

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 <i>Mr</i>	FIRST <i>GARY</i>	MI <i>M</i>	<div style="border: 2px solid blue; padding: 5px; font-size: 2em; font-weight: bold; color: blue;">RECEIVED</div> <div style="color: red; font-size: 1.2em; font-weight: bold; margin-top: 5px;">JAN 11 2023</div>				
	NICKNAME	LAST <i>OLIVER</i>	SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE							
	<i>914 WEST THOMPSON JACKSBORO TX 76458</i>							
<input type="checkbox"/> Change of Address								
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(940)</i>	PHONE NUMBER <i>567-1550</i>	EXTENSION	Date Received				
				Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs</i>	FIRST <i>KELLY</i>	MI <i>R</i>	Receipt #				
	NICKNAME	LAST <i>OLIVER</i>	SUFFIX	Amount \$				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		Date Processed				
<i>914 WEST THOMPSON JACKSBORO TX 76458</i>				Date Imaged				
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(940)</i>	PHONE NUMBER <i>567-1360</i>	EXTENSION					
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	Month	Day	Year		
		<i>7</i>	<i>15</i>	<i>22</i>	THROUGH	<i>1</i>	<i>14</i>	<i>23</i>
11 ELECTION	ELECTION DATE		ELECTION TYPE					
	Month	Day	Year	<input 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)		13 OFFICE SOUGHT (if known)					
		<i>Pct #1 Commissioner</i>						
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						
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS						
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS						
<input type="checkbox"/> Additional Pages								

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**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME Gary Oliver 16 Filer ID (Ethics Commission Filers)

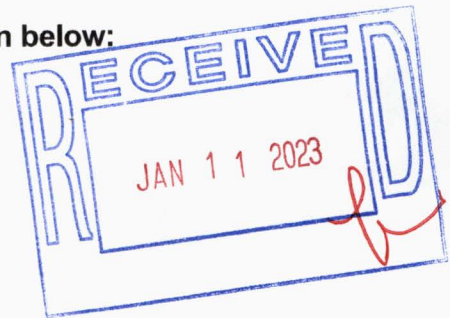
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL 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.

[Handwritten Signature]

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.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Gary Oliver, and my date of birth is 3-17-63

My address is 914 W Thompson, Jackson, TX, 76458, USA
(street) (city) (state) (zip code) (country)

Executed in JACK County, State of TX, on the 11 day of January, 2023.
(month) (year)

Signature of Candidate/Officeholder (Declarant)