CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST CHARL	ES K	OFFICE USE ONLY	
NAIVIE	NICKNAME LAST OW	SUFFIX EN	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 900 S. RUSK GAINES	CITY: STATE; ZIP CODE /ILLE TEXAS 76240	AM IO: 38 ISON OOKE CO. TX	
Change of Address	LOCAL CORP.	EVIENDIA		
5 CANDIDATE/ OFFICEHOLDER PHONE	(940) 736 3595	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR FIRST	MI		
TREASURER NAME	MR. CHARL	ES K	Date Processed S	
	NICKNAME LAST	SUFFIX	Date Imaged	
	CHUCK OWE	N	Date imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / 900 S. RUSK	SUITE #; CITY; GAINESVILLE TEXAS	STATE; ZIP CODE 76240	
-	AREA CODE PHONE NUMBER	EXTENSION		
8 CAMPAIGN TREASURER	AREA CODE PHONE NOWIBER	EXTENSION		
PHONE	(940) 736 3595			
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 8th day before e	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Jack / 1 / 2023	THROUGH 12	Day Year /2023	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year ■ Primary	Runoff Other Description		
	Genera			
	/ /			
12 OFFICE	COOKE CO. CONSTABLE PO	CT 2 COOKE CO. (CONSTABLE PCT 2	
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 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.			
	COMMITTEE TYPE COMMITTEE NAME NONE			
Additional Pages	GENERAL COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TR	EASURER NAME		
	COMMITTEE CAMPAIGN TI	REASURER 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)	\$ 0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00			
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 0.00			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ 0.00			
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information					
100	uired to be reported by me under Title 15, Election Code.				
Signature of Candidate or Officeholder					
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed before me by this the day of, 20, to certify which, witness my hand and seal of office.					
, to certify	which, withess my hand and sear of office.				
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath			
(2) Unsworn Declaration	OR				
011					
,	ARLES K. OWEN, and my date of birth is, and my date of birth is				
My address is900		X , 76240 , COOKE			
Executed inCOOKE	(street) (city) (city) (street) (city) (city) (street) (city) (city) (street) (city)	tate) (zip code) (country) MBER_ _{, 20} 23			
	Che (month)	(year)			
	Signature of Candida	ate/Officeholder (Declarant)			