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 MOCK | M1 | OFFICE USE ONLY | |
| , | NICKNAME LAST | SUFFIX | Date Received | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | STATE: ZIP CODE | FEB 1 8 2020 | |
| Change of Address | | 70 (0 5 | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (325) 450-0709 | EXTENSION | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER | MS / MRS / MR FIRST | MI | Receipt # Amount S | |
| NAME | NICKNAME LAST | | Date Processed | |
| | Mateo | | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SI | | STATE: ZIP CODE 76 90 5 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (325) 245-6233 | EXTENSION | | |
| 9 REPORT TYPE | January 15 30th day before e | lection Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | |
| | July 15 8th day before ele | Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month Day Year | THROUGH OZ | Day Year | |
| 11 ELECTION | Month Day Year Primary | ELECTION TYPE | | |
| | Month Day Year Primary 03 /03 / Zo General | Runoff Other Description Special | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known CONTABLE TOM Green | e Pct·3 County | |
| GO TO PAGE 2 | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 14 C/OH NAME | | 15 | Filer ID (Ethics Commission Filers) | |
|--|---|--|-------------------------------------|--|
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTE SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE OF SUCH EXPENDITURES. | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | |
| | GENERAL | | | |
| | SPECIFIC | COMMITTEE ADDRESS | | |
| | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | |
| Additional Pages | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |
| 17 CONTRIBUTION TOTALS | PLEDG | UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY) | \$ | |
| | | POLITICAL CONTRIBUTIONS 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 LAST DAY OF REPORTING PERIOD | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | | | |
| 18 AFFIDAVIT | | | | |
| TONIA RILEY NOTARY PUBLIC STATE OF TEXAS ID # 12444586-8 ID # 12444580-13 013 2023 | | | | |
| My Comm. Expires 02-01-2023 Signature of Candidate or Officeholder | | | | |
| | | | | |
| AFFIX NOTARY STAMP/SEALABOVE | | | | |
| Sworn to and subscribed before me, by the said, this the, this the | | | | |
| day of February, 20 2/), to certify which, witness my hand and seal of office. | | | | |
| Some Riley Toxia Riley Pourt Coordinator | | | | |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | |