		CEHOLDER CE 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	MS / MRS / MR	FIRST	MI.	OFFICE USE ONLY
NAME	NICKNAME	South B	F Suffix	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	Stillwell	TTY: STATE; ZIP CODE	JAN 18 2022
Change of Address	missa	Iri Citu	TX 77489	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER J 854-8542	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	۲ ^س ا	Receipt # Amount \$
NAME			SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE); APT /ISL PAIM HI		STATE ZIP CODE
(Residence or Business)	missa	Iri City	TX 77459	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
3 CAMPAIGN TREASURER PHONE	area code (832) -	PHONE NUMBER (J 348 - 2585	EXTENSION	
REPORT TYPE	January 15	30th day before ef	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
\$ \$		and the second s	tion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
0 PERIOD COVERED	Month.	Day Year		Day Year 15/2022
1 ELECTION	ELECTION DA			
	Month Day	Year General	Description	
2 OFFICE	FOR THE WILL (" and) FOR THE CONT	Precinct 2	13 OFFICE SOUGHT (If known)
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFK	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE		···	
Additional Pages	GENERAL	COMMITTEE ADDRESS	÷	
		COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	

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Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

17 CONTRIBUTION 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADELECTRONICALLY) \$ 2. TOTAL POLITICAL CONTRIBUTIONS 2. TOTAL POLITICAL CONTRIBUTIONS \$ 2. TOTAL POLITICAL CONTRIBUTIONS \$ \$ 2. TOTAL POLITICAL CONTRIBUTIONS \$ \$ 2. TOTAL POLITICAL CONTRIBUTIONS \$ \$ CONTRIBUTION 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 2. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ OUTSTANDING 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 in required to be reported by me under Title 15, Elector Code. \$ (1) Affidavit \$ \$ \$ NOTARY STAMP/SEAL \$ \$ \$ Signature of candidate before me by \$ \$ \$ OP \$ \$ \$ \$ Signature of administening oath Printed name of officer administeding oath \$ Sworn to and subscribed before me by \$ \$ \$ \$	Commission Filers)
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) Image: Contrained provided prov	Ò
TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 4. TOTAL POLITICAL EXPENDITURES \$ \$ CONTRIBUTION BALANCE 5. TOTAL POLITICAL EXPENDITURES \$ \$ 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 in required to be reported by me under Title 15, Electify Code. \$ \$ MARLYNN M MOORE Wignature of Candidate or Officeho MARLYNN M MOORE Wignature of officehore me by MARY 55Mith, SP Wignature of officehore administering cath MARLYNN MOORE Wignature of officer administering cath Title of officer. Markury Mark 1 MARLYNN MOORE Wignature of officer administering cath Title of officered of this is	450 U
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required to be reported by me under Title 15, Electic Code. (And Lumber Signature of Candidate or Officeho Please complete either option below: MARILYNN M MOORE Notary 10 #7100424 MARILYN M MOORE Notary 10 #7100424 MARILYN M MOORE Notary 10 #7100424 My Commission Expires June 1, 2024 NOTARY STAMP/SEAL Sworm to and subscribed before me by MARY SMIP SMIP May Mark MARY M More Mark Mark Mark OR OR	775 9
(1) Affidavit Please complete either option below: (1) Affidavit Image: Complete either option below: NOTARY STAMP/SEAL Image: Complete either option below: Sworm to and subscribed before me by Image: Complete either option below: Sworm to and subscribed before me by Image: Complete either option below: Sworm to and subscribed before me by Image: Complete either option below: Sworm to and subscribed before me by Image: Complete either option below: Sworm to and subscribed before me by Image: Complete either option below: Sworm to and subscribed before me by Image: Complete either option below: Sworm to and subscribed before me of the seal of office. Image: Complete either option Signature of office/search Image: Complete either option	icludes all information
Please complete either option below: MARILYNN M MOORE NOTARY STAMP/SEAL MARILYNN M MOORE Swom to and subscribed before me by MARUYI Source to certify writer, writers my hand and seal of office., OR OR <td>0</td>	0
Please complete either option below: MARILYNN M MOORE NOTARY STAMP/SEAL MARILYNN M MOORE Swom to and subscribed before me by MARUYI SMITH SR to certify writers writers my hand and seal of office., MARUYUM MARE MARUYUM MARE June 1, 2024 Swom to and subscribed before me by MARUYI SMITH SR It is theIBM Adv address my hand and seal of office., MARUYUM MARE MARUYUM MARE MARUYUM MARE OR 2) Unsworn Declaration Adv address is	89
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1) Affidavit MARILYNN M MOORE Notary ID #7100424 My Commission Expires June 1, 2024 NOTARY STAMP / SEAL MARULY MARKAR SR June 1, 2024 Sworm to and subscribed before me by MARULY STAMP / SEAL MULLY MARKAR SR 20 22	• •
1) Affidavit MARILYNN M MOORE Notary 10 #7100424 My Commission Expires June 1, 2024 NOTARY STAMP / SEAL MMC Y 1 Smith SR this the 18 M day of 20 22 to certify which, witness my hand and seal of office. Swom to and subscribed before me by MARUY 1 Smith SR this the 18 M day of 20 22 to certify which, witness my hand and seal of office. Maruny 10 47 Maruny 10 47 Maruny 1000 Maruny 10000 Maruny 10000 Maruny 1000 Maruny 1000 Maruny 10000 Maruny 1000 M	
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Swom to and subscribed before me by <u>MARY SMith SR</u> this the <u>18</u> day of 20 <u>22</u> , to certify which, witness my hand and seal of office., <u>Manual yman Mary Mary MARAWMA MARK</u> Signature of officer administering oath Printed name of officer administering oath Title of office OR 2) Unsworn Declaration Ay name is, and my date of birth is (street) (city) (state) (zip code)	
20 22, to certify which, witness my hand and seal of office.,	1
20 22, to certify which, witness my hand and seal of office., 	anuasi
Multy month MARINA Mark Signature of officer administering oath Title of officer OR OR 2) Unsworn Declaration	
Signature of officer administering oath Printed name of officer administering oath Title	Farbor Note
OR (2) Unsworn Declaration My name is, and my date of birth is, and my date of birth is, (street) (street) (city) (street) (city)	cer administering oath
My name is, and my date of birth is My address is,, _	
Ay address is,,, _,	
Ay address is,, _,	
(street) (city) (state) (zip code)	
Executed in County, State of on the day of 20	(country)
(month) (year)	-
Signature of Candidate/Officeholder (De	clarant)

