

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>2</b>														
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR	FIRST	MI														
	NICKNAME	LAST	SUFFIX														
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align:center;">OFFICE USE ONLY</th> </tr> <tr> <td style="text-align:center;">Date Received</td> <td style="text-align:center;"> <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <span style="color:red; font-size: 1.2em;">JAN - 8 2025</span> </div> </td> </tr> <tr> <td colspan="2" style="text-align:right;"> </td> </tr> <tr> <td colspan="2">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td>Receipt #</td> <td>Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		OFFICE USE ONLY		Date Received	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <span style="color:red; font-size: 1.2em;">JAN - 8 2025</span> </div>			Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged	
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Date Processed																	
Date Imaged																	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;														
Change of Address	100 N. MAIN ST., STE. 310 JACKSBORO, TX 76458																
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION														
	( 940 )	567-2141															
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR	FIRST	MI														
	NICKNAME	LAST	SUFFIX														
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Date Received</td> <td style="width:80%;"> <div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <span style="color:red; font-size: 1.2em;">JAN - 8 2025</span> </div> </td> </tr> <tr> <td colspan="2" style="text-align:right;"> </td> </tr> <tr> <td colspan="2">Date Hand-delivered or Date Postmarked</td> </tr> <tr> <td>Receipt #</td> <td>Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>		Date Received	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <span style="color:red; font-size: 1.2em;">JAN - 8 2025</span> </div>			Date Hand-delivered or Date Postmarked		Receipt #	Amount \$	Date Processed		Date Imaged			
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Date Processed																	
Date Imaged																	
<b>7 CAMPAIGN TREASURER ADDRESS</b>	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;														
(Residence or Business)	100 N. MAIN ST., STE. 310		CITY; JACKSBORO TX STATE; TX ZIP CODE 76458														
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE	PHONE NUMBER	EXTENSION														
	( 940 )	567-2141															
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)																
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)																
<b>10 PERIOD COVERED</b>	Month	Day	Year														
	7	1	24														
	THROUGH		Month Day Year														
	THROUGH		12 / 31 / 24														
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE														
	Month	Day	Year														
	/	/	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special														
<b>12 OFFICE</b>	OFFICE HELD (if any)		<b>13 OFFICE SOUGHT (if known)</b>														
	DISTRICT CLERK																
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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 TYPE	COMMITTEE NAME															
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS															
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME															
		COMMITTEE CAMPAIGN TREASURER ADDRESS															

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

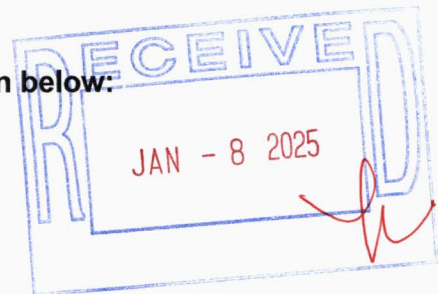
FORM C/OH  
COVER SHEET PG 2

<b>15 C/OH NAME</b> TRACIE J. PIPPIN		<b>16 Filer ID</b> (Ethics Commission Filers)	
<b>17 CONTRIBUTION TOTALS</b>	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
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1,021.15
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	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.

*Tracie Pippin*  
Signature of Candidate or Officeholder

Please complete either option below:



**(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 administering oath                      Printed name of officer administering oath                      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is TRACIE J. PIPPIN, and my date of birth is 08/09/1963.

My address is 100 N. MAIN ST., STE. 310, JACKSBORO, TX, 76458, USA.

(street) (city) (state) (zip code) (country)

Executed in JACK County, State of TEXAS, on the 8th day of JANUARY, 2025.

*Tracie Pippin*  
Signature of Candidate/Officeholder (Declarant)