## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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## FORM C/OH COVER SHEET PG 1

BY

| The C/OH Instruction C                      | Guide explains how  | to complete this form.       | 1 Filer ID (Ethics C                                 | Commission Filers) | 2 Total pages  | filed: 2   |  |
|---|---|------------------------------|--|--------------------|----------------|--|--|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME       | MS / MRS / MR<br>Mr.  | FIRST<br>Mark                |  | мі<br>А.           | OFFIC          |  |  |
|   | NICKNAME  | LAST<br>Westbrook            |  | SUFFIX             | Date Received  | RECORD<br>PN 4: 12<br>RISON<br>COOKE CO.T                                  |  |
| 4 CANDIDATE /                               | ADDRESS / PO BOX  | APT / SUITE #; C             |  | PH PH COOK         |                |  |  |
| OFFICEHOLDER<br>MAILING<br>ADDRESS          | 3386 FM 2896 Gainesville TX 76240   |                              |  |                    |                | ZS ZS  |  |
| Change of Address                           |   |                              |  |                    |                |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE       | AREA CODE<br>(940)  | PHONE NUMBER                 | EXTENSI  | ON                 |                | red the bottmarked   |  |
| 6 CAMPAIGN                                  | MS / MRS / MR   | FIRST                        | 212 - Anna Maria ana amin'ny fisiana amin'ny fisiana | MI                 | Receipt #      | Amount \$  |  |
| TREASURER<br>NAME                           | Mr.   | Mark                         |  | Α.                 | Date Processed |  |  |
| NAME  | NICKNAME  | LAST                         |  | SUFFIX             |                |  |  |
|   |   | Westbrook                    |  |                    | Date Imaged    |  |  |
| 7 CAMPAIGN                                  | STREET ADDRESS  | (NO PO BOX PLEASE); APT / SU | JITE #; CITY;  |                    | STATE;         | ZIP CODE   |  |
| TREASURER                                   | 3386 FM 28  |                              |  | esville            | ТХ             | 76240  |  |
| (Residence or Business)                     |   |                              |  |                    |                |  |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE            | AREA CODE   | PHONE NUMBER                 | EXTENSI  | ON                 |                |  |  |
| 9 REPORT TYPE                               | January 15  | 30th day before ele          | ction Exc  | eeded Modified     | (Officeho      | / after campaign<br>r appointment<br>Jder Only)<br>port (Attach C/OH - FR) |  |
| 10 PERIOD                                   |   | -                            | Rep  | orting Limit       |                |  |  |
| COVERED                                     | Month<br>1  | Day Year                     | THROUGH  | Month              |                | 25   |  |
| 11 ELECTION                                 | ELECTION DATE     ELECTION TYPE       Month     Day     Year       11     5     24   General Special  |                              |  |                    |                |  |  |
|   |   |                              |  |                    |                |  |  |
| 12 OFFICE                                   | OFFICE HELD (if any)         13 OFFICE SOUGHT (if known)           Cooke County Constable Pct 1         Cooke County Constable Pct 1  |                              |  |                    |                | ct 1   |  |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT<br>THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR<br>CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |                              |  |                    |                |  |  |
|   | COMMITTEE TYPE COMMITTEE NAME   |                              |  |                    |                |  |  |
| Additional Pages                            | GENERAL COMMITTEE ADDRESS   |                              |  |                    |                |  |  |
|   | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME  |                              |  |                    |                |  |  |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                              |  |                    |                |  |  |
| GO TO PAGE 2                                |   |                              |  |                    |                |  |  |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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## FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME<br>Mark Westbrook   | <b>16</b> F  | Filer ID (Ethics Commission Filers)    |  |  |  |  |
|--|--|--|--|--|--|--|
| 17 CONTRIBUTION<br>TOTALS  | <ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br/>PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR<br/>CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol> | \$                                     |  |  |  |  |
|  | 2. TOTAL POLITICAL CONTRIBUTIONS<br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$                                     |  |  |  |  |
| EXPENDITURE<br>TOTALS  | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$                                     |  |  |  |  |
|  | 4. TOTAL POLITICAL EXPENDITURES  | \$                                     |  |  |  |  |
| CONTRIBUTION<br>BALANCE  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA<br>OF REPORTING PERIOD   | <sup>×</sup> \$ 790.73                 |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS   | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$                                     |  |  |  |  |
| (1) Affidavit  |  |  |  |  |  |  |
| NOTARY STAMP / SEAL<br>Sworn to and subscribed before me by Mark Westbrook this the <u>35</u> day of <u>3000</u> ,<br>20 <u>35</u> , to certify which, witness my hand and seal of office. |  |  |  |  |  |  |
| Bailey Carter<br>Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath  |  |  |  |  |  |  |
| OR<br>(2) Unsworn Declaration  |  |  |  |  |  |  |
|  | , and my date of birth is  | ·                                      |  |  |  |  |
| Executed in  | (street) (city) (state)County, State of, on theday of(month)   | (zip code) (country)<br>, 20<br>(year) |  |  |  |  |
|  | Signature of Candidate/C   | Officeholder (Declarant)               |  |  |  |  |