

**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
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS - NO BOX	APT / SUITE #	CITY, STATE, ZIP CODE
	[REDACTED] GOLIAD TX 77963		
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	[REDACTED]		
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS - (NO PO BOX PLEASE)	APT / SUITE #	CITY, STATE, ZIP CODE
	[REDACTED] GOLIAD TX 77963		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION
	[REDACTED]		
<b>9 REPORT TYPE</b>	<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)		
<b>10 PERIOD COVERED</b>	Month	Day	Year
	7	31	23
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
11 / 4 / 22		<input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Other Description	
<b>12 OFFICE</b>	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
	COUNTY/DISTRICT CLERK		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <small>Additional Pages</small>	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	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS	

OFFICE USE ONLY

Date Received: **FILED**  
11:16 o'clock **A**M

Date: **01/16/24**  
**NORMA G. EDISON**  
Elections Administrator, Goliad County, Texas  
By: *[Signature]* Deputy

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Date Hand-delivered or Date Postmarked: **RECEIVED**

Receipt # \_\_\_\_\_ Amount \$ \_\_\_\_\_

Date Processed: **JAN 16 2024**

Date By: *[Signature]*

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b> VICTORIA QUINN		<b>16 Filer ID</b> (Ethics Commission Filers)	
<b>17 CONTRIBUTION TOTALS</b>	<b>1.</b>	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	<b>2.</b>	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
<b>EXPENDITURE TOTALS</b>	<b>3.</b>	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	<b>4.</b>	TOTAL POLITICAL EXPENDITURES	\$
<b>CONTRIBUTION BALANCE</b>	<b>5.</b>	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>603.46</b>
<b>OUTSTANDING LOAN TOTALS</b>	<b>6.</b>	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 \_\_\_\_\_ GOLIAD TX 77963 USA  
(street) (city) (state) (zip code) (country)  
 Executed in GOLIAD County, State of TEXAS, on the 15TH day of JANUARY, 2024  
(month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

