## **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: " The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR **OFFICEHOLDER** OFFICE USE ONLY NAME NICKNAME FILED " 4 CANDIDATE / ADDRESS / PO BOX; STATE; **OFFICEHOLDER** COUNTY CLERK, BRAZORIA CO., TEXAS MAILING **ADDRESS** DEPUTY Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST TREASURER NAME Date Processed NICKNAME LAST SUFFIX Date Imaged 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officaholder Only) July 15 8th day before election **Exceeded Modified** Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month **COVERED** THROUGH **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Primary Öther Month Description General Special 12 OFFICE OFFICE HELD (If any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTE!) CIR 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 OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REFERDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

| 45 6/6/1                        |  |                                       |  |
|---------------------------------|--|---------------------------------------|--|
| 15 C/OH NAME                    | Thonda Barchet   |                                       | 16 Filer ID (Ethics Commission Filers)   |
| 17 CONTRIBUTION<br>TOTALS       | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) |                                       | \$ 0                                     |
|                                 | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   |                                       | \$ 6                                     |
| EXPENDITURE<br>TOTALS           | 3. TOTAL UNITEMIZED POLITICAL EX   | PENDITURE.                            | \$ 0                                     |
|                                 | 4. TOTAL POLITICAL EXPENDITURES  |                                       | \$                                       |
| CONTRIBUTION<br>BALANCE         | 1 0 ICHAL BOSTICAL CONTRIBUTIONS MAINTAINES AS SE THE CASE THE   |                                       | T DAY \$ \$                              |
| OUTSTANDING<br>LOAN TOTALS      | TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE   | OUTSTANDING LOANS AS OF               | THE \$ 0                                 |
| 18 SIGNATURE I s                | wear, or affirm, under penalty of perjury, that the uried to be reported by me under Title 15, Election                            | e accompanying report is true n Code. | and correct and includes all information |
|                                 |  | C among A                             |  |
|                                 |  | lond B                                | accho!                                   |
|                                 | _  | Signature of Car                      | ndidate or Officeholder                  |
|                                 |  |                                       |  |
|                                 |  |                                       |  |
|                                 |  |                                       |  |
|                                 | Please complete  | either option below                   | -  |
|                                 | ANITA DALE FINK  |                                       |  |
|                                 | My Notary ID # 2882759   |                                       |  |
|                                 | Expires December 29, 2025  |                                       |  |
| (1) Affidavit                   |  |                                       |  |
|                                 |  |                                       |  |
| NOTADY STAND (SEA)              |  |                                       |  |
| NOTARY STAMP/SEAL               |  |                                       | II                                       |
| Swom to and subscribed          | perfore me by Knonda Darc  | hak this the                          | 5th day of SEPTEMBER                     |
| 20 <u>23</u> , to certify       | which, witness my hand and seal of office.   |                                       |  |
| 1000                            | Dago Full  |                                       |  |
| Signature of officer administer |  | ministrator costs                     | Title of officer administration to       |
|                                 |  | ministering oath                      | Title of officer administering oath      |
|                                 | OR   |                                       |  |
| (2) Unsworn Declaration         | n  |                                       |  |
|                                 |  |                                       |  |
| My name is                      |  | , and my date of birth is             |  |
| My address is                   |  |                                       |  |
|                                 | (street)   | (city) (st                            | ate) (zip code) (country)                |
| Executed in                     | County, State of, or   |                                       |  |
|                                 |  | (month)                               | (year)                                   |
|                                 |  |                                       |  |
|                                 |  | Signature of Candida                  | ite/Officeholder (Declarant)             |

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

|   | The Instruction Guide explains how to complete this form.   |   |                           |                              |                                       |  |  |  |  |
|---|---|---|---------------------------|------------------------------|---------------------------------------|--|--|--|--|
|   | ◆ Complete only if "Report Type" on page 1 is marked "Final Report" ◆   |   |                           |                              |                                       |  |  |  |  |
| 1   | C/OH N  | 40  |                           |                              | 2 Filer ID (Ethics Commission Filers) |  |  |  |  |
| 3   | SIGNA   | TURE  |                           |                              |                                       |  |  |  |  |
|   |   |   |                           |                              |                                       |  |  |  |  |
|   | I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  |   |                           |                              |                                       |  |  |  |  |
|   |   |   |                           | Signatur                     | re of Candidate / Officeholder        |  |  |  |  |
| 4   | FILER Com   | FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below only if you are not an officeholder. ••  |                           |                              |                                       |  |  |  |  |
|   | A.  | CAMPAIGN FUNDS  |                           |                              |                                       |  |  |  |  |
|   | Check   | only one:   |                           |                              |                                       |  |  |  |  |
|   | Z   | I do not have unexpended conf   | ributions or unexpended i | nterest or income earned fro | m political contributions.            |  |  |  |  |
|   |   | I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254,204. |                           |                              |                                       |  |  |  |  |
|   | B.  | ASSETS  |                           |                              |                                       |  |  |  |  |
|   | Check   | only one:   |                           |                              |                                       |  |  |  |  |
|   | A   | I do not retain assets purchased with political contributions or interest or other income from political contributions.   |                           |                              |                                       |  |  |  |  |
|   | I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.  Signature of Candidate                             |   |                           |                              |                                       |  |  |  |  |
| _   |   |   |                           |                              |                                       |  |  |  |  |
| •• Complete this section only if you are an officeholder •• |   |   |                           |                              |                                       |  |  |  |  |
|   | I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. |   |                           |                              |                                       |  |  |  |  |
|   |   |   |                           | Sig                          | nature of Officeholder                |  |  |  |  |