## **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** NAME Herry ADDRESS / PO BOX 4 CANDIDATE/ **OFFICEHOLDER** P.O BOX 1612 MAILING **ADDRESS** Change of Address CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR TREASURER NAME Date Processed Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APPI SUITE #; CITY: 7 CAMPAIGN STATE; ZIP CODE **TREASURER** 78065 POB1612 **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER **EXTENSION TREASURER PHONE** 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Month Day Year COVERED THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Day Year General \_\_\_\_ Special 12 OFFICE OFFICE HELD (If any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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 CANDIDATES ON OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME			
			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT     PLEDGES, LOANS, OR GUA     CONTRIBUTIONS MADE EL	ICAL CONTRIBUTIONS (OTHER THAN ARANTEES OF LOANS, OR ECTRONICALLY)	\$ 0
\$ \frac{3}{2}	2. TOTAL POLITICAL CONT	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPEN	IDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB. OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LAST	TDAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS OF NG PERIOD	THE \$
18 SIGNATURE   sv			
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 O	
Signature of Candidate or Officeholder			
	Diagon	1.4 141	
	Please comp	plete either option below:	
			•
(1) Affidavit			
NOTARY STAMP/SEAL			
Sworn to and subscribed before me by this the day of,			
20, to certify w	nich, witness my hand and seal of office.		
ignature of officer administerin	g oath Printed name of off	icer administering oath	Title of officer administering oath
		OR	
2) Unsworn Declaration	l		· · · · · · · · · · · · · · · · · · ·
My name is <u>Forzace</u> Domingure, and my date of birth is 10-21-62  My address is <u>POB 1612</u> , <u>Potect</u> , <u>TX, 78665</u>			
ly address is <u>(Y O /</u>	5 1612	Potect T	X. 78665
	(STEET)	(-it-)	I
xecuted in 14495 (252	County, State ofCounty, State of	, on the day of (month)	, 20 <b>2_</b> _⁄. (year)
		Signature of Candidate	/Officeholder (Declarant)