## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## 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	ms/mrs/mr first Martha			MI E		OFFICE USE ONLY	
NAME				SUFFIX	Date Received		
	NICKNAME UZ	Pirky		SUFFIX	Waller	Co. Elections	
4 CANDIDATE /	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE;	ZIP CODE		0.0000	
OFFICEHOLDER MAILING	1526 Peebles St.			JUL -6 2022			
ADDRESS	Hempstead, Tr. 77445			RE	CEIVED		
Change of Address	DIGUE NUMBER						
5 CANDIDATE/ OFFICEHOLDER	(713) 825-4147				Date Hand-delivered	Date Hand-delivered or Date Postmarked	
PHONE			***************************************		Receipt #	Amount \$	
6 CAMPAIGN TREASURER	MS/MRS/MR  MC.	michael		P			
NAME	Date Processed						
	NICKNAME LAST SUFFIX				Date Imaged		
7 CAMPAIGN	STREET ADDRESS (	NO PO BOX PLEASE); APT / SI	UITE #; CITY;		STATE;	ZIP CODE	
TREASURER	SURER DOODLOS ST						
ADDRESS (Residence or Business)	Hempstead, TX 77445						
8 CAMPAIGN							
TREASURER	REASURER						
(281) 795-1283							
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)						
	July 15	8th day before ele	cuon	eded Modified orting Limit	Final Repo	ort (Attach C/OH - FR)	
10 PERIOD	Month	Day Year		Month	Day Yea		
COVERED 01/01/2023 THROUGH 06/30/2023					099		
11 ELECTION	ELECTION DATE ELECTION TYPE						
	Month Day	Year Primary	Runoff	Other Description			
	11/8/	ala General	Special				
12 OFFICE	42. 257125 2011017 (()						
L OTTICE		Co. District	Clerk				
14 NOTICE FROM	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						
POLITICAL COMMITTEE(S)	CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
9	COMMITTEE TYPE   COMMITTEE NAME						
Additional Pages	GENERAL COMMITTEE ADDRESS						
, additional Lagos	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 Martha	Elizabeth "Liz" Pirk	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBU     PLEDGES, LOANS, OR GUARANTEES OF L     CONTRIBUTIONS MADE ELECTRONICALLY	OANS, OR \$				
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUAR	RANTEES OF LOANS) \$ O				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITU	\$ O				
	4. TOTAL POLITICAL EXPENDITURES	\$ <b>C</b>				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINT/ 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.						
M. Elizabeth Publo Signature of Candidate or Officeholder						
Please complete either option below:						
CINDY JONES						
(1) Affidavit	COMM. EXPIRES 2-11-2029 NOTARY ID 714277-2					
NOTARY STAMP/SEAL						
Sworn to and subscribed before me by M.ELIZABETH PIRKIE this the 5 day of July.						
20 22, to certify which, witness my hand and seal of office.  Index Lanes UNDY LOVES NOTARY PUBLIC						
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath						
(2) Unsworn Declaration						
1350K 9740K9 M050		nd my date of birth is				
My address is	(street)	(city) (state) (zip code) (country)				
Executed in	County, State of, on the					
		Signature of Candidate/Officeholder (Declarant)				