

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: 2																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px dotted black;">MS / MRS / MR Mr</td> <td style="width:40%; border-bottom: 1px dotted black;">FIRST Steven</td> <td style="width:20%; border-bottom: 1px dotted black;">MI G</td> </tr> <tr> <td>NICKNAME</td> <td>LAST Pohorelsky</td> <td>SUFFIX</td> </tr> </table>	MS / MRS / MR Mr	FIRST Steven	MI G	NICKNAME	LAST Pohorelsky	SUFFIX	<div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 10pt; margin: 5px 0;">Date Received</p> <div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; font-size: 24pt; margin-right: 10px;">RECEIVED</div> <div style="text-align: center;"> <p style="font-weight: bold; margin: 0;">FEB 06 2024</p> <p style="font-weight: bold; margin: 0;">ELECTIONS ADMINISTRATOR LEE COUNTY TEXAS</p> </div> </div> <p style="font-size: 8pt; margin: 5px 0;">Date and-delivered Date Postmarked</p> <p style="font-size: 8pt; margin: 5px 0;">Receipt # Amount \$</p> <p style="font-size: 8pt; margin: 5px 0;">Date Processed</p> <p style="font-size: 8pt; margin: 5px 0;">Date Imaged</p> </div>											
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12 OFFICE	OFFICE HELD (if any) Lee County Constable Pct. 4	13 OFFICE SOUGHT (if known) Lee County Constable Pct. 4																	
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 8pt; margin: 0;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border-bottom: 1px solid black;">COMMITTEE TYPE</td> <td style="border-bottom: 1px solid black;">COMMITTEE NAME</td> </tr> <tr> <td style="border-bottom: 1px solid black;">GENERAL</td> <td style="border-bottom: 1px solid black;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-bottom: 1px solid black;">SPECIFIC</td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS								
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GO TO PAGE 2																			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

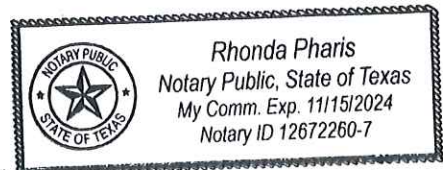
15 C/OH NAME Steven Glen Pohorelsky		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Steven Glen Pohorelsky this the 5th day of February, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Rhonda Pharis

Printed name of officer administering oath

Notary

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)