

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: Ms FIRST: Linda MI: M
 NICKNAME: Michele LAST: Cook SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS / PO BOX: 1405 Ave L / PO Box 242 APT / SUITE #: Ralls CITY: Tx STATE: TX ZIP CODE: 79357
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: (806) PHONE NUMBER: 620-0537 EXTENSION:

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: Ms FIRST: Linda MI: M
 NICKNAME: Michele LAST: Cook SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
 STREET ADDRESS (NO PO BOX PLEASE): 1405 Ave L APT / SUITE #: Ralls CITY: Tx STATE: TX ZIP CODE: 79357
 (Residence or Business)

8 CAMPAIGN TREASURER PHONE
 AREA CODE: (806) PHONE NUMBER: 620-0537 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: 01 / 26 / 24 THROUGH Month Day Year: 02 / 24 / 24

11 ELECTION
 ELECTION DATE: Month Day Year: 3 / 5 / 24
 ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE OFFICE HELD (if any): Tax Assessor-Collector **13 OFFICE SOUGHT (if known)**: Tax Assessor-Collector

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: GENERAL SPECIFIC
 COMMITTEE NAME: _____
 COMMITTEE ADDRESS: _____
 COMMITTEE CAMPAIGN TREASURER NAME: _____
 COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

OFFICE USE ONLY

Date Received: 2024 FEB 26 PM 1:07
 TAMMY MARSHALL
 COUNTY CLERK
 CROSBY CO., TX

FILED

Date Hand-delivered or Date Postmarked: _____
 Receipt #: _____ Amount \$: _____
 Date Processed: _____
 Date Imaged: _____

GO TO PAGE 2

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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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 287.31
	4. TOTAL POLITICAL EXPENDITURES	\$ 287.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

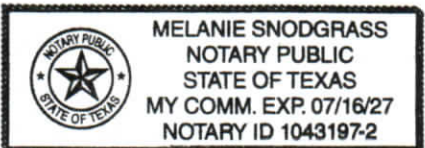
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Linda M Cook

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Linda M. Cook this the 26th day of February, 2024, to certify which, witness my hand and seal of office.

Melanie Snodgrass Melanie Snodgrass Notary
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)