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 Co	ommission Filers)	2 Total pages f	iled:	
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR Mrs	Elizabeth		МІ	OFFICE USE ONLY		
NAME	NICKNAME	LAST James		SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	ESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Marshall, Texas 75672			JUL 12 2024 LIARRISON COUNTY LLECTIONS OFFICE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903) 930	PHONE NUMBER	EXTENSIO	N		d or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Libby		МІ	Date Processed	Amount	
	NICKNAME	LAST Wyatt		SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE MARSHALL TX 75670						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 930-6832						
9 REPORT TYPE	January 15	30th day before	ection Exce	eded Modified	treasurer (Officehold	after campaign appointment der Only) ort (Attach C/OH - FR)	
	LAI ,		Repo	orting Limit			
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 01 / 2023 THROUGH 07 / 15 / 2024						
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description 11 / 07 / 2023 X General Special						
12 OFFICE	OFFICE HELD (if any)	County Clerk	13 OFFICE S	OUGHT (if know	(1		
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 TE	REASURER ADDRESS			3	
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 (OTHE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	R THAN	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF L OTHER THAN PLEDGES, LOANS, OR GUARANT	LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0
	4. TOTAL POLITICAL EXPENDITURES		\$ 0
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TOTAL CONTRIBUTIONS MAINTAINED AS OFTEN CONTRIBUTIONS MAINTAINED AS OTTEN CONTRIBUTION CONTRIBU	THE LAST DAY	\$ 145.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN LAST DAY OF THE REPORTING PERIOD	IS AS OF THE	\$ 0
	wear, or affirm, under penalty of perjury, that the accompanying repo	ort is true and co	rrect and includes all information
rec	quired to be reported by me under Title 15, Election Code.		
	4/1	1.1	
	Chy	par g	anes
	Signatur	e of Candidate	or Officeholder
	Please complete either ention i	holow	
	Please complete either option l	Delow.	
SARY PUR ELIZ	ABETH A WYATT		
A(*(>(>)*)	State of Texas B		
My Com	D # 1149076-3 m. Expires 02-12-2027 R		
(1) Affidavit	www.www.		
NOTARY STAMP/SEA	L		
0	Sheet W Orange		Out.
-1/	//	this the $\frac{15}{1}$	day of Guly,
20 7, to certify	which, witness my hand and seal of office.		note
Chrowth of	Watt Elizabeth A Watt	/	rjoiary
Signature of officer administer	pring oath Printed name of officer administering oath		Title of officer administering oath
NAMES OF THE PARTY.	OR		
(2) Unsworn Declarati	on		
My name is	, and my date of	f birth is	
My address is			,
	(street) (city)		(zip code) (country)
Executed in	County, State of, on the day of	(month)	, 20 (year)
		(monun)	(year)
	Signature o	of Candidate/Office	eholder (Declarant)