

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |  |  |   |                                     |   |                                 |  |   |  |  |  |      |         |        |                   |           |          |           |         |         |  |
|--|--|--|---|-------------------------------------|---|---------------------------------|--|---|--|--|--|------|---------|--------|-------------------|-----------|----------|-----------|---------|---------|--|
| The C/OH Instruction Guide explains how to complete this form.         |  | <b>1</b> Filer ID (Ethics Commission Filers)               | <b>2</b> Total pages filed:   |                                     |   |                                 |  |   |  |  |  |      |         |        |                   |           |          |           |         |         |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME                                 | MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR <input type="checkbox"/> FIRST <u>Connie</u> MI <u>9</u><br>NICKNAME _____ LAST <u>Belton</u> SUFFIX _____  |  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><br>2025 JUL 14 PM 3:38<br>FILED FOR RECORD<br>CONNIE BELTON<br>COUNTY CLERK<br>HARRIS COUNTY TEXAS<br>BY <u>Traci Turner</u><br>Date Hand-Delivered _____ Date Postmarked _____<br>Receipt # _____ Amount \$ _____<br>Date Processed _____<br>Date Imaged _____ |                                     |   |                                 |  |   |  |  |  |      |         |        |                   |           |          |           |         |         |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br>Change of Address | ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: <u>Lumberton, TX</u> STATE: <u>TX</u> ZIP CODE: <u>77657</u>  |  |   |                                     |   |                                 |  |   |  |  |  |      |         |        |                   |           |          |           |         |         |  |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE                                | AREA CODE <u>(409)</u> EXTENSION _____   |  |   |                                     |   |                                 |  |   |  |  |  |      |         |        |                   |           |          |           |         |         |  |
| <b>6</b> CAMPAIGN TREASURER NAME                                       | MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR <input type="checkbox"/> FIRST <u>Traci</u> MI _____<br>NICKNAME _____ LAST <u>Turner</u> SUFFIX _____  |  |   |                                     |   |                                 |  |   |  |  |  |      |         |        |                   |           |          |           |         |         |  |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)         | STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: <u>Kountze TX</u> STATE: <u>TX</u> ZIP CODE: <u>77625</u>  |  |   |                                     |   |                                 |  |   |  |  |  |      |         |        |                   |           |          |           |         |         |  |
| <b>8</b> CAMPAIGN TREASURER PHONE                                      | AREA CODE <u>(409)</u> PHONE NUMBER _____ EXTENSION _____  |  |   |                                     |   |                                 |  |   |  |  |  |      |         |        |                   |           |          |           |         |         |  |
| <b>9</b> REPORT TYPE   | <table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> |  |   | <input 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 checked="" 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) |      |         |        |                   |           |          |           |         |         |  |
| <input 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 checked="" 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</b> PERIOD COVERED   | Month Day Year <u>1 / 1 / 25</u> THROUGH Month Day Year <u>4 / 30 / 25</u>   |  |   |                                     |   |                                 |  |   |  |  |  |      |         |        |                   |           |          |           |         |         |  |
| <b>11</b> ELECTION   | <table style="width:100%;"> <tr> <td colspan="3">ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Primary</td> <td>Runoff</td> <td>Other Description</td> </tr> <tr> <td><u>11</u></td> <td><u>8</u></td> <td><u>22</u></td> <td>General</td> <td>Special</td> <td></td> </tr> </table>  |  |   | ELECTION DATE                       |   |                                 | ELECTION TYPE  |   |  | Month  | Day  | Year | Primary | Runoff | Other Description | <u>11</u> | <u>8</u> | <u>22</u> | General | Special |  |
| ELECTION DATE  |  |  | ELECTION TYPE   |                                     |   |                                 |  |   |  |  |  |      |         |        |                   |           |          |           |         |         |  |
| Month  | Day  | Year   | Primary   | Runoff                              | Other Description                                 |                                 |  |   |  |  |  |      |         |        |                   |           |          |           |         |         |  |
| <u>11</u>  | <u>8</u>   | <u>22</u>  | General   | Special                             |   |                                 |  |   |  |  |  |      |         |        |                   |           |          |           |         |         |  |
| <b>12</b> OFFICE   | OFFICE HELD (if any)<br><u>County Clerk</u>  |  | <b>13</b> OFFICE SOUGHT (if known)<br><u>County Clerk</u>   |                                     |   |                                 |  |   |  |  |  |      |         |        |                   |           |          |           |         |         |  |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)<br><br>Additional Pages   | 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                          |   |                                     |   |                                 |  |   |  |  |  |      |         |        |                   |           |          |           |         |         |  |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS                       |   |                                     |   |                                 |  |   |  |  |  |      |         |        |                   |           |          |           |         |         |  |

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|                         |   |  |
|-------------------------|---|--|
| 15 C/OH NAME            |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS  | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ -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 LAST DAY OF REPORTING PERIOD  | \$ -0-                                 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ -0-                                 |

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.

*Connie Becton*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Connie Becton this the 14 day of July, 2025, to certify which, witness my hand and seal of office.

Lora Guynes Lora Guynes Legal Assistant  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)