## JUDICIAL CANDIDATE / OFFICEHOLDER FORM JC/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** Total pages filed: Filer ID (Ethics Commission Filers) The JC/OH Instruction Guide explains how to complete this form. MI MS / MRS / MR FIRST CANDIDATE / OFFICE USE ONLY OFFICEHOLDER Date Received NAME SUFFIX LAST NICKNAME RECEIVED ZIP CODE STATE; CITY; APT / SUITE #; ADDRESS / PO BOX; 4 CANDIDATE / OFFICEHOLDER MAILING **ADDRESS** Change of Address **EXTENSION** AREA CODE PHONE NUMBER 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Amount \$ Receipt # MI FIRST MS / MRS / MR CAMPAIGN TREASURER MAIL Date Processed -14-2025 NAME SUFFIX LAST NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CITY; CAMPAIGN TREASURER BRENHAM ADDRESS (Residence or Business) **EXTENSION** PHONE NUMBER AREA CODE CAMPAIGN TREASURER PHONE 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) July 15 8th day before election Reporting Limit 10 PERIOD Year Month Day Year Month Day COVERED THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Primary Other Runoff Day Year Month Description Special General OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE 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 POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS **GENERAL** Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

## JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS  (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ 2,518
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
40 CICALATIUDE I aveces as affirms under someth, of position, that the accommon increased in two and includes all information		
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 Condidate/Officeholder		
Signature of Candidate/Officeholder		
anninini.		
MINIANE	DANIN	
HII. 71		
Please complete either option below:		
E O A O: E		
E INFOFTET ! !		
(1) Affidavit 1.726704789.		
10/27/2020		
THE REAL PROPERTY OF THE PARTY		
NOTARY STAMP/SEAL		
CRIC DERET this the 14 day of July		
Sworn to and subscribed	before me by this the	day of,
20 25, to certify which, witness my hand and seal of office.		
Land Janet Dancel Whotopy tublic		
Signatural of officer administrate		Title of officer administering oath
Signature of officer administer		Title of officer autilitistering oath
OR		
(2) Unsworn Declarati	ion	
My name is	, and my date of birth is	s
My address is		
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on the day of	th) (year)
(month) (year)		
	Signature of Cond	idate/Officeholder (Declarant)
	Signature of Cand	idate/Officeholder (Declarant)