## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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## FORM C/OH COVER SHEET PG 1

The C/OII Instruction C	wide explains how	to complete	this form	1 Filer ID (Eth	ics Commission Filers)	2 Total pages fi	led:	
The C/OH Instruction G		to complete	this ion.					
3 CANDIDATE / OFFICEHOLDER NAME		irles	IRST		SUFFIX		OFFICE USE ONLY Date Received	
	NICKNAME	5-	DECLIVE					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE redacted for web posting							
	AREA CODE PHONE NUMBER EXTENSION Data Hand delivered or Data Postmarker							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION redacted for web posting					Date Hand-delivered Receipt #	d or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST			MI		Date Processed		
	NICKNAME LAST SUFFIX					Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE							
(Residence or Business)								
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 5459015							
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)							
	July 15		8th day before ele	ction	Exceeded Modified Reporting Limit		ort (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month					Day Yea	24	
11 ELECTION	ELECTION DATE				ELECTION TYPE	(a) (a)	~ ~	
	Month Day Year Primary General			Runoff Special	Description -			
	1 1	6		-1				
12 OFFICE	OFFICE HELD (if any)		ace 5	<b>13</b> OFF	ICE SOUGHT (if known	٦)		
14 NOTICE FROM 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 TREASURER ADDRESS							
			GO TO	PAGE 2				

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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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## FORM C/OH COVER SHEET PG 2

100 NOR 100								
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)						
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 6900						
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2350						
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$						
	4. TOTAL POLITICAL EXPENDITURES	\$ 1769.88						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE \$ 6580.12						
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.								
redacted for web posting								
	Signature of Ca	andidate or Officeholder						
	12							
	Please complete either option below	N:						
	KIMBERLEY E. STEVENSON							
	Notary Public, State of Texas     My Commission Expires							
(4) A (2) I	July 28, 3027							
(1) Affidavit	NOTARY ID 1167809-0							
NOTARY STAMP/SEAL								
		11 Town						
Sworm to and subscribed before me by Charles STAfford this the 16 day of JANUARY								
20 24, to certify which witness my hand and seal of office.								
redacted for web posting Kimberky E. STEVENSON Motary								
Signature of officer administer	ering oath Printed name of officer administering oath	Title of officer administering oath						
	OR							
(2) Unsworn Declaration								
My name is	, and my date of birth is	3						
WIY AUUICOD 10	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, ,, ,, ,, ,, ,, ,, ,, , ,, ,, ,, , ,, , ,, , , , , , , , , , , , , , , , , , , ,	(state) (zip code) (country)						
Executed in	County, State of, on theday of(mont							
	outrie outrie outrie outrie (mont	h) , 20						
	Signature of Cand	idate/Officeholder (Declarant)						