## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages f	filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	JAMES		MI D	NASY	E USE ONLY		
NAME	NICKNAME	LAST		SUFFIX	Date Received	TIME:		
4 CANDIDATE/	ADDRESS / PO BOX;	MOOKA	CITY; STATE;	; ZIP CODE	JAN 1 5 2025			
OFFICEHOLDER MAILING ADDRESS	POBO	x 220 FR	ed, Tx-	77616	By			
Change of Address	AREA CODE	DHONE MIMBED	EVTEN	SION				
5 CANDIDATE/ OFFICEHOLDER PHONE	(409)	673-00	6 <b>4</b>	OIUN		ed or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI R	Receipt #	Amount \$		
NAME	NICKNAME LAST SUFFIX				Date Processed			
	NICKNAME	Moore		SULIA	Date Imaged			
7 CAMPAIGN		NO PO BOX PLEASE); APT / SI		× 72	STATE;	ZIP CODE		
TREASURER ADDRESS	P.OBox 270 Fred, Tx 77616							
(Residence or Business)								
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION							
TREASURER PHONE	(409) 673-2318							
9 REPORT TYPE	YPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)							
	July 15	8th day before ele	CHOIL	xceeded Modified eporting Limit	Final Repo	ort (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year		Month	Day Yes	ar		
	/ THROUGH / /							
11 ELECTION	N ELECTION DATE ELECTION TYPE							
	Month Day	Month Day Year Primary Runoff Other Description						
	General Special							
12 OFFICE	OFFICE HELD (if any)	D.	13 OFFICE	E SOUGHT (if known	)			
		a DE the Peace		I EVDEUNITURE	IADE BY BOLITICAL CO	OMMITTEES TO SUPPORT		
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME							
	Посмеран	COMMITTEE ADDRESS						
Additional Pages	GENERAL							
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS					
GO TO PAGE 2								
		60 10	FAGE 2					

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer II	D (Ethics Com	mission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N	\$	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0
	4. TOTAL POLITICAL EXPENDITURES	\$	0	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY	\$	0
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	\$	0
18 SIGNATURE I S	swear, or affirm, under penalty of perjury, that the accompanying report is tru	and corr	ect and includ	es all information
	guired to be reported by me under Title 15, Election Code.	o and toll	oot and mond	oo un information
re	quired to be reported by the dilider Title 15, Election Code.			
		1		
	( de l	han		
	Signature of Ca	andidate o	r Officeholder	
	Signature of Ca	andidate of	- Omceriolder	
	Please complete either option below	N:		
personal Address				
(1) Affidavit	BROOKE MARTIN Notary Public State of Texas ID # 13450700-5 My Comm. Expires 08-14-2027			
NOTARY STAMP/SEA	L	ماد		
Sworn to and subscribed		1511	day of J	anuory.
20, to certify	which, witness my hand and seal of office.		Nota	n
Signature of officer administe	ering oath Printed name of officer administering oath		Title of officer a	dministering oath
	OR			
(2) Unsworn Declarati	on			
My name is	, and my date of birth is	s		
My address is				
		state) (z	zin code)	(country)
	/ # # 300 m ( )			(country)
Executed in	County, State of , on the day of (mont	h)	_, 20	
	(mont	)	(year)	
	Signature of Candi	idate/Office	holder (Declar	ant)