## CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST МІ 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER TRACIE** MS. NAME NICKNAME LAST SUFFIX PIPPIN 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; ZIP CODE **OFFICEHOLDER** 100 N. MAIN ST., STE.310 JACKSBORO, TX JUL 1 0 2024 MAILING 76458 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (940 567-2141 PHONE Receipt # FIRST MS / MRS / MR 6 CAMPAIGN **TREASURER** TRACIE MS. Date Proc NAME NICKNAME LAST SUFFIX **PIPPIN** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE 7 CAMPAIGN TREASURER 100 N. MAIN ST., STE. 310 **JACKSBORO** TX 76458 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE (940 567-2141 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Dav Year Month Day Year COVERED / 24 30 6 1 24 THROUGH **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Runoff Primary Other Month Day Year Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE DISTRICT CLERK 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME TRACIE J PIPPIN			16 Filer	· ID (Eth	ics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	1.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	1.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	1	\$	0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	1,020.15
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	0.00
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:

NOTARY STAMP/SEAL		DI JUL 10 20L4
Sworn to and subscribed before me by		this the day of,
20, to certify which, witness my har	nd and seal of office.	
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
White the Control of the Control of the	OR	
(2) Unsworn Declaration		
My name isTRACIE J PIPPIN	, and my date	te of birth is 08/09/1963
My address is 100 N. MAIN ST., STE	. 310 JACKSBOF	RO TX 76458 USA
(stree		(state) (zip code) (country)
Executed in JACK County, Sta	ate of TEXAS , on the 19TH day	
	Mac	(month) (year)
	Signatur	re of Candidate/Officeholder (Declarant)

(1) Affidavit