| The C/OH Instruction   | Guide explains he  | ow to complete this form.  | 1 Filer ID (Ethics Commission Filers)       | 2 Total pages filed:  |
|--|--|--|---|---|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME  | MS / MRS / MR MR NICKNAME  | ERRY<br>LAST HICKS   | SUFFIX                                      | OFFICE USE ONLY   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE | ADDRESS / PO BO  |  | CITY; STATE; ZIP CODE  EXTENSION            | Date Hand-delivered or Date Postmarked  |
| 6 CAMPAIGN<br>TREASURER<br>NAME  | MS / MRS / MR  MC  NICKNAME  | FIRST TERRY LAST   | MI<br>O<br>SUFFIX                           | Receipt # Amount \$  Date Processed  Date Imaged  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)                                  |  | (NO PO BOX PLEASE); APT / SU   | UITE #; CITY;                               | STATE; ZIP CODE   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE (806)  | PHONE NUMBER 252-0684  | EXTENSION                                   |   |
| 9 REPORT TYPE  | January 15   | 30th day before elec   | tion Exceeded Modified                      | 15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)                        |
| 10 PERIOD COVERED  | Month /  | Day Year / 5 / 24  | Reporting Limit  Month  THROUGH 3           | Day Year / 24   |
| 11 ELECTION  | Month Day  | Year Primary  General  | Runoff Other Description  Special           |   |
| 12 OFFICE  | OFFICE HELD (if any  |  | 13 OFFICE SOUGHT (If KNOWN) COMM 155 10 WCR | Page 1  |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)  | THIS BOX IS FOR NOTIFIED THE CANDIDATE / OFFIC CONSENT. CANDIDATE: | CE OF POLITICAL CONTRIBUTIONS AC<br>CEHOLDER. THESE EXPENDITURES AS<br>8 AND OFFICEHOLDERS ARE REQUIRE<br>COMMITTEE NAME | CCEPTED OR POLITICAL EXPENDITURES MAD       | DE BY POLITICAL COMMITTEES TO SUPPORT<br>NATE'S OR OFFICEHOLDER'S KNOWLEDGE OR<br>EY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| Additional Pages   | GENERAL SPECIFIC   | COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREAS  |   |   |
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| 15 C/OH NAME                    |  | 16 Filer ID (Ethics Commission Filers)   |
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| 17 CONTRIBUTION<br>TOTALS       | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)         | \$                                       |
|                                 | <ol> <li>TOTAL POLITICAL CONTRIBUTIONS         (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)     </li> </ol>                         | \$                                       |
| EXPENDITURE<br>TOTALS           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$                                       |
|                                 | 4. TOTAL POLITICAL EXPENDITURES  | \$                                       |
| CONTRIBUTION<br>BALANCE         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD  | ST DAY \$                                |
| OUTSTANDING<br>LOAN TOTALS      | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD   | F THE \$                                 |
| 18 SIGNATURE I s                | wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code. | and correct and includes all information |
| patronocconocconocco            | Please complete either option below  | <i>r</i> :                               |
| gattassocioneconocon            |  | r:                                       |
| NOTARY STAMP/SEAL               | NOTARY PUBLIC<br>STATE OF TEXAS<br>MY COMM. EXP. 07/16/27<br>NOTARY ID 1043197-2   |  |
| Sworn to and subscribed         | before me by I lis the   | 16 I day of January.                     |
| to certify v                    | which, witness my hand and seal of office.   |  |
| Signature of officer addition   | prodyces Melanie Snodgrass   | Motary                                   |
| Signature of officer administer | ing oath Printed name of officer administering oath  | Title of officer administering oath      |
| (0) 11                          | OR   |  |
| (2) Unsworn Declaratio          | n  |  |
| My name is                      | and model of the co  |  |
| My address is                   | , and my date of birth is  | ·  |
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| Executed in                     | (5.5)  | ate) (zip code) (country), 20 (year)     |
|                                 | Signature of Candida   | ate/Officeholder (Declarant)             |

| The C/OH Instruction   | Guide explains hov        | w to complete this form.     | 1 Filer ID (Ethics Commission Filer     | s) 2 Total pages filed:  |
