

# 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 Filer)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS MRS / MR FIRST MI  
Laddie 0  
NICKNAME LAST SUFFIX  
MEANALLY

OFFICE USE ONLY

Date Received

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX APT / SUITE #; CITY; STATE; ZIP CODE

P.O. Box 550 Shepherd, TX 77371

Change of Address

RECEIVED  
 FEB 03 2020  
 SAN JACINTO COUNTY  
 ELECTION ADMINISTRATOR

Date Hand-delivered or Date Postmarked

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(936) 329-3274

Receipt # Amount \$

6 CAMPAIGN  
TREASURER  
NAME

MS MRS / MR FIRST MI  
Glenda  
NICKNAME LAST SUFFIX  
MEANALLY

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

4161 F.M. 2664 Shepherd TX 77371

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(936) 329-3274

9 REPORT TYPE

January 15     30th day before election     Runoff     15th day after campaign treasurer appointment (Officeholder Only)  
 July 15     8th day before election     Exceeded \$500 limit     Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year    Month Day Year  
11 / 1 / 2019    THROUGH    2 / 3 / 2020

11 ELECTION

ELECTION DATE    ELECTION TYPE

Month Day Year     Primary     Runoff     Other Description  
 3 / 3 / 2020     General     Special

12 OFFICE

OFFICE HELD (if any)

Pet 1 Commissioner

13 OFFICE SOUGHT (if known)

SAME

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