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 BLAN FIRST 6Negg NICKNAME LAST LAMPSLY SUFFIX				OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY; STATE: ZIP CODE 13001 State Huy 148 Bown TX 76230				JUL 1 5 2024	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 507 - 0695				Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS /MB A	had FIRST LAST LAMPSEY	Core	99 SUFFIX	Date Progressed 5 - 2024 Date Imaged - 5 - 2024	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		NO PO BOX PLEASE); APT / S fate Huy [4	18 -	we	STATE: ZIP CODE TX 76230	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	Olo Olo	95		
9 REPORT TYPE	January 15	30th day before a	ection E	Runoff Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year / 1 / 2 4	THROUGH	Reporting Limit Month	Day Year / 30 / 24	
11 ELECTION	ELECTION DA	Year Primary General	Runoff	Other Description		
12 OFFICE	OFFICE HELD (if any)	wer	13 OFFIC	CE SOUGHT (if known	1)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIRED. COMMITTEE NAME	S MAY HAVE BEEN MAI	DE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TR		3		
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 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)	\$ 8				
	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 LAS OF REPORTING PERIOD	ST DAY \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$				
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.						
	Band Cana					
	Signature of Ca	ndidate or Officeholder				
	Please complete either option below	JUL 15 2024				
(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 administ	ering oath Printed name of officer administering oath	Title of officer administering oath				
OR						
(2) Unsworn Declarat	ion De Maria (m. 1	2 - (/				
My name is						
My address is 13001 State Huy 148 , Bour , TX , 76230 , JACK . (street) (city) (state) (zip code) (country)						
Executed in County, State of 1185, on the 5 day of (month), 20 decision, 20 decisio						
	/ Signature of Candi	date/Officeholder (Declarant)				