## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Fil	ers) 2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS MR	FIRSI	MI	OFFICE USE ONLY	
NAME	NICKNAME	LAST	SUFFIX	Waller Co. Elections	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	× 481 Path	CITY: STATE: ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS	FIRST	мі	Receipt # Amount \$	
	NICKNAME	Fre	not	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	NO PO BOX PLEASE): APT / S	VITE #: CITY: Pattison, !	STATE: ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (23/) 4	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ction Exceeded Modifie Reporting Limit	d Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Ol,	Day Year / 01 / 7023		nth Day Year 130/2023	
11 ELECTION	ELECTION DA Month Day	TE Year Primary	ELECTION 1		
		General	Special		
12 OFFICE	OFEICE HELD (if any)	Athe Peace, i	13 OFFICE SOUGHT UFF	Huleace, Pet.4	
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			
		COMMITTEE CAMPAIGN TRE	ASURER 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	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ O				
5	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0				
	4. TOTAL POLITICAL EXPENDITURES	\$ 0				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ 1131.99				
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD</li> </ol>	FTHE \$3199.63				
<b>18</b> 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.						
	Signature of Ca	andidate or Officeholder				
	Please complete either option below	<b>v</b> :				
(1) Affidavit						
NOTARY STAMP/SEA	AL.					
Sworn to and subscribed	this the	day of,				
	y which, witness my hand and seal of office.	000. 2 000				
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declarat	ion					
My name is bed Krenek Rand my date of birth is 11-04-1952.						
My address is	utgil230 Vergelly Jattison 1	X TTYLE USA				
Executed in	County, State of Tellor, of the D day of The	(state) (źip code) (country)				
	Teak	unit				
	Signature of Cand	idate/Officeholder (Declarant)				