

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: **2**

OFFICE USE ONLY

Date FILED FOR RECORD
UPSHUR COUNTY, TEXAS

OCT 01 2024

LORY HARLE
ELECTIONS ADMINISTRATOR
BY: *[Signature]* DEPUTY

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **(MR)** FIRST **Eugene** MI **W.**
NICKNAME **Gene** LAST **Dolle** SUFFIX **—**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX **7064 Green Hills Rd.** APT / SUITE # **—** CITY **Gilmer, Tx.** STATE **Tx.** ZIP CODE **75645**

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE **(903)** PHONE NUMBER **238-3788** EXTENSION **—**

6 CAMPAIGN TREASURER NAME

MS **(MRS)** / MR FIRST **Joyce** MI **E.**
NICKNAME **Doile** LAST **—** SUFFIX **—**

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE) **7064 Green Hills Rd.** APT / SUITE # **—** CITY **Gilmer, Tx.** STATE **Tx.** ZIP CODE **75645**

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE **(903)** PHONE NUMBER **237-8601** EXTENSION **—**

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year **7 / 15 / 24** THROUGH Month Day Year **10 / 4 / 24**

11 ELECTION

ELECTION DATE Month Day Year **11 / 5 / 24** ELECTION TYPE Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any) **Commissioner, Pct. 1**

13 OFFICE SOUGHT (if known)

Commissioner, Pct. 1

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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15 C/OH NAME		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Gene Dolle
Signature of Candidate or Officeholder.



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Gene Dolle this the 1st day of Oct

20 24 to certify which witness my hand and seal of office.
 Signature of officer administering oath: Lory Harle Printed name of officer administering oath: Lory Harle Title of officer administering oath: EA

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)