CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

			1 Filer ID (Ethics Com	nmission Filers)	2 Total pages filed:	
The C/OH Instruction Gu	ide explains how to	complete this form.				
CANDIDATE / OFFICEHOLDER	MS / MRS / MR	VPMA (MI	OFFICE USE ONLY	
NAME	NICKNAME	SMARAR		SUFFIX	Date Received	
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT/SUITE#:	Regin TZ 7	ZIP CODE	FEB - 5 2024	
Change of Address	AREA CODE	PHONE NUMBER	EXTENSIO		Date Hand-delivered or Date Postmarked	
OFFICEHOLDER PHONE	(Mg) 94	Keny	255-2500	MI	Receipt # Amount \$	
CAMPAIGN TREASURER NAME	MS MRS /MR	Konn 4	Amy	SUFFIX	Date Processed 2.5-2004	
IVANIL	NICKNAME	SHAZAR	/	SUFFIX	Date Imaged STATE: ZIP CODE	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO		SUITE #: CITY;	7 71	Sivile:	
(Residence or Business)		Shawer K	EXTENSIO		W v	
8 CAMPAIGN TREASURER PHONE	(940) 4	152-6978				
9 REPORT TYPE	January 15 30th day before election Runoff Runoff 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C(OH, FR))					
	July 15	8th day befor		eeded Modified oorting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 1	Day Year / 1 / 23	THROUGH	12	-/31/2023	
11 ELECTION	ELECTION DAT		П - "	ELECTION TY	PE.	
	Month Day	Year Prin		Other Descriptio	n	
		Ger	eral Special			
12 OFFICE	OFFICE HELD (if any)	nissimec	Po	sought (if kr		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDERS KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S) Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		同層	GEIVEN	
	GENERAL	COMMITTEE ADDRESS			2024	
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME FEB - 5 2024					
		COMMITTEE CAMPAIG	N TREASURER ADDRESS			
		GO	TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	V FINANCE REPORT	Eller ID /Ethios Commission Ellers)
5 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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	* O
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is true at	nd correct and includes all information
r	equired to be reported by me under Title 15, Election Code.	
		\rightarrow
	Signature of Candi	idate or Officeholder
	Please complete either option below:	
	MEGE	
		TO THE PROPERTY OF THE PROPERT
(1) Affidavit		5 2024
L.,	FED -	
NOTARY STAMP/SE	EAL U	
	this the	day of
	ed before me by	
20, to cert	ify which, witness my hand and seal of office.	
Signature of officer admin	istering oath Printed name of officer administering oath	Title of officer administering oath
E CHE E CHARLE	OR	
(2) Unsworn Declar	ation	
,1		1-22-1968
My name is	, and my date of birth is	1 JUM Sel
My address is	77 Shawver RD . Kerin . 7	the sade (country)
	(street) (city) (st	ate) (zip code) (country)
Executed in	(street) County, State of Texas, on the 5 day of (month)	(year)
	d'Amis	
160	Signature of Candida	ate/Officeholder (Declarant)
Service and the service of	0	