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| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                        | MS / MRS MR               | Michael                      | МІ                                      | OFFICE USE ONLY  |
|  | NICKNAME                  | Sales                        | SUFFIX                                  | Date Received TAMAN TO COULT   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | 442 ADDRESS / PO BO.      | X; APT / SUITE #; C          | CITY; STATE; ZIP CODE                   | AN 16 PM   |
|  | AREA CODE                 | DUONE NUMBER                 |   | 125 _ 0  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                        | 696)                      | 644-742                      | EXTENSION                               | Date Hand delivered or Date Postmarked   |
| 6 CAMPAIGN<br>TREASURER<br>NAME                              | MS / MRS / MR             | Michael FIRST                | МІ                                      | Receipt # Amount \$  |
| INAME  | NICKNAME                  | LAST                         | SUFFIX                                  | Date Processed   |
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| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                           | 942 C                     | (NO PO BOX PLEASE); APT / SL | JITE#; CITY:                            | STATE; ZIP CODE  |
| (Residence or Business)                                      | 1 10                      |                              |   | 17 190   |
| 8 CAMPAIGN<br>TREASURER                                      | AREA CODE                 | PHONE NUMBER                 | EXTENSION                               |  |
| PHONE  | (696)                     | 6497427                      | 5                                       |  |
| 9 REPORT TYPE  | January 15                | 30th day before ele          | ection Runoff                           | 15th day after campaign treasurer appointment (Officeholder Only)  |
| 40 DEDICE  | July 15                   | 8th day before elec          | ction Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR)  |
| 10 PERIOD<br>COVERED   | Month                     | Day Year / 11 / 23           | THROUGH /                               | 16 / 24  |
| 11 ELECTION  | ELECTION DA               | ATE /                        | ELECTION TYPE                           | PE   |
|  | Month Day                 | Year                         | Runoff Other Description                |  |
|  | 0/0/                      | 34 General                   | Special                                 |  |
| 12 OFFICE  | OFFICE HELD (if any)      | to attorner                  | 13 OFFICE SOUGHT (If know               | ttanes   |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)                  |                           |                              |   | MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR FTHEY RECEIVE NOTICE OF SUCH EXPENDITURES.  |
| COMMITTEE(S)   | COMMITTEE TYPE            | COMMITTEE NAME               |   | The state of the s |
| Additional Pages   | GENERAL                   | COMMITTEE ADDRESS            |   |  |
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|  |                           | COMMITTEE CAMPAIGN TREA      | ASURER ADDRESS                          |  |
|  |                           | GO TO P                      | PAGE 2                                  |  |

| 15 C/OH NAME  |   | 16 Filer ID (Ethics Commission Filers)                           |
|---|---|--|
| 17 CONTRIBUTION<br>TOTALS   | TOTAL UNITEMIZED POLITICAL CONTRIB     PLEDGES, LOANS, OR GUARANTEES OF I     CONTRIBUTIONS MADE ELECTRONICALLY | LOANS, OR \$   |
|   | <ol> <li>TOTAL POLITICAL CONTRIBUTIONS<br/>(OTHER THAN PLEDGES, LOANS, OR GUA</li> </ol>                        | ARANTEES OF LOANS)   |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDIT  | TURE.  |
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| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINT<br>OF REPORTING PERIOD   | FAINED AS OF THE LAST DAY \$                                     |
| OUTSTANDING<br>LOAN TOTALS  | TOTAL PRINCIPAL AMOUNT OF ALL OUTST<br>LAST DAY OF THE REPORTING PERIOD   | FANDING LOANS AS OF THE \$                                       |
| 18 SIGNATURE I ST   | wear, or affirm, under penalty of perjury, that the accor   | mpanying report is true and correct and includes all information |
| req   | uired to be reported by me under Title 15, Election Code.   |  |
|   |   |  |
|   |   |  |
|   |   | Signature of Candidate or Officeholder                           |
|   |   |  |
|   |   |  |
|   | Please complete eithe   | er option below:   |
|   | •   |  |
|   |   |  |
