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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MS	MS/MRS/MR FIRST MI			OFFICE USE ONLY		
	NICKNAME	Vackson-Mats	5017	SUFFIX	Date Received	EINEU	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				APR 2 6 2024 U		
ADDRESS Change of Address	908 Hah	e Street	Lexington	1. TR 78947	BY:		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979) -	PHONE NUMBER 716- 4089	EX	TENSION		or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	Dana		МІ	Receipt #	Amount \$	
INCANIC	NICKNAME	LAST		SUFFIX	Date Imaged		
		Jackson Ma	tson				
7 CAMPAIGN TREASURER			/ SUITE #;	CITY;	STATE;	ZIP CODE	
ADDRESS (Residence or Business)	908 Hali	2 Street	lex	ingon, X	7894	7	
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXT	ENSION			
PHONE	(979) 716 4089						
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)						
	July 15	8th day before	election	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year		Month	Day Year		
	/		THROUGH	/			
11 ELECTION	ELECTION DA Month Day	Priman	y Runoff	ELECTION TYPE Other			
	Month Day 5 / 4	1001		Description			
40.055105			1,2				
12 OFFICE	OFFICE HELD (if any)	Member		ICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL	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 KNOW FORE OR						
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	FIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TE	REASURER ADDRES	S			
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$ 					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	\$ &					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0					
	4. TOTAL POLITICAL EXPENDITURES	\$ 6					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LOOF REPORTING PERIOD	AST DAY \$					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$					
	wear, or affirm, under penalty of perjury, that the accompanying report is truired to be reported by me under Title 15, Election Code.	ue and correct and includes all information					
Signature of Candidate or Officeholder							
	Signally of S	and date of Officerology					
Please complete either option below:							
(1) Affidavit							
NOTARY STAMP/SEAL							
		, day of,					
20, to certify w	hich, witness my hand and seal of office.	•					
Signature of officer administeri	. Times have of onlocal duministrating batti	Title of officer administering oath					
(2) Unsworn Declaration	OR desired to the second secon						
My name is	(street) County, State of Texas, on the 35 day of month	TR. 78947, USA					
	Signature of Candid	date/Officeholder (Declarant)					