

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <i>MR.</i>	FIRST <i>Mark</i>	MI <i>L.</i>	<div style="border: 2px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="margin: 0;">OFFICE USE ONLY</p> <p style="margin: 0; font-weight: bold; font-size: 1.2em;">ATASCOSA COUNTY</p> <p style="margin: 0; font-size: 0.8em;">Date Received</p> <p style="margin: 0; font-size: 1.5em; font-weight: bold;">JAN 16 2024</p> <p style="margin: 0; font-size: 1.2em; font-weight: bold;">ELECTIONS</p> </div>	
	NICKNAME	LAST <i>Bowen</i>	SUFFIX		
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				
	<i>P.O. Box 634 Lytle tx 78052</i>				
<input type="checkbox"/> Change of Address					
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE ( )	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <i>MR.</i>	FIRST <i>Johnathon.</i>	MI <i>A.</i>	Receipt #	Amount \$
	NICKNAME	LAST <i>Bowen</i>	SUFFIX	Date Processed	
				Date Imaged	
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				
	<i>17904 Wisdom Rd Lytle tx 78052</i>				
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE ( )	PHONE NUMBER	EXTENSION		
<b>9 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
<b>10 PERIOD COVERED</b>	Month    Day    Year			Month    Day    Year	
	<i>07 / 1 / 2023</i>			THROUGH <i>12 / 31 / 2023</i>	
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff
			<input type="checkbox"/> General	<input type="checkbox"/> Special	
<b>12 OFFICE</b>	OFFICE HELD (if any)		OFFICE SOUGHT (if known)		
	<i>County Commissioner</i>				
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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 TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
<input type="checkbox"/> Additional Pages					

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Mark Bowen</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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.

Mark Bowen

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 \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Mark L Bowen, and my date of birth is 6-23-56.  
 My address is 18904 Wisdom Rd, TX, 78052.  
(street) (city) (state) (zip code) (country)  
 Executed in Atascosa County, State of Texas, on the 16 day of June, 2024.  
(month) (year)  
Mark Bowen  
 Signature of Candidate/Officeholder (Declarant)