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CAMPAIGN FINANCE REPORT				HEET PG 1	
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Fil	lers) 2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MCS. NICKNAME	Hally	SUFFIX	Date RANGER	USE ONLY MAS. COUNTY C. EI COUNTY, TEXAS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	ву Ди	N. 15 2025
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	3799	Date Hand-delivered	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MVS NICKNAME	CLEOD CLEOD	SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE#; CITY; Jasper,	STATE;	75951
8 CAMPAIGN TREASURER PHONE	AREA CODE (409) -	PHONE NUMBER 382 - 0	EXTENSION OS O		
9 REPORT TYPE	July 15	30th day before e		treasurer a (Officehold	Rer campaign ppointment er Only) rt (Attach C/OH - FR)
10 PERIOD COVERED	Month O)	Day Year / 2025	THROUGH 06	onth Day Yea 0 / 30 / 20	025
11 ELECTION	Month Day	Year Primary General	Runoff Other Descrip		·
12 OFFICE	OFFICE HELD (If any)	Clerk	13 OFFICE SOUGHT (if	known).	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITUR S MAY HAVE BEEN MADE WITHOUT THE IRED TO REPORT THIS INFORMATION ON	CANDIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	PAGE 2		

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME 16 FIER ID (Eitics Commission Filers) 17 CONTRIBUTION				
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Please complete either option below: Please complete either option below:	1		F THE \$	0
Signature of Candidate or Officeholder Please complete either option below: Please complete either option below: NOTARY STAMP/SEAL Sworn to and subscribed before me by Holy Clerk To certify which, witness my hand and seal of office. How the subscribed before me by Holy Clerk Signature of officer administrating oath Printed name of officer administrating oath OR (2) Unsworn Declaration My name is	18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct an	d includes all information
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Sworn to and subscribed before me by	0	Please complete either option below	v:	
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Sworn to and subscribed before me by	[7: 10-11]			
Sworn to and subscribed before me by		7.		
Sworn to and subscribed before me by	(v) Affidavit	a contract of the contract of		
Sworn to and subscribed before me by	11.48			
Sworn to and subscribed before me by HOLY TOWAS this the Say of July 20 25	A COUNTY.			
Sworn to and subscribed before me by	NOTARY STAMP/SEA			. 1
Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is	1	before me by Holly Momas this the	<u>5</u> day	of July,
Signature of officer administering oath Printed name of officer administering oath OR. (2) Unsworn Declaration My name is, and my date of birth is My address is, (city) (state) (zip côde) (country) Executed in County, State of, on the day of, 20	20	which, witness my hand and seal of office.	Δ	1 0/- 1
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	Executed in			
		(month	h) , 20 (year)
Signature of Candidate/Officeholder (Declarant)		Signature of Candi	date/Officeholder	(Declarant)