CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	duide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS (MR) FIRST	MI	OFFICE USE ONLY	
NAME	NICKNAME LAST WHITE	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; 1/340 CR 604 BURL	CITY; STATE; ZIP CODE	APRILLE COUNTY C 450N COUN JUL 11	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (8/7) 774 - 78/	EXTENSION 9	Date Hand-delivered of Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS MRS MR FIRST	MI	Date Processed	
	NICKNAME LAST WHITE	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE#; CITY; BURLESON	STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 774-6081	EXTENSION		
9 REPORT TYPE	January 15 30th day before July 15 8th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 0 / 0 / 2 4	Month	Day Year / 30 / 24	
11 ELECTION	Month Day Year Primary	Description		
12 OFFICE	OFFICE HELD (If any) COMMISSIONER BCT	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU	S ACCEPTED OR POLITICAL EXPENDITURES M. ES 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 TR	EASURER NAME		
	COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
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	\$ 99,61		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE \$		
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	LINDA OWNBEY Notary Public, State of Texas Comm. Expires 02-21-2027 Notary ID 134211137			
Sworn to and subscribed before me by Mike White this the 11th day of July .				
20 24 , to certify which, witness my hand and seal of office. Linda Ownbey Wotary Linda Ownbey Botary				
Signature of officer administer	ring oath U Printed name of officer administering oath OR	Title of officer administering oath		
(2) Unsworn Declarati				
My name is	, and my date of birth is			
- Total				
	(street) (city)	state) (zip code) (country)		
Executed in	County, State of, on the day of(month	, 20 (year)		
	Signature of Candi	date/Officeholder (Declarant)		

www.ethics.state.tx.us