| E SNODGRASS<br>FOF TEXAS<br>M. EXP. 07/16/4/reputer<br>M. EXP. 07/16/4/reputer<br>M. EXP. 07/16/4/reputer<br>M. EXP. 07/16/4/reputer<br>M. ID 10/431972 | NOT STATE OF THE COM  |  |
| Sworn to and subscribed b   | efore me by Michael Sales   | this the 16th day of January                                     |
|   | hich, witness my hand and seal of office.   | this the day of January,   |
| Melanie &   |   | . [ ]  |
| Signature of officer administering  | Therite Stiller   | 190,619  |
|   | Timed name of officer administering   | rig oath Title of officer administering oath                     |
| (2) Unower Dealers  | OR  |  |
| (2) Unsworn Declaration   | 1   |  |
| My name is  |   |  |
| My address is   | , and   | d my date of birth is  |
|   | (street)  | (-1)   |
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|   |   | (year)   |
|   |   | Signature of Candidate/Officeholder (Declarant)                  |

| The C/OH Instruction                                | n Guide explains  | how to complete this form.  | 1 Filer ID (Ethics Commission Filers  | 2 Total pages filed:  |
|---|---|---|---|---|
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME               | MS/MRS/MR<br>MS   | First   | M   | OFFICE USE ONLY   |
|   | MICHO A   | LAST COOK   | SUFFIX  | Date Received   |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO  | 1 10 0 0  | CITY; STATE; ZIP CODE<br>Ralls TX 79357                                     |   |
| Change of Address  5 CANDIDATE/                     | AREA CODE   | DUOUS AUGUST  |   | TOOR O  |
| OFFICEHOLDER<br>PHONE                               | (806)   | 620-0537  | EXTENSION   | Date Hand-delivered or Osle Postmarked  |
| 6 CAMPAIGN<br>TREASURER                             | MS / MRS / MR   | FIRST   | MI  | Receipt # Coount \$   |
| NAME  | NICKNAME  | LAST  | SUFFIX  | Date Processed  |
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| 7 CAMPAIGN<br>TREASURER                             | STREET ADDRES   | S (NO PO BOX PLEASE); APT / SUI   | IITE #; CITY;   | STATE; ZIP CODE   |
| ADDRESS<br>(Residence or Business)                  | 1405 F  | Ave L   | Ralls   | Tx 79357  |
| 8 CAMPAIGN<br>TREASURER                             | AREA CODE   | PHONE NUMBER  | EXTENSION   |   |
| PHONE   | (806)   | 620-0537  |   |   |
| 9 REPORT TYPE                                       | January 15  | 30th day before elec  | ction Runoff  | 15th day after campaign treasurer appointment   |
|   | _ July 15   | 8th day before election   | ion Exceeded Modified Reporting Limit                                       | (Officeholder Only) Final Report (Attach C/OH - FR)   |
| 10 PERIOD<br>COVERED                                | Month   | Day Year  | Month   | Day Year  |
| 44 ELECTION   | 7   | / 1 / 23  | THROUGH 12/   | 31/23   |
| 11 ELECTION   | ELECTION D  | <u> </u>  | ELECTION TYPE   |   |
|   | Month Day   | 10000   | Runoff Other Description  |   |
|   | 3/5   | 24 General  | Special   |   |
| 2 OFFICE  | OFFICE HELD (If any   | )   | 13 OFFICE SOUGHT (if known)   |   |
| 4 NOTICE  |   | essor/Collector   | Tax Assessur/   | Collactor   |
| 4 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)          | THIS BOX IS FOR NOTIC<br>THE CANDIDATE / OFFIC<br>CONSENT. CANDIDATE: | CE OF POLITICAL CONTRIBUTIONS ACCI<br>CEHOLDER. THESE EXPENDITURES MA<br>S AND OFFICEHOLDERS ARE REQUIRED | EPTED OR POLITICAL EXPENDITURES MAD<br>BY HAVE BEEN MADE WITHOUT THE CANDID | DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR BY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| (0)   | COMMITTEE TYPE  | COMMITTEE NAME  | TO REPORT THIS INFORMATION ONLY IF THE                                      | EY RECEIVE NOTICE OF SUCH EXPENDITURES.   |
| Additional Pages                                    | GENERAL   | COMMITTEE ADDRESS   |   |   |
| •             | SPECIFIC  | COMMITTEE CAMPAIGN TREASUR  | RER NAME  |   |
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| 15 C/OH NAME                    |  | 16 Filer ID (Ethics Commission Filers)          |
| 17 CONTRIBUTION<br>TOTALS       | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  | THAN \$   |
|                                 | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO   | ANS) \$   |
| EXPENDITURE<br>TOTALS           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ 667,14                                       |
|                                 | 4. TOTAL POLITICAL EXPENDITURES  | \$ 667.14                                       |
| CONTRIBUTION<br>BALANCE         | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH<br>OF REPORTING PERIOD   |   |
| OUTSTANDING<br>LOAN TOTALS      | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A     LAST DAY OF THE REPORTING PERIOD   | AS OF THE \$                                    |
