CANDIDA CAMPAIG	FORM C/OH COVER SHEET PG 1						
The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)					2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Christopher LAST Liesmann		MI W SUFFIX	OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 463 Old Mar Round Mour	to a summer provide the second	CITY; STA	ATE; ZIP CODE	JAN 1 4 2025		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER 689-7109	EX	TENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	Tammy LAST Liesmann		MI J SUFFIX	Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	463 Old Mar		SUITE #,	CITY;	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	(512)	PHONE NUMBER 689-7106	EXT	TENSION			
9 REPORT TYPE	January 15 July 15	30th day before		Runoff Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 10	Day Year / 28 / 24	THROUGH	Month 1	Day Year / 15 / 24		
11 ELECTION	Month Day	Year Primary 24 Genera		Other Description			
12 OFFICE	OFFICE HELD (if any) Commission	er Precinct #3	1	FICE SOUGHT (if known) missioner Pre			
14 NOTICE FROM POLITICAL COMMITTEE(S)	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						
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TO	PAGE 2	ss			

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 THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	0.00
(1) Affidavít	Please complete either option below	ndidate or Officeho	lder
20 <u>35</u> , to certify	which, witness my hand and seal of office. Which printed name of officer administering oath OR	no Public Sto	January, de of Texas cer administering oath
	and my date of birth is		
			,
, addiese is	12 William	state) (zip code)	(country)
Executed in	County, State of , on the day of (month	, 20, (year) · · · · · · · · · · · · · · · · · · ·
	Signature of Candid	date/Officeholder (De	eclarant)