CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 3 CANDIDATE/ MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** Trasi D NAME LAST SUFFIX NICKNAME Ogle 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE **OFFICEHOLDER** 17527 State Highway 59, Bowie, TX 76230 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (940)389-1104 PHONE Receipt # Amount \$ FIRST 6 CAMPAIGN MS / MRS / MR **TREASURER** Trasi D Date Processed NAME NICKNAME LAST **SUFFIX** Date Imaged Ogle STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN **TREASURER** 17527 State Highway 59, Bowie, TX 76230 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** PHONE (940)389-1104 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Month Day Year COVERED 10 26 24 27 24 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Runoff Primary Other Month Day Year Description Special 24 11 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Tax Assessor-Collector 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OF POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER'S KNOWLEGSE OR CONSENT. CANDIDATES ON OFFICEHOLDER'S KNOWLEGSE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME **SPECIFIC** COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAMI AIGI	TIMANOL ILLI OILI		
15 C/OH NAME Trasi D Ogle		16 Filer ID (Ett	nics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	TEES OF LOANS, OR \$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
(1) Affidavit	Signature of Ca Please complete either option below		oct 2 9 2024
	before me by this the which, witness my hand and seal of office.	day	of,
Signature of officer administer (2) Unsworn Declaration	on		f officer administering oath
My name is Trasi D Og		X 76230	USA
My address is 17527 St			
Executed in Jack	(city) (street) (city) (street) County, State of Texas on the 26th day of Cotob		
	Signature of Candid	date/Officeholde	(Declarant)