| 18 SIGNATURE   sv               | wear, or affirm, under penalty of perjury, that the accompanying report i<br>uired to be reported by me under Title 15, Election Code.   | s true and correct and includes all information |
|                                 | Linda /  | n Cook  |
|                                 | Signature o  | of Candidate or Officeholder                    |
|                                 |  |   |
|                                 |  |   |
|                                 | <b>D</b>   |   |
|                                 | Please complete either option be   | low:  |
|                                 |  |   |
|                                 |  |   |
| 1) Affidavit                    | MELANIE SNODGRASS NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 07/16/27 NOTARY ID 1043197-2  |   |
| worn to and subscribed be       | efore me by <u>Sunda</u> M. Cook this t  | the 16 day of January,                          |
| V 1 11                          | hich, witness my hand and seal of office.  Melanic Snodicas  |   |
| gnature of officer administerin |  | Notary  |
|                                 | THEREONE DEPTH SERVER TO REPERT OF THE PERTHAPPENCE OF THE PERSON OF THE | Title of officer administering oath             |
| ) Unsworn Declaration           | · · · · · · · · · · · · · · · · · · ·  |   |
| , onsworn Declaration           |  |   |
| v name is                       |  |   |
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| 500.60 III                      | County, State of, on the day of  | nth) , 20                                       |
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|                                 | Signature of Can   | didate/Officeholder (Declarant)                 |

| The C/OH Instruction                               | Guide explains h  | ow to complete this form.   | 1 Filer ID (Ethics Com  | mission Filers)   | 2 Total pages file                                  | ed:                |
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| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME              | MS / MRS / MR   | FIRST   |   | MI<br>D           |   | USEONLY            |
| \$200 day 100 000 000 000 000 000 000 000 000 00   | NICKNAME  | LAST  | ,   | SUFFIX            | Date Received                                       | 2                  |
| 4 CANDIDATE/<br>OFFICEHOLDER<br>MAILING<br>ADDRESS | ADDRESS / PO B  | 0   |   | ZIP CODE          | TAMMY H<br>COUNTY<br>CROSBY                         | 2024 JAN 16        |
| Change of Address                                  | 1301 A  | u i Cha caraca de la caraca de | alls TY   | 79367             | 868   | > 177              |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE              | AREA CODE   | PHONE NUMBER  | EXTENSION   |                   | ZXA   | or Date Postmarked |
| 6 CAMPAIGN<br>TREASURER                            | MS / MRS / MR   | FIRST   | N   | AT.               | Receipt #   | Amount \$          |
| NAME   | NICKNAME  | LAST  | s   | UFFIX             | Date Processed                                      |                    |
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| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                 | STREET ADDRESS  | (NO PO BOX PLEASE); APT / SUI   | ITE #; CITY;  |                   | STATE;  | ZIP CODE           |
| (Residence or Business)                            | 1301  | AUEA  | RAI   | 15                | TV  | 79357              |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                   | (806)   | PHONE NUMBER  | EXTENSION   |                   |   |                    |
| 9 REPORT TYPE                                      |   | 543-466   |   |                   |   |                    |
|  | January 15  | 30th day before elec  |   |                   | 15th day after<br>treasurer appo<br>(Officeholder ( | pintment           |
| 40 DEDICE  | July 15   | 8th day before election   | ion Exceeded<br>Reporting   | Modified<br>Limit | Final Report (A                                     | Attach C/OH - FR)  |
| 10 PERIOD<br>COVERED                               | Month 1   | Day Year  |   | Month             | Day Year  |                    |
| 11 ELECTION  | ELECTION D  | 13/2024   | THROUGH   | 02                | 05/202  | 14                 |
| II ELECTION  | Month Day   | Year Primary  |   | Other             |   |                    |
|  | 03/05   | •   |   | Description       | ÷   |                    |
| 12 OFFICE  | OFFICE HELD (if any   | Pet   | 13 OFFICE SOUGH   | fT (if known)     |   |                    |
