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 (Elhics Commission Filers)				2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	nothy	OFFICE USE ONLY	
4 CANDIDATE/	ADDRESS / PO BO	Fulch	X N	
OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE / CITY: STATE; ZIP CODE 1193 ROSE HTIL RO P. D. BOXIS COULSPINGTX 7733/			OVE COU
Change of Address				2 2 2
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)4	337802	EXTENSION	Date Hand-delivered of Date Rosimarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  MUS  NICKNAME	Heidi	MI L . SUFFIX	Receipt # Amount's  Date Processor
		Fulche	<b>/</b>	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT SUITE N: CITY; STATE: ZIP CODE P.D. BOX 15 COLDSPINS TX 77331			
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(832 599 8907			
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)			
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD Month Day Year Month COVERED				Day Year
	Da D6 3024 THROUGH DA 25 2024			
11 ELECTION	ELECTION DATE ELECTION TYPE			
	Month Day	Year	Runoff Other Description	
	03/05	34 General	Special	
12 OFFICE	OFFICE HELD (if any)  13 OFFICE SOUGHT (if known) San Jacin to County Communissioner Premit 1			
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
GO TO PAGE 2				

## **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 2** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR \$ CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS \$ 4. **TOTAL POLITICAL EXPENDITURES** \$ CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5. **BALANCE** OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 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. Fight Tolk Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by \_\_ this the \_\_\_\_\_ day of \_ , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration (street) (city) (zip code) (country) (state) Signature of Candidate/Officeholder (Declarant)