

# CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP  
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

*Subscription to the Code of Fair Campaign Practices is voluntary.*

**OFFICE USE ONLY**

Date Received

**RECEIVED**

10:16 NOV 13 2023 a M

Date Hand-delivered or Postmarked

*[Signature]*

**ELECTIONS TERRY COUNTY, TEXAS**

Date Imaged

<p><b>1 ACCOUNT NUMBER</b> (Ethics Commission Filers)</p>	<p><b>2 TYPE OF FILER</b></p> <p>CANDIDATE <input checked="" type="checkbox"/> POLITICAL COMMITTEE <input type="checkbox"/></p> <p><i>If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.</i> <i>If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.</i></p>		
<p><b>3 NAME OF CANDIDATE</b> (PLEASE TYPE OR PRINT)</p>	<p>TITLE (Dr., Mr., Ms., etc.) <i>Mr.</i></p>	<p>FIRST <i>Edgar</i></p>	<p>MI <i>M</i></p>
<p>NICKNAME</p>		<p>LAST <i>kefevere</i></p>	<p>SUFFIX (SR., JR., III, etc.)</p>
<p><b>4 TELEPHONE NUMBER OF CANDIDATE</b> (PLEASE TYPE OR PRINT)</p>	<p>AREA CODE <i>(806)</i></p>	<p>PHONE NUMBER <i>441-3459</i></p>	<p>EXTENSION</p>
<p><b>5 ADDRESS OF CANDIDATE</b> (PLEASE TYPE OR PRINT)</p>	<p>STREET / PO BOX</p>	<p>APT / SUITE # <i>6</i></p>	<p>CITY</p>
<p><b>6 OFFICE SOUGHT BY CANDIDATE</b> (PLEASE TYPE OR PRINT)</p>		<p><i>City Commissioner Ft3</i></p>	
<p><b>7 NAME OF COMMITTEE</b> (PLEASE TYPE OR PRINT)</p>			
<p><b>8 NAME OF CAMPAIGN TREASURER</b> (PLEASE TYPE OR PRINT)</p>	<p>TITLE (Dr., Mr., Ms., etc.) <i>Mr.</i></p>	<p>FIRST <i>Edgar</i></p>	<p>MI <i>M</i></p>
<p>NICKNAME</p>		<p>LAST <i>kefevere</i></p>	<p>SUFFIX (SR., JR., III, etc.)</p>

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# 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: <i>2</i>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>M</i>	FIRST <i>Edgar</i>	MI <i>M</i>
	NICKNAME	LAST <i>Leferriere</i>	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <b>REDACTED</b>	APT / SUITE #: <i>BFLD TX</i>	CITY: STATE: ZIP CODE: <i>[REDACTED]</i>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(806)</i>	PHONE NUMBER <i>441 3459</i>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Same</i>	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>Same</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>( )</i>	PHONE NUMBER <i>Same</i>	EXTENSION
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <i>12 / 1 / 23</i> THROUGH    Month Day Year <i>1 / 16 / 24</i>		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year <i>3 / 5 / 24</i>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <i>City Commissioner 723</i>	13 OFFICE SOUGHT (if known) <i>Same</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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