CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:							
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRs/MR Ms.	FIRST THERESA	мі D	OFFICE USE ONLY							
NAME	NICKNAME	LAST	SUFFIX	Date Received							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; PO BOX 459	FLORESVILLE,	CITY; STATE; ZIP CODE TEXAS 78114	JUL 16 2024 BY R Labus							
Change of Address				see can use one one year one one year the ties also							
5 CANDIDATE/ OFFICEHOLDER PHONE	(210)	428-5487	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$							
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	МІ	Receipt # Amount \$							
	MS	THERESA	D	Date Processed							
INAME	NICKNAME	LAST	SUFFIX								
		NETTLES	Date Imaged								
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		ST., FLORESVI		STATE; ZIP CODE							
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION								
TREASURER PHONE	(210) 428-5487										
9 REPORT TYPE	January 15	30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)									
	July 15	8th day before 6	election Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit								
10 PERIOD	Month	Day Year	Month	Day Year							
COVERED	1 /15 / 24 THROUGH 7 / 15 / 24										
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special Special										
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) COUNTY ATTORNEY										
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	NERAL COMMITTEE ADDRESS									
	SPECIFIC	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME									
COMMITTEE CAMPAIGN TREASURER ADDRESS											
GO TO PAGE 2											

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	TIMAROL							
15 C/OH NAME THERESA D. NETTL	ES				16 Fi	ler ID (Ethics C	ommission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			DANS, OR	R THAN	\$	0.00	
	2. TOTAL PO (OTHER TH		UTIONS S, OR GUARANTEES OF LOANS)			0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.						0.00	
	4. TOTAL POLITICAL EXPENDITURES						0.00	
CONTRIBUTION BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD						
OUTSTANDING LOAN TOTALS		NCIPAL AMOUNT OF OF THE REPORTING		ANDING LOANS	S AS OF THE	\$	0.00	
	wear, or affirm, under p quired to be reported by r			npanying report	t is true and	correct and inc	cludes all information	
			-	Signature	of Candidat	te or Officeholo	der	
		Please compl	lete eithe	er option b	elow:			
(1) Affidavit	CORNILIA G. Notary Public, Stat Comm. Expires 0t Notary ID 1298	te of Texas 5-25-2026						
NOTARY STAMP/SEA Sworn to and subscribed	1	errso 1	. Net	les th	is the 12	day of	rely	
211	which, witness my hand	and seal of office.	Ans	<u> </u>	-10	Noteria	Public	
Signature of officer administer	ering oath	Printed name of office	cer administer	ing oath		Title of offic	er administering oath	
Section 12 Contracts			OR					
(2) Unsworn Declarati	on							
My name is			, a	nd my date of	birth is			
My address is						,		
Executed in	(street) County, State		, on the	(city) day of _		(zip code) , 20 (year)		
					(month)	(year)		
			444	Signature of	Candidate/C	Officeholder (De	clarant)	