## CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Gu	uide explains how to co	emplete this form.	1 Filer ID (Ethics Commissi	on Filers) Z Total	I pages filed: 2
CANDIDATE /	MS / MRS / MR	FIRST	мі <b>N.</b>		OFFICE USE ONLY
OFFICEHOLDER NAME	Mr.	Blake LAST Liedka	SUF		ECEIVE ECEIVE
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 622 Littlehorn Ln Stockdale Tx 78160				OCT 07,2024 BY: R Labus
Change of Address		THE NUMBER	EXTENSION	Date Ha	and-delivered or Date Postmarked
CANDIDATE/ OFFICEHOLDER PHONE	(830 )	270-7109		Receipt	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	Stephanie	MI F	Date Pr	rocessed
	NICKNAME	Liedka	SU	FFIX Date In	naged
			/ SUITE #: CITY;		STATE; ZIP CODE
CAMPAIGN TREASURER ADDRESS	622 Littlehorn	PO BOX PLEASE); APT _n Stockdale T	x 78160		
(Residence or Business)			EXTENSION		
B CAMPAIGN TREASURER PHONE	(210 )	388-1011			
9 REPORT TYPE	January 15  30th day before election  Runoff  Runoff  15th day after campaign treasurer appointment (Officeholder Only)				
	July 15	July 15 Sth day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)  Month Day Year			
10 PERIOD COVERED	Month 7	Day Year / 16 / 24	THROUGH	10 / 5	/ 24
11 ELECTION	ELECTION DAT	Prir	EL Runoff	Other Description	
	11 / 5 /	24 Ger	neral Special		
12 OFFICE	OFFICE HELD (if any)  Constable Pct 3		13 OFFICE SOUGHT (if known)  Constable Pct 3		
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 OF THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF SUCH EXPENDITURES 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 CAMPAIG	GN TREASURER ADDRESS		
		60	TO PAGE 2		

## FORM C/OH **CANDIDATE / OFFICEHOLDER COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME Blake Liedka TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR **TOTALS** CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 2. \$ TOTAL UNITEMIZED POLITICAL EXPENDITURE. **EXPENDITURE TOTALS** 0.00 \$ TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ CONTRIBUTION OF REPORTING PERIOD BALANCE TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00**OUTSTANDING** LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL \_\_\_\_\_ this the \_\_\_\_ day of \_\_ Sworn to and subscribed before me by \_\_\_\_\_ \_\_\_, to certify which, witness my hand and seal of office. Title of officer administering oath Printed name of officer administering oath Signature of officer administering oath OR (2) Unsworn Declaration , and my date of birth is $\frac{03/27/1966}{}$ My name is Blake Liedka 78160 USA Stockdale My address is 622 Littlehorn Ln (country) (state) (zip code) 20,24 (street) day of Oct. , on the 6th County, State of Texas Executed in Wilson (month)

Signature of Candidate/Officeholder (Declarant)