

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 <input checked="" type="checkbox"/>	FIRST <i>Brad</i>	MI <i>G.</i>	
	NICKNAME	LAST <i>Campsey</i>	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>13001 State Hwy Bowie TX 76230 148</i>		<div style="border: 2px solid blue; padding: 10px; display: inline-block;"> <p style="font-size: 2em; margin: 0;">RECEIVED</p> <p style="color: red; font-weight: bold; margin: 5px 0;">JAN 17 2024</p> </div>	
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(940)</i>		PHONE NUMBER <i>507-0695</i>
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST <i>Brad</i>		MI <i>G.</i>
	NICKNAME	LAST <i>Campsey</i>		SUFFIX
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>13001 State Hwy Bowie TX 76230 148</i>		Date Hand-delivered or Date Postmarked <i>1-17-2024</i>	
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(940)</i>	PHONE NUMBER <i>507-0695</i>	Receipt # <i>0</i> Amount \$ <i>0</i>	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15		Date Processed <i>1-17-2024</i>	
	<input type="checkbox"/> July 15			
10 PERIOD COVERED	<input type="checkbox"/> 30th day before election		Date Imaged <i>1-17-2024</i>	
	<input type="checkbox"/> 8th day before election			
11 ELECTION	Month Day Year <i>7 / 1 / 23</i>		THROUGH <i>12 / 31 / 23</i>	
	ELECTION DATE			
12 OFFICE	OFFICE HELD (if any) <i>Treasurer</i>		13 OFFICE SOUGHT (if known)	
	OFFICE HELD (if any)			
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.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

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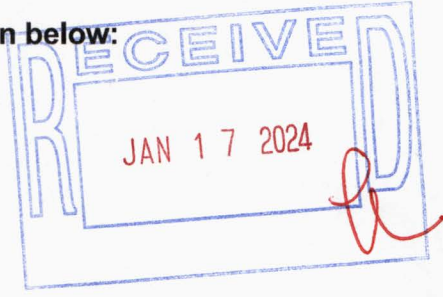
FORM C/OH
COVER SHEET PG 2

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.

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 Brad Campsey, and my date of birth is 3-10-61.
 My address is 13001 State Hwy 148, Barre, TX, 76230, USA.
(street) (city) (state) (zip code) (country)
 Executed in Jack County, State of TX, on the 16 day of Jan, 20 24.
(month) (year)
Brad Campsey
 Signature of Candidate/Officeholder (Declarant)