| A NOTICE FROM                                      | Crosby Co   | unity Commission  | L L   | Pounty            | COMMISSINE  | e fet. 1           |
| 4 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)         | THIS BOX IS FOR NOTIC<br>THE CANDIDATE / OFFIC<br>CONSENT. CANDIDATE: | CE OF POLITICAL CONTRIBUTIONS ACC<br>CEHOLDER. THESE EXPENDITURES MA<br>S AND OFFICEHOLDERS ARE REQUIRED  | SEPTED OR POLITICAL EXPEN<br>AY HAVE BEEN MADE WITHOU<br>TO REPORT THIS INFORMATION | IDITURES MADI     | E BY POLITICAL COMMIT                               | TTEES TO SUPPORT   |
| COMMITTEE(S)                                       | COMMITTEE TYPE  | COMMITTEE NAME  |   |                   | NEGELVE NOTICE OF 30                                | CH EXPENDITURES.   |
| Additional Pages                                   | GENERAL   | COMMITTEE ADDRESS   |   |                   |   |                    |
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| 15 C/OH NAME                                     |  | 16 Filer ID (Ethics Commission Filers)   |
| 17 CONTRIBUTION<br>TOTALS                        | TOTAL UNITEMIZED POLITICAL CONTRIBU- PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR GUARANTEES OF LOCONTRIBUTIONS MADE ELECTRONICALLY;  OUTPIED TO THE PROPERTY OF THE PROPER      | DANS, OR \$ _ O -  |
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|  | 4. TOTAL POLITICAL EXPENDITURES  | \$ 709.22  |
| CONTRIBUTION<br>BALANCE                          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTA OF REPORTING PERIOD  |  |
| OUTSTANDING<br>LOAN TOTALS                       | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTA<br>LAST DAY OF THE REPORTING PERIOD   | NDING LOANS AS OF THE \$   |
| 18 SIGNATURE I st                                | vear, or affirm, under penalty of perjury, that the accompaired to be reported by me under Title 15, Election Code.  | panying report is true and correct and includes all information                |
|  | <u> La</u>   | Signature of Candidate or Officeholder   |
|  | Please complete either   | option below:  |
| NOTAR STAND / MYAC NOT Sworn to and subscribed b | nich, witness my hand and seal of office.  Welanie Sned  | this the 10th day of fanuary,  wass  Oath  Title of officer administering oath |
|  | OR.  | 相对之后引起的抗战化 中国代码的决定系统   |
| 2) Unsworn Declaration                           |  |  |
| fy name is                                       | , and  | my date of birth is  |
| fy address is                                    |  |  |
| vecuted in                                       | (street)   | (city) (state) (zip code) (country)  |
| vecnied III                                      | County, State of , on the  | day of, 20 (year)  |
|  | s  | ignature of Candidate/Officeholder (Declarant)                                 |

| The C/OH Instruction C  | Guide explains how              | to complete this form.                     | 1 Filer ID (Ethics Commission File                 | ers) 2 Total pages filed:  |
|---|---------------------------------|--|--|--|
| 3 CANDIDATE/<br>OFFICEHOLDER                                  | MS/MRS/MR<br>MS.                | Mischelle                                  | F MI   | OFFICE USE ONLY  |
| NAME  | NICKNAME                        | RIVERA                                     | SUFFIX   | Date Received  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  | ADDRESS / PO BOX                | utts Avenue                                | CITY: STATE: ZIP CODE<br>RUIS, TX 79357<br>1.79357 | ZOZH JAN 16 TANNY HA COUNTY CROSEY   |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | (210)9                          | 96-7105                                    | EXTENSION  | Date Hand-ballivered or the Postmarkid   |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS / MRS / MR  M.G. A  NICKNAME | Mischille<br>LAST<br>Rivera                | MI<br>SUFFIX                                       | Receipt # Amount \$ Date Processed  Date Imaged  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business) |                                 | (NO PO BOX PLEASE); APT / SI               |  | STATE; ZIP CODE<br>, TX. 79357   |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | (210) 9                         | PHONE NUMBER<br>96-7105                    | EXTENSION  |  |
| 9 REPORT TYPE   | January 15  July 15             | 30th day before ele-                       | ection Exceeded Modified                           | 15th day after campaign treasurer appointment (Officeholder Only)  d Final Report (Attach C/OH - FR)                                 |
| 10 PERIOD<br>COVERED  | Month                           | Oay Year                                   | Reporting Limit  Mon  THROUGH 02                   | nth Day Year / 03 / 24   |
