CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. Ch MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Manc NAME Date Received NICKNAME SUFFIX LAST 4 CANDIDATE / ADDRESS / PO BOX: **OFFICEHOLDER** Street San Juan TX MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 336-10X78 PHONE Receipt # Amount \$ MS / MRS / MR CAMPAIGN **TREASURER** Mrs Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE): STATE: ZIP CODE 7 CAMPAIGN 78589 **TREASURER** San Juan TX **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN **EXTENSION TREASURER** PHONE 460-2092 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Year COVERED 15 2025 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Description X General 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) Ommissioner 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC San Juan **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 CONTRIPUTIONS MADE ELECTRONICAL	F LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GU	JARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEND	ITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES		\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	NTAINED AS OF THE LAST DAY	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTLAST DAY OF THE REPORTING PERIOD	STANDING LOANS AS OF 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.			
Circohura of Candidate au Officabaldar			
Signature of Candidate or Officeholder			
N			
-	DI		
Please complete either option below:			
BRENDA A. ESCALANTE Notary Public, State of Texas Comm. Expires 02-01-2027 Notary ID 131664082			
Sworn to and subscribed before me by Mano alberto County this the 3rd day of April,			
20. 35, to certify which, witness my hand and seal of office. By end a Escalante City Secretar			
Signature of officer administerin			Title of officer administering oath
多数地址线线游戏	OR		
(2) Unsworn Declaration			
(2) Olisworn Declaration			
My name is		and my date of birth is	
My address is			
	(street)	(city) (state)	(zip code) (country)
Executed in	County, State of, on the	day of	
	Journey, June 3.	(month)	, 20 (year)
		Signature of Candidate/Off	ficeholder (Declarant)