## CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Etnics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR MI 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** M Brandon NAME Fale Red Vice NICKNAME LAST PSHUR COUNTY, TEXAS SUFFIX Williams Bear 4 CANDIDATE / ADDRESS / PO BOX APT / SUITE # CITY STATE: ZIP CODE JUL 15 2024 **OFFICEHOLDER** 369 Nectorine Kd. Gilmer TX 75644 MAIL ING LORYHARLE ADDRESS ISTRATOR ELECTION Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmanuid OFFICEHOLDER (903) 790-4094 PHONE Receipt # Amount 5 MS / MRS / MR FIRST 6 CAMPAIGN MI TREASURER F Mrs Loring Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Marshall STREET ADDRESS (NO PO BOX PLEASE) APT / SLITE # 7 CAMPAIGN CITY STATE ZIP CODE 519 Buffalo St. Contract 75644 TREASURER TX ADDRESS (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE 841-6012 1903 1 9 REPORT TYPE 30th day before election Runott 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month COVERED 15 2024 2 /27 /2024 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runort Other Description General Special 2024 13 OFFICE SOUGHT (If known) OFFICE HELD (If any) 12 OFFICE Upshur County Sheriff THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDER'S REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 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

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

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(2) Unsworn Declaration	on				
My name is		and my date of b	ointh is		
My address is					
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Executed in	County, State of	, on the day of	(month)	. 20	
		Signature of t	Candidate/Office	eholder (Decla	erant)