CANDIDAT CAMPAIGI	FORM C/OH COVER SHEET PG 1					
The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)					2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS (MR) NICKNAME	Ponnie LAST Hutchiso	SUF		JASKER COU	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		Kirbymle, Tx.	75956	By.	N 4 -	2 2 2024 <u>ne Weldo</u>
5 CANDIDATE/ OFFICEHOLDER PHONE	(409)	PHONE NUMBER U23-9274	EXTENSION		Date Hand-delivered	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR		SUF	FIX	Date Processed Date Imaged	-Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE	NO PO BOX PLEASE); APT / SI	UITE #; CITY;		STATE;	ZIP CODE
9 REPORT TYPE	(409) January 15 July 15	<u>423 - 927 6</u> ☐ 30th day before e	ction Exceeded		treasurer and (Officeholde	
10 PERIOD COVERED	Month	Day Year	Reporting L	imit Month	Day Year	
11 ELECTION	Month Day	Year	Runoff O	TION TYPE ther escription		
12 OFFICE	OFFICE HELD (if any)	ble Pcf #3	13 OFFICE SOUGH	T (if known))	
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'S OR OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES COMMITTEE TYPE COMMITTEE NAME					DER'S KNOWLEDGE OR
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	ASURER NAME			
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 CONTRIBU PLEDGES, LOANS, OR GUARANTEES OF L CONTRIBUTIONS MADE ELECTRONICALLY	OANS, OR \$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUAR	RANTEES OF LOANS)					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDIT	JRE. \$ 0					
	4. TOTAL POLITICAL EXPENDITURES	\$ 0					
CONTRIBUTION BALANCE	-5. TOTAL POLITICAL CONTRIBUTIONS MAINTA OF REPORTING PERIOD	AINED AS OF THE LAST DAY \$					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTST LAST DAY OF THE REPORTING PERIOD	ANDING 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.							
Consideration of the first							
Signature of Candidate or Officeholder							
Please complete either option below:							
(1) Affidavity SHANNON COLESON Notary Public, State of Texas My Commission Expires April 28, 2024 NOTARY SECURATION 1195563-6							
Sworn to and subscribed before me by Ronnie Hutchison this the 22nd day of Ronnie Hutchison this the 22nd day of Ronnie Hutchison.							
Manan Collegen Shannon Coleson Notary							
Signature of officer administr	Printed name of officer administer	ring oath Title of officer administering oath					
(2) Unsworn Declaration							
My name is	. а	and my date of birth is					
ł							
	(street)	(city) (state) (zip code) (country)					
Executed in	County, State of , on the	day of, 20 (year)					
	. —	Signature of Candidate/Officeholder (Declarant)					