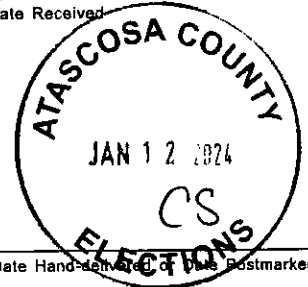


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 NAME  | MS / MRS / MR<br><b>Mrs.</b>   | FIRST<br><b>Loretta</b>   | MI<br><b>B</b>       |
|  | NICKNAME   | LAST<br><b>Holley</b>   | SUFFIX               |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><b>P.O. Box 837 Poteet, Tx 78065</b>   |   |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE  | PHONE NUMBER  | EXTENSION            |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR  | FIRST<br><b>N/A</b>   | MI                   |
|  | NICKNAME   | LAST  | SUFFIX               |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><b>N/A</b>  |   |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE  | PHONE NUMBER  | EXTENSION            |
| 9 REPORT TYPE  | <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)<br><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) |   |                      |
| 10 PERIOD COVERED  | Month    Day    Year    THROUGH    Month    Day    Year<br><b>7 / 1 / 23</b> THROUGH <b>12 / 31 / 23</b>   |   |                      |
| 11 ELECTION  | ELECTION DATE<br>Month    Day    Year  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |                      |
| 12 OFFICE  | OFFICE HELD (if any)<br><b>County Tax Assessor-Collector</b>   | 13 OFFICE SOUGHT (if known)<br><b>County TAC</b>  |                      |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br><input type="checkbox"/> Additional Pages       | 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.  |   |                      |
|  | <input type="checkbox"/> GENERAL   | COMMITTEE NAME  |                      |
|  | <input type="checkbox"/> SPECIFIC  | COMMITTEE ADDRESS   |                      |
|  |  | COMMITTEE CAMPAIGN TREASURER NAME   |                      |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                      |



**GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Table with 6 rows and 3 columns: 15 C/OH NAME, 16 Filer ID, 17 CONTRIBUTION TOTALS, EXPENDITURE TOTALS, CONTRIBUTION BALANCE, OUTSTANDING LOAN TOTALS.

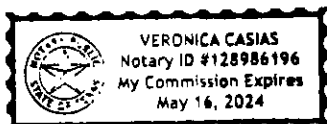
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Handwritten signature of Loretta Holley

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Loretta Holley this the 10th day of January 2024, to certify which, witness my hand and seal of office.

Veronica Casias Veronica Casias Texas Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_ (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. (month) (year)

Signature of Candidate/Officeholder (Declarant)