

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 <u>MR.</u>	FIRST <u>Carol</u>	MI <u>W</u>	OFFICE USE ONLY		
	NICKNAME	LAST <u>GARRITT</u>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; <u>833</u>	APT / SUITE #;	CITY; <u>Wink TX.</u>	STATE; <u>TX.</u>	ZIP CODE <u>79789</u>	Date Received THIS 16th DAY OF Jan. 2024 AT 12:30 O'CLOCK P.M. <u>Pam Greene</u> PAM GREENE, COUNTY CLERK WINKLER COUNTY, TEXAS BY _____ DEPUTY
	5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <u>(432)</u>	PHONE NUMBER <u>208-4583</u>	EXTENSION		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MRS.</u>	FIRST <u>Salina</u>	MI <u>D</u>			
	NICKNAME	LAST <u>GARRITT</u>	SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <u>833</u>		CITY; <u>WINK</u>	STATE; <u>TX</u>	ZIP CODE <u>79789</u>	Date Hand-delivered or Date Postmarked
8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(432)</u>	PHONE NUMBER <u>208-4582</u>	EXTENSION		Date Processed	
9 REPORT TYPE	<input checked="" 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 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)					Date Imaged
10 PERIOD COVERED	Month Day Year <u>11 / 11 / 2023</u>		THROUGH	Month Day Year <u>12 / 31 / 2023</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>03 / 05 / 2024</u>		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) <u>Const. Pct. 2d4</u>		13 OFFICE SOUGHT (if known) <u>Const. Pct. 2d4</u>			
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.					
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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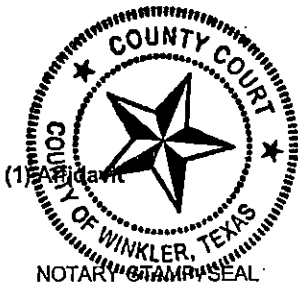
FORM C/OH
COVER SHEET PG 2

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.

Carl Garrett
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Carl Garrett this the 16th day of Jan.

20 24 to certify which, witness my hand and seal of office.
Pam Greene Printed name of officer administering oath
Pam Greene Title of officer administering oath
 County Clerk

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)