RENE ESPINOZA, COUNTY CLERI **CANDIDATE / OFFICEHOLDER** BAILEY COUNT FORM COH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 2 Total pages filed: MS / MRS / MR 3 CANDIDATE/ بلفقه OFFICEHOLDER OFFICE USE ONLY NAME NICKNAME Date Received SUFFIX 4 CANDIDATE / ADDRESS / PO BOX **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **OFFICEHOLDER** Date Hand-delivered or Date Postmarked PHONE 6 CAMPAIGN Receipt # Amount \$ MI TREASURER NAME Date Processed NICKNAME SUFFIX Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: TREASURER STATE: ZIP CODE **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER PHONE** 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 Modified Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day COVERED THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Month Runoff Other Description General 12 OFFICE OFFICE HELD (if any) 13 OFFICE, SOUGHT THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF OFFICEHOLDERS KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS

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1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	NN	S (Ethics Commission Filers)
1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	3)	\$
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		
		\$
4. TOTAL POLITICAL EXPENDITURES		\$ /
TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE I OF REPORTING PERIOD	AST DAY	\$
TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	\$
OFFMAN		
ri30599618 🕊	the <u>25</u>	5th day of March
ty which witness my hand and search onice.		Notary
stering oath Printed name of officer administering path		Title of officer administering of
	birth is	
	(state	
(city)		(zip code) (country)
	OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD Swear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code Signature of Signatur	OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD Swear, or affirm, under penalty of perjury, that the accompanying report is true and or quired to be reported by me under Title 15, Election Code Please complete either option below: OFFMAN Plasses OFFMAN Plasses OFFMAN Plasses OFFMAN Printed name of office. OR atton , and my date of birth is

FILED FOR RECORD

AT 16 HR 23 MIN 14 M.

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains hov	w to complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages fi	iled:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)	Richard	/	×:	OFFICE	USE ONLY	
NAME	NICKNAME	1/1/1	·*·	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	X; APT / SUITE#;	CITY; STAT	E; ZIP CODE			
Change of Address	10	Mule Mule	Show Tx	79347			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	946 - 74/1	EXTE	NSION		d or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		Mi	Receipt #	Amount \$	
NAME	NICKNAME .	LAST		SUFFIX	Date Processed Date Imaged		
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #; C	ITY;	STATE;	ZIP CODE	
TREASURER ADDRESS (Residence or Business)	51	2-2					
8 CAMPAIGN	AREA CODE	PHONE NUMBER					
TREASURER PHONE	(-5"	THONE NUMBER	EXTE	NSION			
9 REPORT TYPE	January 15	30th day before el	lection	Runoff	treasurer ap	ter campaign opointment	
	July 15	8th day before ele		Exceeded Modified Reporting Limit	(Officeholder	r Only) 1 (Attach C/OH - FR)	
10 PERIOD COVERED	2 Month	Day Year / 21/	THROUGH	Manth	Way Year		
11 ELECTION	ELECTION DA	ATE		ELECTION TYPE		4	
	Month Day	Year	Runoff	Other Description		,	
	/ /	General	Special				
12 OFFICE	OFFICE HILD (if any)	A.	13 OFFIC	SE SOUGHT (if known)	¥	-	
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S REPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			ALL RECEIVE HOURE OF	SUCH EXPENDITURES.	
Additional Pages	GENERAL	COMMITTEE ADDRESS	-				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME				
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS				
GO TO PAGE 2							

	E / OFFICEHOLDER FINANCE REPORT	co/	FORM C/OH /ER SHEET PG 2		
15 C/OH NAME	hard Wills	16 Filer II	(Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL COIPLEDGES, LOANS, OR GUARANTEE CONTRIBUTIONS MADE ELECTRON	S OF LOANS, OR	\$		
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, O		\$		
EXPENDITURE TOTALS	1 3 IOTAL UNITEMIZED POLITICAL EXPENDITURE				
	4. TOTAL POLITICAL EXPENDITURE	ES	\$		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAST DAY	\$		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PER		\$		
	Please complete	either option below:			
Sworn to and subscribed	ps99618 n Expires 2028 Delore-me by Richard W U which, witness my hand and seal of office.	Uills this the 25th this the 45th this this the 45th this this the 45th this this the 45th this the 45th this this this this this this this th	day of <u>March</u> , <u>Notary</u> Title of officer administering oath		
	OR				
(2) Unsworn Declarat	on				
My name is		, and my date of birth is			
My address is	(street)	(city) (state)	(zip code) (country)		
Executed in	County, State of,	* **			
		Signature of Candidate/Office	eholder (Declarant)		