

# 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	FIRST <u>Rachel</u>	MI <u>Liann</u>	<b>OFFICE USE ONLY</b>  Date Received <b>FILED FOR RECORD</b> at <u>11:32</u> o'clock <u>A</u> M  <b>JAN 12 2024</b>  <i>Rachel Lamb Geeslin</i> County Clerk, Hamilton Co., Texas
	NICKNAME	LAST <u>Geeslin</u>	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<u>800 E. Coke St.</u> <u>Hamilton, TX. 76531</u>				

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(682)</u>	PHONE NUMBER <u>404-6648</u>	EXTENSION
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>N/A</u>	FIRST	MI	Receipt #	Amount \$
	NICKNAME	LAST	SUFFIX	Date Processed	
				Date Imaged	

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<u>N/A</u>				

8 CAMPAIGN TREASURER PHONE	AREA CODE ( )	PHONE NUMBER <u>N/A</u>	EXTENSION
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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)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	<u>7</u>	<u>1</u>	<u>23</u>		<u>12</u>	<u>31</u>	<u>2023</u>

11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year <u>3 / 5 / 24</u>	<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>County Clerk</u>	13 OFFICE SOUGHT (if known) <u>County Clerk</u>
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14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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.			
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

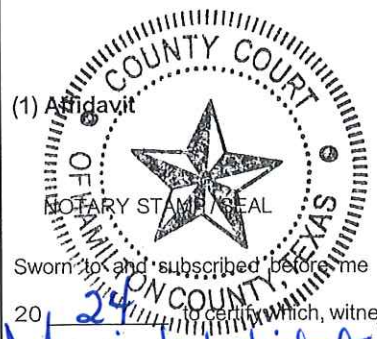
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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.

*Rachel L. Geeslin*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit  
Sworn to and subscribed before me by Rachel L. Geeslin this the 12<sup>th</sup> day of January, 2024 to certify which, witness my hand and seal of office.  
Mariah Whitehead Mariah Whitehead Chief Deputy Clerk  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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)