## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Trasi	мі D	OFFICE USE ONLY			
INAME	NICKNAME LAST Ogle	SUFFIX	EGEIVEN			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 17527 State Highway 59, Bowie, TX 76230					
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	( 940 ) 389-1104	EXTENSION	Date Hand-delivered or Date Postmarked  2024 - 1 - 6  Receipt #   Amount \$			
6 CAMPAIGN TREASURER NAME	ms/mrs/mr first Trasi	мі <b>D</b>	Date/Processed			
IVAIVIL	NICKNAME LAST Ogle	SUFFIX	Date Imaged			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	UITE #; CITY;	STATE; ZIP CODE			
TREASURER ADDRESS	17527 State Highway 59, Bowie		OTAL, EL COLL			
(Residence or Business)			s s			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	( 940 ) 389-1104					
9 REPORT TYPE	January 15  30th day before electrical day before electrical strain day before electrical day before electrica		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)			
10 PERIOD	Month Day Year	Keporting Limit  Month	Day Year			
COVERED	1 / 1 / 24	тнгоидн 6	/ 30 / 24			
11 ELECTION	ELECTION DATE ELECTION TYPE					
	Month Day Year Primary	Runoff Other Description				
	11 / 5 / 24 General	Special	**************************************			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Tax Assessor-Col				
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 NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS				
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

16 C/OH NAME Trasi D Ogle				Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,	NTRIBUTIONS LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLI	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		0.00
	4. TOTAL POLITICAL EXP	ENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR	RIBUTIONS MAINTAINED AS OF THE LAS	T DAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	NT OF ALL OUTSTANDING LOANS AS OF RTING PERIOD	THE \$	0.00
	uired to be reported by me under Title	ury, that the accompanying report is true 15, Election Code.		
	Please co	mplete either option below	JUL -8 8	DO24
(1) Affidavit				V
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	ce.		
Signature of officer administer	ring oath Printed name	of officer administering oath	Title of offi	cer administering oath
		OR		
(2) Unsworn Declaratio	on			
My name is Trasi D Ogl	е	, and my date of birth is _	12/16/1967	
My address is 17527 Sta		Bowie TX		USA
Executed in <u>Jack</u>	(street)County, State of Texas	, , , ,	ate) (zip code)	(country)
		Signature of Candida	ate/Officeholder (De	eclarant)