			1 Filer ID (Ethics	Commission Filers)	2 Total pages filed:
The C/OH Instruction G	-	to complete this form.			- Total pagao mod.
3 CANDIDATE / OFFICEHOLDER	MS / MRS// MR	BEALE	Ale	g	OFFICE USE ONLY
NAME	NICKNAME	LAST	· · · · · · · · · · · · · · · · · · ·	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		ity; state;	ZIP CODE -X NS -77488	JAN - 8 2024
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENS	SION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(979)	618-9d	0		PI
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		мі	Receipt # Amount \$
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7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE); APT / SI	UITE #; CITY	ſ;	STATE; ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENS	ION	
PHONE	()				and the store of the
9 REPORT TYPE	January 15	30th day before e	lection Ru	noff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele		ceeded Modified porting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / / 2023	THROUGH	Month	Day Year 131/2023
11 ELECTION	ELECTION DA			ELECTION TYPE	SIM HE
	Month Day	Year Primary	Runoff	Other Description	
		General	Special		14.5%
12 OFFICE	OFFICE HELD (if any)	Oynei Dichrof	13 OFFICE	SOUGHT (if known)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE	WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			ILLI RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
-9		GO TO	PAGE 2		

15 C/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ ()
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
MJ L	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
(1) Affidavit	Please complete either option below	ndidate or Officeholder
NOTARY STAMP/SEAL	before me by <u>EWNELLAL</u> this the	day of Juney,
Lailth	which, witness my band and seal of office.	Christian
signature of officer administer		Title of officer administering oath
(2) Unsworn Declaratio	OR	
(2) Onsworn Declaratio		
My name is	, and my date of birth is _	······································
My address is		······ ·······························
Executed in	(street) (city) (st County, State of, on theday of (month)	ate) (zip code) (country) , 20 (year)
	Signature of Candida	ate/Officeholder (Declarant)

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR STEXIES	FIRST	MI	OFFICE USE ONLY
	NICKNAME	SCHNET	SUFFIX	ECEIVE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY; STATE; ZIP CODE INCIMP TA 77455	JAN - 8 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979)	PHONE NUMBER 531- 9832	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS (MRS) / MR	FIRST Vilki LAST SCHNETOK	MI L SUFFIX	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE) APT / S	UITE #: CITY:	STATE; ZIP CODE TH 77488
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 533-2763	EXTENSION	a Construction
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH (Z	Day Year /31 /23
11 ELECTION	ELECTION DA Month Day	Year Primary	ELECTION TYPE	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
		General	Special	
12 OFFICE	OFFICE HELD (if any)	sition 2	13 OFFICE SOUGHT (if known	n and a second
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIO THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
		GO TO	PAGE 2	

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$ D
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS) \$ 🔿
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	E LAST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS / LAST DAY OF THE REPORTING PERIOD	AS OF THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report i uired to be reported by me under Title 15, Election Code.	is true and correct and includes all information
		B
	Signature	of Candidate or Officeholder
(1) Affidavit	Please complete either option be	510W.
NOTARY STAMP/SEAL	Halla Claimiles	the the day of Juman
20 24 , to certify	Mich, witness my hand seal of office.	· citisanter
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaratio	on	
My name is	, and my date of bir	rth is
My address is		
		_,,,,,,,,, (state) (zip code) (country)
Executed in	County, State of, on the day of	
	(n	nonth) (year)
	Signature of C	Candidate/Officeholder (Declarant)

The C/OH Instruction G	Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS (MB) FIRST TERRI	MI	OFFICE USE ONLY
NAME	NICKNAME FReese	SUFFIX	Date Received VE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		arto- TX, 7748	JAN - 8 2024
Change of Address 5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	P.
OFFICEHOLDER PHONE	(979) 532 - 4		Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	МІ	
NAME	NICKNAME LAST	SUFFIX	Date Processed
		SUFFIX	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
ADDRESS (Residence or Business)	N/H		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	$() \times A$		and the second
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	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
COVERED	7/1/23	THROUGH	31/23
11 ELECTION			111111111111111
	Month Day Year Primary	Runoff Other Description	
	1/+/-23 A General	Special	1017
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
Jen.	Council Dist. 3	N/A	July Min
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CANL	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME	
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	GO TO	PAGE 2	