MONETARY POLITICAL CONTRIBUTIONS

If the requested information is not applicable, DO NOT include this page in the report.

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The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
 	·.	· · .			
4 Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)	
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	6 Contributor address;	City;	State; Zip Code		
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Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
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	Contributor address;	City;	State; Zip Code		
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	ATTACH ADDIT	IONAL COPIES	OF THIS SCHEDULE AS I	NEEDED	
	If contributor is out-of-state PAC				
				D	

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SCHEDULE A1

Sl	UBTOTALS - C	:/ОН			ORM C/OH SHEET PG 3
19 FIL	LER NAME		2	0 Filer ID (Ethics Co	mmission Filers)
	CHEDULE SUBTOTALS		1		SUBTOTAL
1.	SCHEDULE A1: MONE	TARY POLITICAL CONTRIBUTION	NS		\$9.450.02
2.	SCHEDULEA2: NON-	MONETARY (IN-KIND) POLITICAL	CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDG	ED CONTRIBUTIONS		· .	\$
4.		\$		-	\$ \$
5.		TICAL EXPENDITURES MADE FF		RIBUTIONS	\$7,856.0
6.	SCHEDULE F2: UNPA	ID INCURRED OBLIGATIONS			\$
7.		CHASE OF INVESTMENTS MADE	E FROM POLITICAL CO	ONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPE	ENDITURES MADE BY CREDIT C	ARD		\$
9.		TICAL EXPENDITURES MADE FR	OM PERSONAL FUNE	S .	\$
10.		ENT MADE FROM POLITICAL CO	NTRIBUTIONS TO A B	USINESS OF C/OH	\$
11.	SCHEDULE I: NON-PC	DLITICAL EXPENDITURES MADE F	FROM POLITICAL CON	TRIBUTIONS	\$
12.	SCHEDULE K: INTER TO FIL	REST, CREDITS, GAINS, REFUND LER	S, AND CONTRIBUTIO	ONS RETURNED	· \$ ·
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POLITICAL FROM POLI	•				SCH	IEDULE F1
If the requested in	ormation is not a	oplicable, DO NOT	include th	is page in the	report.	
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidata/Officeholder/Politic Credit Card Payment	Fees Food/B ly Gift/Aw al Committee Legal S	bopense average Expense ards/Memorials Expense ervices	Office Over Polling Exp Printing Exp Selarles/Wa	ense ges/Contract Labor	Travel in District Travel Out Of District	pment & Related Expense
1 Total pages Schedule F1:		nstruction Guide expla	lins how to co	mplete this form.	9 5100 (54)	
4 Date	DAU 5 Payee name SCLA(1	Smith Sr Texas				s Commission Filers)
6 Amount (5) 7,593.30	7 Payee address:	MH64 CL Texc	مدي (City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	Constabl	e Ball	V	Event	Expens	
		avel outside of Texas. Complete	Schedule T.		stin, TX, officeholder livin	······
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name		Office sought		Office held
Date 11 12 2091	Engree name	Salloons				
Ambunt (\$) $21_{3}.00$	Payee address; EUOPPIA 1310 E B	9 ^{+h} St HO	ustan	City; TK 777 Description	State;	Zip Code
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number	Category (See Cat	egories listed at the top of this	schedule)	Description	-	
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LOANS	2," -	:		SCHEDULE E
If the requested	d information is not applic	able, DO NO	T include this page in the re	port.
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The	Instruction Guide explains	how to comp	lete this form.	
FILER NAME		· · · ·		3 Filer ID (Ethics Commission Filer
	•		·	
	NITEMIZED LOANS			\$
Date of loan	7 Name of lender	cut-of-state	PAC (ID#)	9 Loan Amount (\$)
. •				
ls lender a financial	8 Lender address;	City;	State; Zip Code	10 Interest rate
Institution?				11 Maturity date
YN	· · ·	.i		TT Maturity date
2 Principal occupati	on / Job title (See Instruction	s)	13 Employer (See Instructions)	
Description of Col	lateral			ds were deposited into political
	· · ·		account (See Instruct	
GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	18 Guarantor address;	City;	State; Zip Code	
not applicable		•		
Principal Occupa	tion (See Instructions)		21 Employer (See Instructions)	· · ·
Date of loan	Name of lender			Loan Amount (\$)
) PAC (IU#)	
is lender	Lender address;	City;	State; Zip Code	Interest rate
a financial Institution?				
Y N			· ·	Maturity date
Principal occupati	on / Job title (See Instructions	s)	Employer (See Instructions)	
				N 10
Description of Coll	ateral		Check if personal fun	ds were deposited into political
		· · ·	account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor	-	•	Amount Guaranteed (\$)
	Guarantor address;	City;	State; Zip Code	
not applicable			- A 6	N 18
	ion (See Instructions)		Employer (See Instructions)	I
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