CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR МІ 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received FOR RECORD at 11:08 o'clock 4 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE: **OFFICEHOLDER** JAN 12 2024 CREWS HUTCHILLTON MAILING **ADDRESS** Change of Address PHONE NUMBER EXTENSION AREA CODE 5 CANDIDATE/ **OFFICEHOLDER** (254) PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN AMES **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT SUITE #; STATE; ZIP CODE 7 CAMPAIGN TREASURER III WEST CREWS HLOW, LION TX 76531 ADDRESS (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (254) 86-814 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Month Day Year COVERED THROUGH ELECTION TYPE 11 ELECTION ELECTION DATE Primary Runoff Other Description Month Day Year General Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) STILL OF THE PTACE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT, CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ ~
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
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. Signature of Candidate or Officeholder		
Please complete either option below:		
(1) Affidavit GOUNT NOTARY STAMPISFAL Sworn as and subscribed before me by James Lively this the 12th day of January. 20 to certify which witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath		
CONTRACTOR OF THE STATE OF THE		
(2) Unsworn Declarati	on	*
My name is, and my date of birth is		
My address is		
		state) (zip code) (country)
Executed in	County, State of , on the day of (month	, 20 (year)
	Signature of Candid	date/Officeholder (Declarant)