CANDIDAT CAMPAIGI	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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR	FIRST	MI K	OFFICE USE ONLY			
	NICKNAME	Sedina	SUFFIX HO	Date Received LLY THOMAS, COUNTY CLERGE JASPER COUNTY, TEXAS			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STATE; ZIP CODE	LED JAN 3 1 2024			
Change of Address	40,150	x 754 Ecade	- / · · ·	Fillied Joseph 1			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date 用和U可Nered or Date Postmarked			
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt # Amount S			
NAME	NIL	Jæ LAST	SUFFIX	Date Processed			
	NICKNAME	Slevling	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	,	CUITE #; CITY:	STATE; ZIP CODE			
(Residence or Business)		さい さい	ADALE, TK 77	615			
8 CAMPAIGN TREASURER PHONE	(409) 4	PHONE NUMBER  89- ZS-88	EXTENSION .				
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	- Month	Day Year	Month THROUGH	Day Year			
11 ELECTION	ELECTION DA	TE	ELECTION TYPI	15, 4			
	Month Day	Year Primary	Runoff Other Description				
	03/05/	General General	Special				
12 OFFICE	OFFICE HELD (if any)	0//	13 OFFICE SOUGHT (If know	m)			
	Constable	Vet, 6	Constable +	ct b			
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS				
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		TICAL CONTRIBUTIONS (OTHER ARANTEES OF LOANS, OR LECTRONICALLY)	THAN \$	Ø					
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, I	T <b>RIBUTIONS</b> OANS, OR GUARANTEES OF L	OANS) \$	8					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	ICAL EXPENDITURE.	\$	Par High					
Sign Gard Hangars	4. TOTAL POLITICAL EXPE	NDITURES	\$	41,00					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	HE LAST DAY \$	0						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	T OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE \$	B.					
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									
Defined to be reported by the direct title to, Election odds									
		Signature	e of Candidate or C	4 976 6					
		Signature	di Candidate di C	grice noider					
Please complete either option below:									
(1) Affidavit									
NOTARY STAMPTSE	Libefore me by	tulj#1000 "	is the <u>3/5</u> † d	ay of <u>Januar</u> y					
20 29 to certif	y ýthich, witness my hand and seal of office Billio	Dorthy	ſ	Deputy Clairs					
Signature of officer adminis	ering oath Printed name o	f officer administering oath		e of officer administering oath					
(2) Unsworn Declarate	ion	OR		ŀ					
I.	My name is, and my date of birth is								
My address is		/_it.A		anda) (asserta)					
Executed in	(street) County, State of	(city) , on the day of _	(state) (zip	code) (country) 20 (year)					
		Signature of	Candidate/Officeho						