CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR MΕ 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** O MR NAME Date Received SUFFIX 4 CANDIDATE / ZIP CODE ADDRESS / PO BOX; APT / SUITE#; OFFICEHOLDER 78948 Lincoln $\chi \chi$ MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** (979 540-le191 PHONE Receipt # Amou**്വാ** \$ CAMPAIGN MS / MRS / MR ΜE **TREASURER** ш Date Processed NAME NICKNAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE **CAMPAIGN** TREASURER **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED THROUGH 27 ELECTION TYPE **ELECTION DATE** 11 ELECTION Primary Runoff Other Year Description General Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (If any) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ON OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REPREDITURES. MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE 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 File	16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		THAN	\$	0	
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LO	ANS)	\$	0	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0	
	4. TOTAL POLITICAL EXPENDITURES			\$ 0		
CONTRIBUTION BALANCE	1 3. IUTAL PULITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA			\$	0	
OUTSTANDING LOAN TOTALS	1 01 101/101/101/101/101/101/101/101/101			\$	0	
	wear, or affirm, under penalty of perjury quired to be reported by me under Title 15		s true and c	correct and incli	udes all information	
		7/1/n@	Joh			
		Signature of	of Candidate	or Officehold	∋r	
•						
Please complete either option below:						
	00.00					
(1) Affidavit						
NOTARY STAMP/SEAL			41	day af		
Sworn to and subscribed before me by this the 20, to certify which, witness my hand and seal of office.				day of	•	
, to certify	William, with east my heard and acut of office.					
Signature of officer administe	ring oath Printed name of	officer administering oath		Title of officer	administering oath	
		OR				
(2) Unsworn Declarati	on					
My name is Mu-K My address is 11-81	Marthijetu	, and my date of bir				
My address is		. Lincoh	•	78948 . (zip code)	(country)	
Executed in 200	(street)County, State of <i>Tekst</i>	(city) , on the _15 day of			· • • • • • • • • • • • • • • • • • • •	
		E / 5	``			
l		Signature of C	andidate/Offi	iceholder (Decl	arant)	