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. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** JUFFREY) NAME Date Received NICKNAME 7-15-TROBEN ADDRESS / PO BOX: APT / SUITE #: ZIP CODE 4 CANDIDATE / **OFFICEHOLDER** EXAS ALUXY TY 3601 wes MAILING DEPUTY **ADDRESS** Hwyb Change of Address CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (713)PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN МІ TREASURER MR. 1 Yer Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE ZIP CODE 7 CAMPAIGN Awin**TREASURER** メゲ 113°0 3601 W HWY **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER **EXTENSION** TREASURER PHONE 9 REPORT TYPE 30th day before election 15th day after campaign Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 01/01/24 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Runoff Other Description 03/03/16 General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Drainage commisioner CR3 Commisioner Pet. County THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **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

15 C/OH NAME		•		16 Filer ID (Ethics Commission Filer	rs)
17 CONTRIBUTION TOTALS	PLEDGE	JNITEMIZED POLITICAL CONTRIBUTI ES, LOANS, OR GUARANTEES OF LO BUTIONS MADE ELECTRONICALLY)	•	\$ 6,000	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARA	NTEES OF LOANS)	\$	_
EXPENDITURE TOTALS	3. TOTAL U	INITEMIZED POLITICAL EXPENDITUR	₽E.	\$ 1,500	
	4. TOTAL F	POLITICAL EXPENDITURES		\$1500	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			\$4,500	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTAN	IDING LOANS AS O	FTHE \$	
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.					
ally Fair					
Signature of Candidate or Office holder					
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEAL	-				
Sworn to and subscribed before me by this the				day of	
20, to certify v	which, witness my ha	nd and seal of office.	Î		
Signature of officer administer	ring oath	Printed name of officer administering	g oath	Title of officer administering	oath
	الد والمراز الم	OR		التاب عائديات	
(2) Unsworn Declaration					
My name is HLFRED FRORENG SK and my date of birth is My address is 3601 West Hulf 6 ALVIN, TY				4-26-64 4-77511, U.S	
(street) (city) (state) (zip code) (country) Executed in RRAZORIA County, State of Tx, on the day of Tuly, 20 24.					
Executed in RRAZORAM County, State of, on the day of, 20_24 . Signature of Candidate/Officeholder (Declarant)					