CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction (| Guide explains hov | v to complete this form. | 1 Filer ID (Ethics | Commission Filers) | 2 Total pages filed: | |
|---|---|--|--|--|--|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Bucy NICKNAME | FIRST Joshua LAST | | MI F SUFFIX | OFFICE USE ONLY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX | X; APT / SUITE #; C | city; state; | 10-07/10 STANSSTORM | JUL 1 1 2024 | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (830) 4 | PHONE NUMBER | EXTEN: | SION | By: Date Hand-delivered or Date Postmarked Receipt # Amount \$ | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR NICKNAME | FIRST Dennis LAST Moore | | MI | Receipt # Amount \$ Date Processed Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS | (NO PO BOX PLEASE); APT / SU | IITE#; CIT | | STATE; ZIP CODE Texas 78606 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (830) 8 | PHONE NUMBER | EXTENS | SION | | |
| 9 REPORT TYPE | January 15 July 15 | 30th day before elect | tion Ex | noff ceeded Modified porting Limit | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month Feb | Day Year 5th 2024 | THROUGH N | Month | Day Year 5th 2024 | |
| 11 ELECTION | Month Day Year Primary Runoff Other Description 11 5th 2024 Seeneral Special | | | | | |
| 12 OFFICE | OFFICE HELD (if any) Constable Pct 4 B | | | SOUGHT (if known) Pct 4 Blanco Col | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages | THIS BOX IS FOR NOTIC THE CANDIDATE / OFFICE | CE OF POLITICAL CONTRIBUTIONS AS CEHOLDER. THESE EXPENDITURES I | CCEPTED OR POLITICAL MAY HAVE BEEN MADE ED TO REPORT THIS INFO | EXPENDITURES MA | ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES. | |
| | | COMMITTEE CAMPAIGN TREA | | | | |
| GO TO PAGE 2 | | | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) | | | | |
|--|--|---|--|--|--|--|
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ o | | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 | | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ o | | | | |
| and the second s | 4. TOTAL POLITICAL EXPENDITURES | \$ o | | | | |
| CONTRIBUTION BALANCE | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD | ST DAY \$ \$1,545.69 | | | | |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD | S O | | | | |
| | wear, or affirm, under penalty of perjury, that the accompanying report is truiting to be reported by me under Title 15, Election Code. | ue and correct and includes all information | | | | |
| | | | | | | |
| | | | | | | |
| Signature of Candidate or Officeholder | | | | | | |
| | | | | | | |
| | | | | | | |
| Please complete either option below: | | | | | | |
| (1) Affidavit NOTARY STAMP/SEA | DILLON DE LA FUENTE Notary Public, State of Texas Comm. Expires 12-28-2026 Notary ID 134118890 | | | | | |
| Sworn to and subscribed before me by | | | | | | |
| Signature of officer administe | ring oath Printed name of officer administering oath | Title of officer administering oath | | | | |
| | OR | | | | | |
| (2) Unsworn Declaration | on | | | | | |
| My name is | , and my date of birth | is | | | | |
| The same of the sa | | | | | | |
| | (street) (city) | (state) (zip code) (country) | | | | |
| Executed in | County, State of , on the day of (mor | nth) . 20 | | | | |
| | Signature of Cano | didate/Officeholder (Declarant) | | | | |