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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The CIOH instruction Guide explains how to complete this form. 3 CANDIDATE / OFFICEHOLDER NAME 4 CANDIDATE / OFFICEHOLDER ADDRESS 6 CANDIDATE / OFFICEHOLDER ADDRESS 7 CANDIDATE / OFFICEHOLDER ADDRESS 7 CANDIDATE / OFFICEHOLDER ADDRESS 8 CANDIDATE / OFFICEHOLDER ADDRESS 8 CANDIDATE / OFFICEHOLDER ADDRESS 8 CANDIDATE / OFFICEHOLDER ADDRESS 9 CANDIDATE / OFFICEHOLDER ADDRESS 1 CANDIDATE / OFFICEHOLDER ADDRESS 2 CANDIDATE / OFFICEHOLDER ADDRESS 3 CANDIDATE / OFFICEHOLDER ADDRESS 4 CANDIDATE / OFFICEHOLDE				
SOURCE SECULOR NOTICE SECULD STATE: 20 CODE STATE:	The C/OH Instruction Gu	ide explains how to complete this form		2 Total pages filed:
OFFICEHOLDER MAILING ADDRESS Change of Address TOURS ADDRESS Change of Address AREA CODE PHONE NUMBER EXTENSION Date Heard-delivered or Date Postmarked PHONE MS / MRS / MR PRST NICKMANE LAST NICKMANE LAST SUFFIX Date Heard-delivered or Date Postmarked PHONE NICKMANE LAST SUFFIX Date Heard-delivered or Date Postmarked Date Processed Date Inaged Date Inage Date Inaged Date Inaged Date Inaged Date Inaged Date Inage Date Inaged Date Inaged Date Inaged Date Inaged Date In	OFFICEHOLDER NAME	NICKNAME LAST ADDRESS / PO BOX; APT / SUITE #;	SUFFIX	Date Received
6 CAMPAIGN TREASURER NAME MS / MS / MS / MS FIRST MI Recolpt # Annount \$ NICRNAME LAST SUFFX Date Processed Date Imaged 7 CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE: ZIP CODE 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officerialder Only) 10 PERIOD January 15 30th day before election Exceeded Modified Final Report (Allach COOH - FR) 10 PERIOD Month Day Year Month Day Year Month Day Year 11 ELECTION ELECTION DATE Primary Runoff Other Description 12 OFFICE OFFICE OFFICE OFFICE OFFICE SOUGHT (If known) 14 NOTICE FROM POLITICAL COMMITTEES TO SUPPORT THIS BOX IS FOR INDIFFED SIDE. THESE EXPENDITURES ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE HOTICS OF BUCH DEPORTMENTAL COMMITTEES TO SUPPORT CONSENT. CANDIDATES AND OFFICENCIOURS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE HOTICS OF BUCH DEPORTMENTALS. Additional Pages COMMITTEE CAMPAIGN TREASURER NAME GENERAL COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	MAILING ADDRESS Change of Address 5 CANDIDATE/ OFFICEHOLDER	Jacksboro-	- 0 0 1	
TREASURER ADDRESS (NO PO BOX PLEASE): APT 7 SUITE #: SITE TADRESS (NO PO BOX PLANSES) 11 ELECTION	6 CAMPAIGN TREASURER		MI	Date Imaged
AREA CODE PHONE NUMBER EXTENSION AREA CODE	TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): A	APT / SUITE #; CITY:	STATE; ZIP CODE
July 15	8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
11 ELECTION ELECTION DATE	9 REPORT TYPE	January 10	efore election Exceeded Modified Reporting Limit	treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
12 OFFICE OFF		Month Day Year	23 THROUGH	130/2023
14 NOTICE FROM POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE ADDRESS Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS	11 ELECTION	Month Day Year	Primary Runoff Other Description	on
POLITICAL COMMITTEE(S) THE CANDIDATE OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE TYPE COMMITTEE ADDRESS GENERAL GENERAL COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS	12 OFFICE	Counter Cle	rk	
Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	POLITICAL	COMMITTEE TYPE COMMITTEE TYPE COMMITTEE TYPE COMMITTEE TYPE	RE REQUIRED TO REPORT THIS INFORMATION ONL	ES MADE BY PUTITION COMMITTEES TO SOME OFFICE HOLDER'S KNOWLEDGE OR Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	Additional Pages	SPECIFIC COMMITTEE CAMPA	AIGN TREASURER NAME	
		COMMITTEE CAMP	PAIGN 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 THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s S			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	(s)			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 6			
	4. TOTAL POLITICAL EXPENDITURES	\$ 0			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ OF REPORTING PERIOD				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	S OF 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,					
	10.001	20 /2 2011			
		She /WYV			
	Signature o	f Candidate or Officeholder			
		제약() III III			
		1 1 1 2022			
Please complete either option below: JUL 1 1 2023					
r iodoc complete citilor option soldy.					
	Y	DEBRA TILLERY			
]	Notary Public, State of Texas			
(1) Affidavit		My Commission Expires			
		May 04, 2024			
	4	NOTARY ID 705852-3			
NOTARY STAMP/SEAL	^				
Sworn to and subscribed	11.	the St day of July			
20 23 to cortifu	which witness my hand and seal of office)			
20 3, to certify which, witness my hand and seal of office.					
Nelso Will	before life	Jolar			
Signature of officer administe	printed name of officer administering oath	Title of officer administering oath			
OR					
(2) Unsworn Declaration	on				
My name is	, and my date of bi	rth is			
My address is					
	(street) (city)	(state) (zip code) (country)			
Executed in		, 20			
Executed III	County, State of , on the day of	month) (year)			
	Signature of C	Candidate/Officeholder (Declarant)			