CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ett	hics Commission Filers)	2 Total pages fil	led:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Herry		Dalto~		USE ONLY	
NAME	NICKNAME	Birdwell	\	SUFFIX	Date Received	CEIV	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STA	~		JUL 1 4 2025	
Change of Address	1DEA CODE	DUONE NUMBER	EVT	THOION			
5 CANDIDATE/ OFFICEHOLDER PHONE	(940)	392-2337	EAI	ENSION	Date Hand-delivered	or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Henry	D.	MI ~/t~~	Date Processed	Amount	
NAME	NICKNAME	LAST		SUFFIX	Data Imaged		
		Birdwell		J,	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI		CITY;	STATE;	ZIP CODE	
(Residence or Business)	244 Birdi	well red Bry	1500, Tx	764	27		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION			
THORE	(940) 3	392-2337					
9 REPORT TYPE	January 15	30th day before e	lection	Runoff	15th day af treasurer a (Officeholde		
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repor	rt (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year		Month	Day Year		
COVERED	1/1/2025 THROUGH 6/30/2025						
11 ELECTION	ELECTION DATE ELECTION TYPE						
	Month Day Year Primary Runoff Other Description						
	/ /	General	Special	R			
12 OFFICE	OFFICE HELD (if any)	Commission - Pet	A 1000	FICE SOUGHT (if known	1)		
44 NOTICE EDOM				IICAL EXPENDITURES N	MADE BY POLITICAL COL	MMITTEES TO SUPPORT	
POLITICAL COMMITTEE(S)	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					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	SS			
GO TO PAGE 2							



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1	6 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø					
***************************************	4. TOTAL POLITICAL EXPENDITURES	\$ Ø					
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ Ø					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$ Ø					
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.							
	- 5/						
	30 Blue						
	Signature of Cano	didate or Officeholder					
	Please complete either option below:	DECEIVE					
(1) Affidavit		JUL 1 4 2025					
		UR					
NOTARY STAMP/SEA	L						
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 administe	ering oath Printed name of officer administering oath	Title of officer administering oath					
	OR						
(2) Unsworn Declaration							
My name is Herry	De 1the Birdwell, J., and my date of birth is_	Sept. 18, 1970					
My address is 244	Birdwell Rush , Bigson , Tx	7(427 USA					
	(street) (city) (sta	te) (zip code) (country)					
Executed in County, State of, on the, ay of, 20_25 (month) (year)							
	Signature of Condidat	re/Officeholder (Declarant)					
	Signature of Calidida	or other (Decidiant)					