15 C/OH NAME			16 Filer ID (Ethics C	commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELEC		\$	Ø
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAN	BUTIONS NS, OR GUARANTEES OF LOANS)	\$	6
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPEND	ITURES	\$	0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE LAS	ST DAY \$	Ø
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS O	F THE \$	0
(1) Affidevito	Please comp	lete either option below	V:	
NOTARY STAMP/SEAL Sworp to and subscribed 20 to cartify Signature of officer administer	before me by TEM H which, witness my hand and seal of office.	this the	01/810	amay MJ er administering oath
(2) Unsworn Declaratio	on .	OR		
		, and my date of birth is		<u> </u>
My address is		tt	· · · · · ·	· ·
	(street)	(city) (s	state) (zip code)	(country)
Executed in	County, State of	_ , on the day of (monthe), 20, 20, (year)	
		Signature of Candio	date/Officeholder (Dec	clarant)

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Co	mmission Filers)	2 Total pages file	d:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	lveller	MI	OFFICE	JSE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received C	EIVE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		HTY: STATE: WARDON TY	ZIP CODE		- 8 2024
Change of Address		lau alah gandu digan nyapôdi ya ang binatan uni akonstrusyok (10) d				FI
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSIO	N	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Be	FIRST Ity Mure	11-00	МІ	Date Processed	Amount
NAME	NICKNAME	LAST		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL	JITE #; CITY;		STATE;	ZIP CODE
TREASURER			w hAR	tons T.	477488	-
(Residence or Business)					-	
8 CAMPAIGN TREASURER PHONE	AREA CODE (979) 5	533 4597	EXTENSIO	N	NA MAN	8
9 REPORT TYPE	January 15	30th day before el	ection Runo	ff	15th day after treasurer app (Officeholder	pointment
	July 15	8th day before elec		eded Modified ting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month JAN,	Day Year / 2⊅ 2→	THROUGH	Month	Day Year	
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	1 1	General	Special		.	
12 OFFICE	OFFICE HELD (if any)	(A SAMA (13 OFFICE SC	DUGHT (if known		S. June 1
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS A CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WI	THOUT THE CANE	DIDATE'S OR OFFICEHOLD	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				(Act)
Additional Pages	GENERAL	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
		GO TO	PAGE 2			

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15 C/OH NAME			16 Fil	er ID (Ethics C	
17 CONTRIBUTION TOTALS		ITICAL CONTRIBUTIONS (OTHER T UARANTEES OF LOANS, OR ELECTRONICALLY)	HAN	\$ (>
1000	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,	ITRIBUTIONS LOANS, OR GUARANTEES OF LOA	NS)	\$	\mathcal{O}
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLI	TICAL EXPENDITURE.		\$	0
talan kanada kana kana kana kana kana kana	4. TOTAL POLITICAL EXPI	ENDITURES		\$	0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE	LAST DAY	\$	\bigcirc
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	NT OF ALL OUTSTANDING LOANS AS	S OF THE	\$	0
	wear, or affirm, under penalty of perju quired to be reported by me under Title 1		true and c	correct and inc	ludes all informa
		Don M	Jue	le	
A LOA	M FAVOR	Signature of mplete either option bel		e or Officehold	ler
(1) Affidavit	Please con			e or Officehold	ler
NOTARY STAMP/SEA Sworn to and subscribed 20 to certify	before me by	mplete either option bel	low: Ot	L day of	kiniau cum
NOTARY STAMP/SEA	before me by	mplete either option bel	low: Ot	L day of	kiniau cum
NOTARY STAMP/SEA Sworn to and subscribed 20 to certify signature of officer administe	before me by	mplete either option bel which we have be the means of officer administering oath	low: Ot	L day of	kinian
NOTARY STAMP/SEA Sworn to and subscribed 20 to certify Signature of officer administe (2) Unsworn Declarati	before me by	mplete either option bel	low: the	day of day of Title of office	Kincer euch er administering og
NOTARY STAMP/SEA Sworn to and subscribed 20 to certify Signature of officer administe (2) Unsworn Declarati My name is	before me by which, witness my hand end seal of office rring oath Printed name of on	mplete either option bel	low: the	day of day of Title of office	Kincer euch er administering og
NOTARY STAMP/SEA Sworn to and subscribed 20 to certify Signature of officer administe (2) Unsworn Declarati My name is My address is	before me by which, witness my hand and seal of office which witness m	mplete either option bel	ow: the	day of day of Title of office	funce cut
NOTARY STAMP/SEA Sworn to and subscribed 20 to certify Signature of officer administe (2) Unsworn Declarati My name is My address is	before me by	mplete either option bel	ow: the	day of day of The of office	funce cut

