OFFICE USE ONLY NAME NICKHAME LAST FARMER SUFFIX Date Received Date Received Date Received Date Received JUL 14 2022 PK CANDIDATE OFFICE HOLDER ADDRESS Change of Address Change of Address CANDIDATE OFFICEHOLDER PHONE CAMPAIGN TREASURER NAME CAMPAIGN TREASURER NAME CAMPAIGN TREASURER ADDRESS (NO PO BOX PLEASE): APT, SUITE #; CITY: STATE: ZIP CODE Date Hand-delivered or Date Postmarked Date Processed Date Inaged Date Processed Date Inaged Date InageDate Inage Date InageDate Inage Date I	CANDIDA		FORM C/OH COVER SHEET PG 1		
OFFICEHOLDER NAME NICHMAME SATILLY Data Received JUL 14 2022 PA SUFFIX Data Received JUL 14 2022 PA JU	The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
NICKNAME TART WER CANDIDATE GEFICEHOLDER APT (BUITE R. CITY. STATE: ZIP CODE STREET ADDRESS / PO BOX. APT (BUITE R. CITY. STATE: ZIP CODE APT (BUITE R. CITY. STATE: ZIP CODE STAR AND AND AREA CODE PHONE NUMBER CAMPAIGN TREASURER NICKNAME AREA CODE PHONE NUMBER CAMPAIGN TREASURER NICKNAME AREA CODE PHONE NUMBER CAMPAIGN TREASURER AND STREET ADDRESS (NO PO BOX PLASE), APT, SUITE R. STATE: ZIP CODE STATE: ZIP CODE TARE CODE TARE CODE PHONE NUMBER CITY: STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE TARE CODE AREA CODE PHONE NUMBER AREA CODE AREA CODE PHONE NUMBER AREA CODE AREA COD		MS / MRS MR		G ^M .	OFFICE USE ONLY
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TREASURER PHONE (335) 3(123886) REPORT TYPE	Residence or Business)	SAH A	NGELO, TEX	CAS 76904	
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Month Day Year Primary Runoff Other Description General Special OFFICE OFFICE HELD (if any) PCT 2 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. Additional Pages Additional Pages Month Day Year Primary Runoff Description Other Description Other Description Other Description Special 13 OFFICE SOUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR COMSENT. CANDIDATE'S AND OFFICEHOLDER'S AND OFFICEHOLDER'S AND OFFICE	PERIOD COVERED	Month			
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POLITICAL COMMITTEE(S) 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 TYPE		COUNTY	COMMISSION	YEA	
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COMMITTEE CAMPAIGN TREASURER ADDRESS		SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
			COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME MR. SAMMY FARMER 16 Filer ID (Ethics Commission Filers)						
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS, OR GUARANTEES OF ICONTRIBUTIONS MADE ELECTRONICALLY	LOANS, OR \$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	RANTEES OF LOANS)				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDIT	TURE. \$				
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>O</i>				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINT OF REPORTING PERIOD	TAINED AS OF THE LAST DAY \$ 139.66				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTST LAST DAY OF THE REPORTING PERIOD	randing Loans as of the \$				
required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder						
KATHY PYBURN Notary Public STATE OF TEXAS ID# 13034629-5 My Comm. Exp. 08-27-2023						
(1) Affidavit						
NOTARY STAMP/SEAL Swom to and subscribed before me by Amay tarm w this the the day of July. 20 22, to certify which, witness my hand and seal of, office. HAY 6, Robert						
Signature of officer administration	ring oath Printed name of officer administe	ring oath Title of officer administering oath				
	OR					
(2) Unsworn Declaration						
My name is	, a	and my date of birth is				
My address is						
,	(street)	(city) (state) (zip code) (country)				
Executed in	, ,	, , , , , , , , , , , , , , , , , , , ,				
		Signature of Condidate/Officeholder (Declarent)				