CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

TREASURER PHONE (936) 647 - 7579 9 REPORT TYPE January 15 30th day before election Runoff Runoff Isth day after campaign treasurer appointment (Cifficendider Only) July 15 Bth day before election Exceeded Modified Reporting Limit Final Report (Attach CIOH - FR) Reporting Limit Day Year Month Day Year Month Day Year Month Day Year Primary Runoff General General OFFICE HELD (if gny) TUSTICE of Pleace, Pet 1						
OFFICEHOLDER NAME NICONAME LAT SUFFIX Date Received NO. TIME J.S. CANDIDATE/ OFFICEHOLDER ACCIDENTER ACCIDENT ACCIDENTER ACCIDENTER ACCIDE	The C/OH Instruction	n Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission	Filers) 2 Total pages fil	ed:
OFFICIENCY DER MAILING ADDRESS PO BOX APT I SUITE F. CITY: STATE: ID CODE THE SOLIDATE! OFFICEHOLDER PHONE NAMES EXTENSION CANDIDATE! OFFICEHOLDER PHONE NAMES EXTENSION FRANCIS PROBLEM TO BE PROB	OFFICEHOLDER	Mrs.	Tina	۲.	Date Received	0,20
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Signature of Candidate/Officeholder (Declarant)

	THE TOTAL OR THE T					
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOACONTRIBUTIONS MADE ELECTRONICALLY)					
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARA	ANTEES OF LOANS)				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITUR	RE. \$				
	4. TOTAL POLITICAL EXPENDITURES	\$				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAIN OF REPORTING PERIOD	NED AS OF THE LAST DAY \$				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAN LAST DAY OF THE REPORTING PERIOD	NDING LOANS AS OF THE \$				
		Signature of Candidate or Officeholder				
Please complete either option below:						
(1) Affidavit	BROOKE MARTIN Notary Public State of Texas ID # 13450700-5 My Comm. Expires 08-14-2027					
NOTARY STAMP/SEAL Sworm to and subscribed	before me by Tina Self	this the 11th day of July.				
20 29, to certify Signature of officer administel	which, witness my hand and seal of office. Rhouse Ma	Hin Rublic Wolary				
	ring oath Printed name of officer administering	g oath Title of officer administering oath				
(2) Unsworn Declaration						
My name is	. and	d my date of birth is				
My address is						
	(street)	(city) (state) (zip code) (country)				
Executed in	County, State of, on the	day of, 20				