## 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 Mr Johnny	MI V	OFFICE USE ONLY		
NAME	NICKNAME LAST Salazar	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; 205 Maske Rd Somerset, Texa	Maske Rd Somerset, Texas 78069			
Change of Address	APEL CODE	EVENIGIAN	ELECTIONS		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$		
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Treceibt # Nilount #		
TREASURER NAME	Johnny	· , ,	Date Processed		
	NICKNAME LAST	Pote Imposed			
	Salazar		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  205 Maske Rd Somerset Texas 78069				
(Residence or Business)			<del>_</del>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before e	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year	Month	Day Year		
COVERED	1 / 1 / 24	THROUGH 6	/ 30 / 24		
11 ELECTION	ELECTION DATE  Month Day Year Primary  11 / 5 / 24  General	Description			
	OFFICE UPI D. (6 cm.)	13 OFFICE SOUGHT (If known			
12 OFFICE	OFFICE HELD (if any)	Constable Prec	•		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S 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 1	TREASURER ADDRESS			
GO TO PAGE 2					

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

CAMPAIGI	V FINANCE REPORT		
15 C/OH NAME		16 Filer ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST	T DAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
** (47)	Please complete either option below	ndidate or Officeh	older
(1) Affidavit			
NOTARY STAMP/SEA	L		
	before me by this the this the which, witness my hand and seal of office.	day of	,
Signature of officer administering oath Printed name of officer administering oath		Title of of	ficer administering oath
(2) Unsworn Declarat	OR		
My name is	, and my date of birth is	<del></del>	<u> </u>
My address is		,	_,
	()	state) (zip code)	
Executed in	County, State of, on the day of (month	, 20, (yea	<del>ar)</del> .

Signature of Candidate/Officeholder (Declarant)