CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		W. Comments of the comments of			
The C/OH Instruction Guide explains how to complete this form.		1 Filer ID	2 Total pages filed: 5		
CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Patrick	МІ	OFFICE USE ONLY Date Received		
	NICKNAME LAST Quincy	SUFFIX	JAN 17 2023		
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CI 5614 W. Grand Pkwy S. Ste. 102 #253	ITY; ZIP CODE	Date Hand-delivered or Date Postmarked Receipt # Amount		
Change of Address	Richmond, TX 77406		Date Processed Date Imaged		
CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Sunceri	мі Ma rie			
CAMPAIGN	NICKNAME LAST Quincy STREET ADDRESS (NO PO BOX PLEASE);		Y; STATE; ZIP CODE		
CAMPAIGN TREASURER ADDRESS (Residence or Business)	Quincy	; APT / SUITE #; CIT	Y; STATE; ZIP CODE		
TREASURER ADDRESS	Quincy STREET ADDRESS (NO PO BOX PLEASE); 5614 W. Grand Pkwy S. Ste 1 #253 Richmond, TX 77406 AREA CODE PHONE NUMBER	; APT / SUITE #; CIT	Y; STATE; ZIP CODE		
TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER	Quincy STREET ADDRESS (NO PO BOX PLEASE); 5614 W. Grand Pkwy S. Ste 1 #253 Richmond, TX 77406	APT / SUITE #; CIT O2 EXTENSION re election Runoff	Y; STATE; ZIP CODE 15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)		
TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE REPORT	Quincy STREET ADDRESS (NO PO BOX PLEASE); 5614 W. Grand Pkwy S. Ste 1 #253 Richmond, TX 77406 AREA CODE PHONE NUMBER (281) 610-7976 X January 15 30th day before Month Day Year	APT / SUITE #; CIT O2 EXTENSION re election Runoff election Exceeded modified	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) Year		
TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE REPORT TYPE PERIOD	Quincy STREET ADDRESS (NO PO BOX PLEASE); 5614 W. Grand Pkwy S. Ste 1 #253 Richmond, TX 77406 AREA CODE PHONE NUMBER (281) 610-7976 X January 15 30th day before Month Day Year 07/01/2022 T ELECTION DATE Month Day Year 03/05/2024	APT / SUITE #; CIT O2 EXTENSION Runoff e election	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR) Year		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

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					2 01 5
13 C / OH NAME	Quincy, Patrick	14	Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive no				ledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		- **	
_	GENERAL	The state of the s			
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN P ES OF LOANS, OR CONTRIBUTIONS MADE ELECTF		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAST RIOD	DAY OF THE	\$	1.71
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS OF TING PERIOD	THE LAST DAY	\$	1,160.00
17 AFFIDAVIT					
	AAYRA LEORA JN MA lotary Public-State of Te Notary ID #12864192 commission Exp. FEB. 03, 2	xas }	perjury, that the acco formation required to	ompanying re be reported b	port is by me
Nota	ry without Bond	Signature of Car	ndidate or Officehold	er	
	TARY STAMP / SEAL ABO				
Sworn to and subso	cribed before me, by the s	aid Patrick Luncy ertify which, witness my hand and seal of office.	, this the 17		day
Manual Ma	cer admiristering	Printed name of officer administering	Title of officer a	administering	oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

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18 FI	LER NAM					
Quincy, Patrick						
		E SUBTOTALS	SUBTOTAL AMOUNT			
N/	AME OF	SCHEDULE		SOBTOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00	
3.	X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00	
4.	X	SCHEDULE E: LOANS		\$	0.00	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	0.00	
6.	х	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
7.	Х	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00	
10	. 🗆	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$		
11	. 🗆	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$		
12	. 🗆	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$		

PLE	OGED CONTRIBUTIONS			SCHEDULE B		
T	The Instruction Guide explains how to complete this form.			1 Total pages Schedule B:		
				Sch: 1/1 Rpt: 4/5		
2 FILER NA			3 Filer ID quincy4constable@gmail.com			
Quincy,	Patrick					
4 TOTAL	OTAL OF UNITEMIZED PLEDGES		\$	0.00		
5 Date	6 Full name of pledgor out-of-state PAC (II	D#:	8 Amount of pledge (\$)	9 In-kind description (If applicable)		
	7 Pledgor Address; City; State; Zip Co					
			Check if travel out	side of Texas. Complete Schedule T		
10 Principal	occupation / Job title (See Instructions)	11 Employer (See Ir	nstructions)			

	LOANS					SCHEDU	LE E
	The Instruction Guide evaluing how to complete this form			ages Schedule E: /1 Rpt: 5/5			
2				3 Filer ID			
4	TOTAL OF UNITEMIZED LOANS				\$	0.00	
5	Date of loan	an 7 Name of lender out-of-state PAC (ID#:)	9 Loan Amount (\$)		
6	Is lender a financial institution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate	
						11 Maturity Date	
12	Principal occupation	on / Job title (See Instruction	ns)	13 Employer (See Instructions	5)		
14	Description of Coll	lateral		15 Check if personal funds were deposited into political account (See Instructions)			
16	GUARANTOR INFORMATION					19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address;	City; State;	Zip Code			
20	Principal occupation	on		21 Employer (See Instructions	5)	<u> </u>	
	W-44-2						