

**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 Files)

2 Total pages filed:

|  |   |   |  |  |                                  |
|--|---|---|--|--|----------------------------------|
| 3 CANDIDATE / OFFICEHOLDER NAME            | MS / MRS / MR   | FIRST   | MI   | <b>OFFICE USE ONLY</b>   |                                  |
|  |   | VICTORIA  |  |  |                                  |
|  | NICKNAME  | LAST  | SUFFIX   | Date Received  | FILED                            |
|  | VICKIE  | QUINN   |  | 2:43   | o'clock P M                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS (NO BOX)  | APT / SUITE #                                     | CITY   | STATE  | ZIP CODE                         |
| Change of Address                          | [REDACTED]  |   |  |  |                                  |
| 5 CANDIDATE / OFFICEHOLDER PHONE           | AREA CODE   | PHONE NUMBER                                      | EXTENSION  |  |                                  |
|  | [REDACTED]  |   |  |  |                                  |
| 6 CAMPAIGN TREASURER NAME                  | MS / MRS / MR   | FIRST   | MI   | Date Processed   |                                  |
|  |   | DOUGLAS   |  |  |                                  |
|  | NICKNAME  | LAST  | SUFFIX   | By:  |                                  |
|  |   | QUINN   |  | NE   |                                  |
| 7 CAMPAIGN TREASURER ADDRESS               | STREET ADDRESS (NO PO BOX PLEASE)   |   | APT / SUITE #  | CITY   | STATE                            |
| (Residence or Business)                    | [REDACTED]  |   |  |  |                                  |
| 8 CAMPAIGN TREASURER PHONE                 | AREA CODE   | PHONE NUMBER                                      | EXTENSION  |  |                                  |
|  | [REDACTED]  |   |  |  |                                  |
| 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 (Attain C/OH - FR)                                   |                                  |
| 10 PERIOD COVERED                          | Month   | Day   | Year   | THROUGH  | Month Day Year                   |
|  | 12  | 31  | 24   |  | 1 15 25                          |
| 11 ELECTION                                | ELECTION DATE   |   |  | ELECTION TYPE  |                                  |
|  | Month   | Day   | Year   | <input type="checkbox"/> Primary   | <input type="checkbox"/> Runoff  |
|  | 11  | 4   | 23   | <input checked="" type="checkbox"/> General  | <input type="checkbox"/> Special |
| 12 OFFICE                                  | OFFICE HELD (if any)  |   |  | 13 OFFICE SOUGHT (if known)  |                                  |
|  | DISTRICT AND COUNTY CLERK   |   |  | DISTRICT AND COUNTY CLERK  |                                  |
| 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. |   |  |  |                                  |
| Additional Pages                           | 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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**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

|  |   |   |
|--|---|---|
| <b>15 C/OH NAME</b><br>VICTORIA "VICKIE" QUINN |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>                  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 603.46                                     |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 603.46                                     |
| <b>EXPENDITURE TOTALS</b>                      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|  | 4. TOTAL POLITICAL EXPENDITURES   | \$  |
| <b>CONTRIBUTION BALANCE</b>                    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$  |
| <b>OUTSTANDING LOAN TOTALS</b>                 | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$  |

**18 SIGNATURE** 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**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_  
 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath \_\_\_\_\_ Printed name of officer administering oath \_\_\_\_\_ Title of officer administering oath \_\_\_\_\_  
 OR

**(2) Unsworn Declaration**

My name is VICTORIA QUINN and my date of birth is 11/23/1957  
 My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)  
 Executed in Polkad County, State of Texas, on the 5 day of Feb., 2025  
 (month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)