CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	Filer ID (Ethics Commission Filers)	Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR PRST	MI	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received 202	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. BA 3164 Dallas	STATE: ZIP CODE	2025 JUL 14 JUHN F. COUNTY DALLAS	
Change of Address			COCIA	
5 CANDIDATE/ OFFICEHOLDER PHONE	(24) 475 - 4981	EXTENSION	Date Hand Golfvered or De Postmarkes	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	MI	Date Processed	
	NICKNAME LAST	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE	#: city:	STATE: ZIP CODE	
	(1) 00 1210	, , , , ,		
8 CAMPAIGN TREASURER PHONE	(24) 946 / 5700	EXTENSION		
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year I / 1 / 25 THROUGH Month Day Year Year A / 30 / 2025			
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description			
	General General	Special		
12 OFFICE	JUSTICE of the REACE, Par. E. Pl	13 OFFICE SOUGHT (if known	7	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.			
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASU	RER ADDRESS		
GO TO PAGE 2				

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	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 54		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	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				
NOTABY STAND (SE				
NOTARY STAMP/SEAL				
Sworn to and subscribed before me by this the day of, 20, to certify which, witness my hand and seal of office.				
, to solidy military hand and soul or office.				
Signature of officer administration	Thind rains of officer administrating sain	Title of officer administering oath		
OR (2) Unsworn Declaration				
(2) 01101101111 20014141		1/2/1/10/2		
My name is My address isしひく	NUAN MSSO, and my date of birth is, and my date of birth is	X 75208 USA		
iviy address is	(street) (city) (sta			
Executed in County, State of , on the day of, 20				
	Signature of Candidate	e Officeholder (Declarant)		
	orginatare of ouridida	/		