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 /	Luc (MDC (MD					20	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MBS/MR	Thomas	3	MI	OFFICE	USEONLY	
	NICKNAME	LAST Hitts	24/	SUFFIX	Date Received	W 12	
4 CANDIDATE/	ADDRESS / PO BOX	APT / SUITE #;	CITY; ST	ATE; ZIP CODE		N	
OFFICEHOLDER MAILING ADDRESS		711 17 00112 #,	KARKA	war, TX	S.	1:01 H	
Change of Address			7	-5503		0	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	TENSION	Date Hand-delivered	d or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	MARK		МІ	Receipt #	Amount \$	
NAME	NICKNAME	LAST		SUFFIX	Date Processed		
		Addingt	on		Date Imaged		
7 CAMPAIGN TREASURER	STREET ADDRESS	NO PO BOX PLEASE): APT / SI	IITF #	CITY	STATE;	ZIP CODE	
ADDRESS							
(Residence or Business)		TEXARKAN	VA, TX	7550	3		
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXT	ENSION			
PHONE							
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 Repor	t (Attach C/OH - FR)	
10 PERIOD COVERED	7 / 16 / 23 THROUGH 1 / 15 / 24						
11 ELECTION	ELECTION DATE ELECTION TYPE						
	Month Day	Year Primary	Runoff	Other Description			
	/ /	General General	Special				
12 OFFICE	OFFICE HELD (if any)	Bowle	(13 OFF	ICE SOUGHT (if known)	1		
	Conty Comm	issioner Rt.2					
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 KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREA	ASURER 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 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.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ 9269 xx					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF 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.							
	110	0711/21/20					
	Mount						
		//EMM//11					
	Signature of Car	ndidate or Officeholder					
Diago complete sittem antique la large							
Please complete either option below:							
(1) Affidavit	CASSEVILITY						
CASSET 1011							
My Notary ID # 126576365 Expires June 30, 2024							
NOTARY STAILE / SEAT							
The sea 1.16:11							
Sworn to and subscribed before me by							
The Dest Dest Tite							
Signature of officer administer	ing oath	190111101 ILXID					
orginature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath					
	OR						
(2) Unsworn Declaration	on						
My name is	, and my date of birth is						
My address is							
, addioso is		oto) (zip godo) (country)					
Format 1		ate) (zip code) (country)					
Executed in	County, State of , on the day of (month)	, 20 (year)					
	Signature of Candida	ite/Officeholder (Declarant)					