Date Hand-delivered		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Chal		C-	Receipt #	Amount \$	
	NICKNAME /	Long day	V	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE): APT	/ SUITE #	CITY	STATE:	ZIP CODE	
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE							
9 REPORT TYPE	January 15	30th day befo	re election	Runoff	15th day aft treasurer ap (Officeholder		
	July 15	8th day before	e election	Exceeded Modified Reporting Limit	Final Report	t (Attach C/OH - FR)	
10 PERIOD COVERED	7 Month	Day Year / 16 / 2 Y	THROUGH	Month /	Day Year / 15 / 2		
11 ELECTION	ELECTION DA	TE		ELECTION TYPE			
	Month Day	Year Prima	\sim	Other Description			
12 OFFICE	OFFICE HELD (if any)		13 OF	FICE SOUGHT (if known	Cers Jose (C	Pefe	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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 TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN	TREASURER ADDRES	SS			
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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$				
	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 LAST OF REPORTING PERIOD	TDAY \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$				
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:						
(1) Affidavit	TIFFANY SLANKARD Notary Public, State of Texas Comm. Expires 06-26-2025 Notary ID 131185162					
NOTARY STAMP/SEA	00 01 1	14				
Sworn to and subscribed before me by THAN SAN and this the day of SANUARY. 20 25, to certify which, witness my handland seal of officer THAN SAN Public Signature of officer administering oath Title of officer administering oath						
	ring oath	Title of officer administering oath				
(2) Unsworn Declaration						
My name is	, and my date of birth is _	t				
My address is						
Executed in	(street) (city) (st County, State of , on the day of (month)	ate) (zip code) (country), 20				
		ate/Officeholder (Declarant)				