| 11 ELECTION   | Month Day                       | Year Primary  ADA4 General                 | ELECTION T  Runoff  Other Description  Special     |  |
| 12 OFFICE   | OFFICE HELD (If any)            |  | 13 OFFICE SOUGHT (If K                             | nown)<br>CSSOR-Collector   |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)                         |                                 |  | ACCEPTED OR POLITICAL EXPENDITURE                  | ES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| Additional Pages  | GENERAL SPECIFIC                | COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREA | ASURER NAME  |  |
|   |                                 | COMMITTEE CAMPAIGN TRE                     | ASURER ADDRESS                                     |  |
|   |                                 | GO TO I                                    | PAGE 2   |  |

| 15 C/OH NAME                    | 2.  | 16 Filer ID (Ethics Commission Filers)     |
|---------------------------------|---|--|
| 17 CONTRIBUTION<br>TOTALS       | 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<br>TOTALS           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0                                       |
|                                 | 4. TOTAL POLITICAL EXPENDITURES   | \$ ()                                      |
| CONTRIBUTION<br>BALANCE         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD   | ST DAY \$                                  |
| OUTSTANDING<br>LOAN TOTALS      | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD   | F THE \$                                   |
|                                 | wear, or affirm, under penalty of perjury, that the accompanying report is tru<br>uired to be reported by me under Title 15, Election Code. | e and correct and includes all information |
|                                 | Mischelle   | Zivera                                     |
| ¥<br>                           | Signature of Ca   | ndidate or Officeholder                    |
|                                 |   |  |
|                                 | Please complete either option below   | <i>ı</i> :                                 |
|                                 |   |  |
| (1) Affidavit                   | MELANIE SNODGRASS<br>NOTARY PUBLIC<br>STATE OF TEXAS<br>MY COMM. EXP. 07/16/27<br>NOTARY ID 1043197-2                                       |  |
| Sworn to and subscribed         | before me by Wischelle . Swera this the   | 16th day of January,                       |
| 20 20 27, to certify            | which, witness my hand and seal of office.  Nod yar Melanie Spodarass   | Natara                                     |
| Signature of officer administer |   | Title of officer administering oath        |
| (2) Unsworn Declaration         | OR OR   | A CONTRACTOR OF THE                        |
| (2) Olisworn Declaratio         | n   |  |
|                                 | , and my date of birth is   |  |
| My address is                   | (atract)  |  |
| Executed in                     | (street) (city) (s County, State of , on the day of (month  | tate) (zip code) (country), 20 (year)      |
|                                 | Signature of Candid   | ate/Officeholder (Declarant)               |

|                                    |  | T                                     |   |
|------------------------------------|--|---------------------------------------|---|
| The C/OH Instruction               | Guide explains how to complete this form.    | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed:  |
| 3 CANDIDATE/                       | MS / MRS / MR FIRST                          |                                       |   |
| OFFICEHOLDER<br>NAME               | FIRST HA                                     | an R                                  | OFFICE USE ONLY   |
|                                    | NICKNAME LAST                                |                                       | Date Received   |
|                                    | 1 ): 1/                                      | SUFFIX                                |   |
| 4 CANDIDATE /                      | ADDRESS / PO BOX; APT / SUITE #: C           | CULUC JC  STATE; ZIP CODE             | <b>N</b> 3  |
| OFFICEHOLDER MAILING ADDRESS       | PO BOX (112)                                 |                                       | TAMINY<br>CROS  |
| Change of Address                  | P.O. BOX 642 R                               | (4/13/X/1351)                         | NA THE  |
| 5 CANDIDATE/<br>OFFICEHOLDER       | AREA CODE PHONE NUMBER                       | EXTENSION                             | <b>3</b>  |
