CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH **COVER SHEET PG 1**

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2			
-WX - A.	MS / MRS / MR FIRST	MI	OFFICE USE ONLY			
CANDIDATE / OFFICEHOLDER	Mr Charles	C	Date Received			
NAME	NICKNAME LAST	SUFFIX	MEGEIVE			
1	TBob Hauger	Jr	The second secon			
- ANDIDATE /	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	JAN - 3 2025 O			
CANDIDATE / OFFICEHOLDER	PO Box 264		The second secon			
MAILING	Bryson, Tx. 76427		12 13			
ADDRESS	Bryson, TAI					
Change of Address	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA GOOD					
	(940) 507-2084		Receipt # Amount \$			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	MI				
	Mr Charles	C	Date Processed			
	NICKNAME LAST	SUFFIX	Date Imaged			
	TBob Hauger	Jr				
<u> </u>		PT / SUITE #; CITY;	STATE; ZIP CODE			
CAMPAIGN TREASURER	586 Old Jermyn Rd.					
ADDRESS						
(Residence or Business)	Bryson, Tx. 76427					
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER	(940) 507-2084					
PHONE	(940) 507-2084					
9 REPORT TYPE	January 15 30th day b	perfore election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day be	efore election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR) Day Year			
10 PERIOD	Month Day Year	Month				
COVERED	7 / 1 / 24	THROUGH 12	/ 31 / 24			
	TOTAL DATE	ELECTION TY	PE			
11 ELECTION	ELECTION DATE Primary Runoff Other					
	Month Day Year	Description	n			
		General Special ————				
		13 OFFICE SOUGHT (if kn	nown)			
12 OFFICE	OFFICE HELD (if any)					
	Sheriff Sheriff Sheriff Sheriff Sheriff Sheriff Sheriff Sheriff					
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE THE CANDIDATE OF SUCH EXPENDITURE OF SUCH EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE CONSENT.					
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
	COMMITTEE ADDRESS					
	GENERAL COMMITTEE ADDRESS					
Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME					
	SPECIFIC					
	COMMITTEE CAMP	AIGN TREASURER ADDRESS				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

5 C/OH NAME Charles Hauger		16	Filer ID (Ethics Co	ommission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		
	4. TOTAL POLITICAL EXPEND	I. TOTAL POLITICAL EXPENDITURES		0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAST D	AY \$	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF THE REPORTING	DF ALL OUTSTANDING LOANS AS OF TH NG PERIOD	s s	0.00
8 SIGNATURE I s	swear, or affirm, under penalty of perjury, quired to be reported by me under Title 15,	that the accompanying report is true ar Election Code.	nd correct and inc	cludes all informati
		Charles Han	gn	
		Signature of Candi	date or Officehol	der
	Please com		JAN - 3 20	25
(1) Affidavit				
NOTARY STAMP/SEA	AL			
Sworn to and subscribed before me by this the			day of _	
20, to certif	y which, witness my hand and seal of office.			
			Title of office	cer administering oa
Signature of officer administ	tering oath Printed name of o	officer administering oath		
Signature of officer administ	tering oath Printed name of o	officer administering oath OR		
	tion	OR		
(2) Unsworn Declarate	tion	OR, and my date of birth is _1	2-09-1969	LISA
(2) Unsworn Declarate	tion	, and my date of birth is, Bryson, Tx		USA
(2) Unsworn Declarate My name is Charles H My address is PO Box	tion	, and my date of birth is 1, Bryson, Tx	(zip code)	(country)