CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to	complete this f		iler ID (Ethics Co	ommission Filers)	2 Total pages filed	i:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST			MI	OFFICE	ISE ONLY
NAME	NICKNAME	DLV	<i>=</i> 6		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 914 WEST TI	APT / SUIT		STATE;	ZIP CODE 76 456	FEB 2	6 2024
Change of Address					2		V
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	567-153		EXTENSI	ON	Date Hand delivered of	Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mrs	FIRST Kč.	/ _y		Ř	Date Processed	20-202
NAME	NICKNAME LAST SUFFIX OL. VET Date Imaged 2-26-202						16-2024
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N 914 W TA	O PO BOX PLEASE	; APT / SUITE #:	JACK	sboro	STATE;	ZIP CODE 76458
(Residence or Business)		,			Allen Carlos Anno Anno Anno Anno Anno Anno Anno An		
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	567-1		EXTENS	ION		
9 REPORT TYPE	January 15	30th	day before election	Ru	noff	15th day after treasurer ap (Officeholder	pointment
Re Same	July 15	8th da	ay before election		ceeded Modified porting Limit		(Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Y	024	THROUGH	Month 2	Day Year / 26 / 20	24
11 ELECTION	ELECTION DATE ELECTION TYPE						
	Month Day	Year	Primary	Runoff	Other		
	3/5		General	Special	Description		
12 OFFICE	JACK CO. P.	+ #1 (on	NISSIONEL	,	SOUGHT (if know	#1 COMMISS	ioner
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NA	ME				
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CA	MPAIGN TREASUR	RER ADDRESS			
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		
13 C/OH NAIVIE	16 File	er 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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
1 Aug. 1	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 AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ O
	uired to be reported by me under Title 15, Election Code. Signature of Candidate	or Officeholder
Ver det silt:	Please complete either option below:	
(1) Affidavit NOTARY STAMP/SEAL		EB 2 6 2024
Sworn to and subscribed b	efore me hy	Medicanies pro promotion decrease and another control of the contr
	hich, witness my hand and seal of office.	day of,
Signature of officer administerir	ng oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	OR	
My name is <u>SARY</u> My address is <u>914</u> W Executed in <u>JACK</u>	, and my date of birth is MATCA ST Thompson , TACKSboro , TX , 1 (street) (city) (state) (2 County, State of TX , on the 26 day of Thomson)	-h /7, /963 76458, USA zip code) (country)
	Signature of Candidate/Officel	(year) holder (Declarant)