FORM C/OH COVER SHEET PG 1

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The C/OH Instruction (uide explains how	to complete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Russel		MI	OFFICE	USE ONLY
NAME	NICKNAME	MACHAN M	J	SUFFIX	Date Received	IVE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STA et K		JAN -	- 8 2024
Change of Address			ant geogramma and a strand and a strand and a strand and a strand a strand a strand a strand a strand a strand		ואן	
5 CANDIDATE/ OFFICEHOLDER PHONE	(28/)	PHONE NUMBER 850-3588	EXT	ENSION	Date Hand-delivered Receipt #	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Tonya		МІ	Date Processed	Amount \$
NAME	NICKNAME	LAST MACYAN N		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S		CITY;	STATE;	ZIP CODE 77488
(Residence or Business)						
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXT	ENSION		
PHONE	(281)	588-7533				
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day aft treasurer ap (Officeholder	
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month July /	Day Year	THROUGH	Month	Day Year 131120	123
11 ELECTION	ELECTION DA			ELECTION TYPE	1111111111111111	16.
	Month Day	Year Primary	Runoff	Other Description		
		General	Special			
12 OFFICE	OFFICE HELD (if any) AT LARG	B #5	13 OFF	FICE SOUGHT (if known	n)	
14 NOTICE FROM		E OF POLITICAL CONTRIBUTIONS	ACCEPTED OR POLIT	ICAL EXPENDITURES	ADE BY POLITICAL COM	MITTEES TO SUPPORT
POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN M	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
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		COMMITTEE CAMPAIGN TR	EASURER ADDRES	38		
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FORM C/CH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
Kussell mi	ACMAN L	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$
<u>deive</u>	2. (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO	ANS) \$ 🛇
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
Window Second States and a sugar states and sugar states	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH OF REPORTING PERIOD	E LAST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	AS OF THE \$
req	uired to be reported by me under Title 15, Election Code.	
	- Juny	- life
	Signature	of Candidate or Officeholder
(1) Affidavit	Please complete either option be	
NOTARY STAMP/SEAL Sworn to and subscribed	before me by RUSSELO Machann this	the day of Janian,
20 , to certify	which, witness my hand and seal of office.	city Secretors
Signature of officer administer		Title of officer administering oath
(2) Unsworn Declaration	OR On	
My name is	, and my date of bi	rth is
My address is		· · · · · · · · · · · · · · · · · · ·
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on the day of (r	, 20 month) (year)
	Signature of C	andidate/Officeholder (Declarant)

Forms provided by Texas Ethics Commission

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	MI	OFFICE USE ONLY
NAME	NICKNAME BARCE	2 SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	mTX	JAN - 8 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ()	EXTENSION	Date Hand-delivere a Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST	MI SUFFIX	Date Processed
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	JITE #; CITY;	STATE; ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 2023	THROUGH	Day Year /31 /2023
11 ELECTION	ELECTION DATE		111111111111
Lan May	Month Day Year Primary	Runoff Other Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS / THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIN	MAY HAVE BEEN MADE WITHOUT THE CANE	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS	ASURER NAME	
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	GO TO	PAGE 2	

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION 1. TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
navia02	OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION 5. BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	r DAY \$
OUTSTANDING 6. LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	or affirm, under penalty of perjury, that the accompanying report is true to be reported by me under Title 15, Election Code.	
	Si Bart	he
		didate or Officeholder
(1) Affidevit NOTARY STAMP/SEAL		8th day of Lanily.
20 to certify writed,	witness my hand and seal of office.	UNSICRON
Signature of officer administering oa	th Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration		
My name is	, and my date of birth is _	
My address is		
	(street) (city) (sta	ate) (zip code) (country)
Executed in		, 20 .
	Signature of Candida	te/Officeholder (Declarant)