CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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 FIRST	MI L	OFFICE USE ONLY	
NAIVIE	NICKNAME LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / Suffre #: C 1707 County Road 7 Joshua ITX 70058	OS	APRIL LO COUNTY CL ON COUNTY JAN 12 F	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817)875-7544	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST HOLLY NICKNAME LAST	MI E. SUFFIX	Date Processed Date Imaged	
	Morris			
7 CAMPAIGN TREASURER ADDRESS	1000 300	st.	STATE; ZIP CODE	
(Residence or Business)	Glen Rose TX 761	145		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 991. 3296	EXTENSION		
9 REPORT TYPE	January 15 30th day before ele		15th day after campaign treasurer appointment (Officeholder Only)	
	July 15 Sth day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	July / 1 / 2023	THROUGH 12	Day Year / 31 / 2023	
11 ELECTION	Month Day Year Primary General	Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any) County Clark	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME		
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	il Long	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)	\$ 7		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 0		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 436.40		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$		
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 Candidate or Officeholder				
Please complete either option below:				
(1) Affidavit				
NOTARY STAMP/SEA	-			
Sworn to and subscribed before me by this the day of,				
20, to certify	which, witness my hand and seal of office.			
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declaration	on			
My name is Porl	, and my date of birth is			
My address is	(street), Joshua, (city)	state) (zip code) (country)		
Executed in Johnso	County, State of Texas, on the 2 day of Jar	nuary, 20 24. (year)		
	Sign á ture of Candi	date/Officeholder (Declarant)		