CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. OFFICE USE ONLY MS / MRS / MR 3 CANDIDATE / Mrs **OFFICEHOLDER** heresh NAME NICKNAME arrasco ZIP CODE ADDRESS / PO BOX; 4 CANDIDATE/ P.O. Box 534 Journanton TK **OFFICEHOLDER** MAILING **ADDRESS** Change of Address **EXTENSION** Date Hand-deliv PHONE NUMBER AREA CODE CANDIDATE/ **OFFICEHOLDER** PHONE Amount \$ Receipt # FIRST MS / MRS / MR 6 CAMPAIGN Date Processed **TREASURER** Heares Vlrs NAME NICKNAME Date Imaged Masco ZIP CODE STATE; STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN **TREASURER** 55 FM 3350 Jourdanton Tx 78026 ADDRESS (Residence or Business) EXTENSION PHONE NUMBER AREA CODE CAMPAIGN TREASURER PHONE 15th day after campaign Runoff 30th day before election treasurer appointment (Officeholder Only) 9 REPORT TYPE Final Report (Attach C/OH - FR) Exceeded Modified 8th day before election July 15 Reporting Limit Day 10 PERIOD Month 93 31 COVERED THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Other Runoff Primary Description Day Month Special General 13 OFFICE SOUGHT (if known) OFFICE HELD (If any) 12 OFFICE 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR **TOTALS** CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** TOTAL POLITICAL EXPENDITURES TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY CONTRIBUTION \$ **BALANCE** OF REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING - 0-LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE 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/SEAL Sworn to and subscribed before me by ______ this the _____ day of _ __, to certify which, witness my hand and seal of office. Title of officer administering oath Printed name of officer administering oath Signature of officer administering oath (2) Unsworn Declaration , and my date of birth is 77X026 Jourdanton 1x (country) (state) County, State of TOXAS, on the 101h day of

Signature of Candidate/Officeholder (Declarant)