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 / OFFICEHOLDER	MS / MRS / MR	FIRST Henry	MI	OFFICE USE ONLY		
NAME	NICKNAME	LASTURRY	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX PO Box 8314 Richardson,	471	CITY; STATE; ZIP CODE	2025 JAN 15 JUHLES COUNTY DALLAS		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214) 25	PHONE NUMBER 4-6325	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Henry	МІ	Receipt # Amount \$ Date Processed		
	NICKNAME	Curry Curry	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	PO Box 83	(no po box please); APT / \$ 31471 n, TX 75083	SUITE #; CITY;	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (214) 25	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year / 01 / 2024	Month	Day Year /30 /20 ZY		
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	PE		
12 OFFICE	OFFICE HELD (if any) Constable Po		13 OFFICE SOUGHT (if know	wn)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
		GO ТО	PAGE 2			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1	6 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	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 91.00				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$				
and the second s	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information				
		7				
		~ [C				
	Signature of Cana	didate or Officeholder				
	Signature of Care	addite of Officeriolder				
	Disco complete either enties below:					
MILL	Please complete either option below:					
ATILL	AY PICTURE					
1 7 1	TAM OF Z					
3 2						
(1) Affidavit	X X =					
NOTARY STAMP/SEAL 10-29-20 MINING CUTY Sworn to and subscribed before me by HINKI CUTY this the 15 day of JUNYAY.						
13275616 00 1						
NOTARY STAMP/SEA	10-29-2020 MILLING					
,,,	Manualla Arrest Arrest	5 Temporal				
Sworn to and subscribed	before me by HINKY CUMY this the	5 day of Junuary.				
	which, witness my hand and seal of office.					
MaxiMa Hook	u) Latasha Hookins	MATAMA				
Signature of officer administr		Title of officer administering oath				
Signature of officer administration		ritto of officer administering dath				
	OR	A CONTRACTOR OF STREET				
(2) Unsworn Declarati	on					
My name is	, and my date of birth is					
My address is						
		ate) (zip code) (country)				
Executed in	County, State of , on the day of (month)	, 20				
	(month)	, 20 (year)				
	Signature of Candida	te/Officeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	L CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	UNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETURNED	\$

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

D----- 41410004

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
4 T.L.	2 54 55 14	145			2 511 15 (51)		
1 Total pages Schedule G:	Henry C				3 Filer ID (Ethics	Commission Filers)	
4 Date 5117122	5 Payee name United States Postal Service						
6 Amount (\$)91,09 Reimbursement from political contributions intended	7 Payee address; City: 433 Belle Grove Dr. Richardson,				State; son, TX 75080	Zip Code	
8	(a) Category	(See Categories listed at the top of this	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fe	es		POBOD Payment			
	(c)	Check if travel outside of Texas. Complete So	chedule T.		n, TX, officeholder living e		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$) Reimbursement from political contributions intended	Payee add	dress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/0		ate / Officeholder name		Office sought		Office held	
Date	Payee nar	ne					
Amount (\$) Reimbursement from political contributions intended	Payee add	dress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	n, TX, officeholder living e	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held	
	ATTA	CH ADDITIONAL CODIES O	E TUIS S	CHEDIII E AS NEED	ED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for					
	→ Complete only if "Report Type" on page 1 is marked "Final Report" →						
1	C/OH N	AME Henry Curry	2 Filer ID (Ethics Commission Filers)				
3	designa	expect any further political contributions or political expenditures in connection with m ting a report as a final report terminates my campaign treasurer appointment. I also up contributions or make any campaign expenditures without a campaign treasurer ap	nderstand that I may not accept any				
4		WHO IS NOT AN OFFICEHOLDER	re of Candidate / Officeholde				
	A.	plete A & B below only if you are not an officeholder. •• CAMPAIGN FUNDS					
		conly one:					
	V	I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.				
		I have unexpended contributions or unexpended interest or income earned from political new political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended cunexpended contributions or unexpended interest or income earned on political contribution filing this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement	me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended				
	B.	ASSETS					
	Chec	only one:					
	I do not retain assets purchased with political contributions or interest or other income from political contributions.						
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to				
5		EHOLDER plete this section only if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who dile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as				



AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

OFFICE USE ONLY

Date Received

ELI	ECTRONIC FIL	ING EXEM			
An exe	mption affidavit must be	e submitted with ea	ach paper report.	Date Hand-delivered	or Date Postmarked
Beginning on January 1, 2024, \$32,810 in political contribution in <u>any</u> calendar year must file	is or made more than	\$32,810 in politic		Receipt #	Amount \$
				Date Processed	
Filer name Henry Curry		Filer ID #		Date Imaged	
I swear or affirm that I h more than \$32,810 in po				ntributions or m	nade
I further swear or affirm contributions, political e.					oolitical
 I further swear or affirm contract, uses computed expenditures, or person 	equipment to keep	current records	of political cont		
 I further swear or affirm electronically if I, my ag- contributions or political records of political contri- 	ent or consultant, or expenditures in a ca	a person with walendar year, or	whom I contract uses computer	exceeds \$32,8 equipment to	10 in political keep current
I am filing this affidavit v I understand that this af claiming an exemption f	fidavit is required to	be filed with ea	rt due on ch campaign fin	ance report for	which I am
NOTARY STAMP SEAD 2756 Swom to and subscribed before the control of the control o	P + Z S		A Sign	ature of Filer	· ~
Swom to and subscribed perfora in	BIBY HENVY CI	PAAC	this the	15 day of \overline{J}	anuary.
20 23 , to certify which, with the state of officer administering oath		ha Hopkins ne of officer administer	ng oath	Nota Title of office	or aeministering oath
		OR			
(2) Unsworn Declaration My name is		and	my date of birth is		
My address is		, and			·
Executed in	(street)	on the	(city) (sta	(zip code)	(country)

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

(month)

Signature of Filer (Declarant)

(year)