| PHONE                              | (84) 983-140/                                | <u>'</u>                              | Date Hand an IVeres or Date Postmarked                            |
| 6 CAMPAIGN<br>TREASURER<br>NAME    | MS / MRS / MR FIRST                          | MI<br>O                               | Receipt * Amount \$   |
|                                    | NICKNAME LAST                                | SUFFIX                                | Date Processed  |
|                                    | Villano                                      | <u>= UG</u>                           | Date Imaged   |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUF | ΠΕ#; CITY;                            | STATE; ZIP CODE   |
| (Residence or Business)            | 1200 Ave 6                                   | fulls -                               | TX 75357  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE   | AREA CODE PHONE NUMBER (SUL) 983-1401        | EXTENSION                             |   |
| 9 REPORT TYPE                      | July 15 Sth day before elect                 |                                       | 15th day after campaign treasurer appointment (Officeholder Only) |
|                                    | 8th day before election                      | on Exceeded Modified Reporting Limit  | Final Report (Attach C/OH - FR)                                   |
| 10 PERIOD<br>COVERED               | Month Day Year // /28 /23                    | THROUGH //                            | Day Year 15 / 24  |
| 1 ELECTION                         | ELECTION DATE                                | ELECTION TYPE                         |   |
|                                    | Month Day Year Primary  3 /5 /2 4 General    | Runoff Other Description              |   |
| 2 OFFICE                           | OFFICE HELD (if any)                         | 13 OFFICE SOUGHT (if known)           |   |
|                                    | Sheriff                                      | Sherill                               | :   |
|                                    | GO TO PA                                     | AGE 2                                 |   |

| 14 C/OH NAME                          |  |   |   |  |
|---------------------------------------|--|---|---|--|
|                                       |  | 1   | 5 Filer ID (Ethics Commission Filers)   |  |
| 16 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR SUPPORT THE CAN KNOWLEDGE OR CO  | NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITY DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT AND AREA OF THE SECONDARY AND OFFICEHOLDERS ARE REQUIRED TO REPORT THE URES. | TURES MADE BY POLITICAL COMMITTEES TO THOUT THE CANDIDATE'S OR OFFICEHOLDER'S S INFORMATION ONLY IF THEY RECEIVE NOTICE |  |
|                                       | COMMITTEE TYPE   | COMMITTEE NAME  |   |  |
|                                       | GENERAL  |   |   |  |
|                                       | SPECIFIC   | COMMITTEE ADDRESS   |   |  |
|                                       |  | COMMITTEE CAMPAIGN TREASURER NAME   |   |  |
| Additional Pages                      |  | TREASURER NAME  |   |  |
|                                       |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |   |  |
| 17 CONTRIBUTION<br>TOTALS             | i LLDGE  | UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN<br>ES, LOANS, OR GUARANTEES OF LOANS, OR<br>BUTIONS MADE ELECTRONICALLY)   | \$ ×  |  |
| **********                            | 2. TOTAL   | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ \( \oserline{\infty} \)  |  |
| EXPENDITURE TOTALS 3. TOTAL UNITEMIZ  |  | JNITEMIZED POLITICAL EXPENDITURE.   | \$ &  |  |
|                                       | 4. TOTAL POLITICAL EXPENDITURES \$ 559   |   |   |  |
| CONTRIBUTION<br>BALANCE               | 5. TOTAL PO  | DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D.<br>RTING PERIOD   |   |  |
| OUTSTANDING<br>LOAN TOTALS            | 6. TOTAL PE  | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH<br>OF THE REPORTING PERIOD  | * \$ &  |  |
|                                       | MELANIE SNODGRA<br>NOTARY PUBLIC<br>STATE OF TEXAS<br>IY COMM. EXP. 07/1<br>NOTARY ID 104319 | 6/27  | nation required to be reported by me  |  |
|                                       | × 11   | the said Ethan Villanueva   | , this the _1 8 -1k   |  |
| Melanie &                             | 20 <u>24</u> , to  | certify which, witness my hand and seal of office.  | Nita  |  |
| Signature of officer adn              | ninistering oath   | Printed name of officer administering oath  | Title of officer administering oath   |  |