| The C/OH Instruction G | duide explains how | to complete this form. | 1 Filer ID /Ethics Commission | Filess 2 Total pages filled: | | |
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| 3 CANDIDATE / OFFICEHOLDER NAME | MS MRS MS | Greg | М. | C OFFICE USE ONLY | | |
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| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | 2001 | APT / SURE #. | Cleveland, Texas | JUL 15 2025 | | |
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| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (28/) | 797-175 | EXTENSION | Cate Hand-durivered or Date Postmarkau Recept # 1 Amhunt 5 | | |
| 6 CAMPAIGN TREASURER NAME | MS/MRS(MR) | JAY | M. | Date Proressed | | |
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| 9 REPORT TYPE | January 15 | 30th day before | _ | 15th day after campaign freasurer appointment (Officeholder Only) | | |
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| 12 OFFICE | OFFICE HELD (if any) | | 13 OFFICE SOUGHT | of known: | | |
| 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 CANDIDATES OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | | |
| 33 | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | | | |
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Revised 11/15/2022

| 15 C/OH NAME | freg Capers | 16 Filer ID (Ethics Commission Filers) |
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| Forms provided by Texas i | Ethics Commission www.ethics.state.tx.us | Revised 11/15/2 |

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POLITICAL EXPENDITURES

P.O. Box 12070



(512) 463-5800

| | EXPENDITURE | E CATEGORIES | FOR BOX 8(a | | | |
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| Advertising Expense | Gift/Awards/Memorials Expense | Salaries/Wages/Co | | Loan Repaymer | nt/Reimbu sement | |
| Accounting/Banking | Legal Services | Solicitation/Fundra Travel In District | ising Expense | | Equipment & Related Expense | |
| Consulting Expense | Food/Beverage Expense | | Contributions/Donations Made By Candidate/Officeholder/Political Committee | | | |
| Event Expense | Polling Expense Travel Out Of District | | | | | |
| Fees | Printing Expense | Office Overhead/R | | • | a category not listed above) | |
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Category (See categories listed at the top of this schedule)

Candidate / Officeholder name

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Description (If travel outside of Texas, complete Schedule T)

Office sought

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH