	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 1		
The C/OH Instruction Guide explains how to complete this form.		2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MS. Dora F. NICKNAME LAST SUFFIX Olivo	OFFICE USE ONLY Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY: STATE; ZIP CODE 2625 Alamo St. Rosenberg Tx. 77471	REC'D-BBM JUL 17 2024		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (832) 3610988	Dute Hand defivered of Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX	Receipt # Amount S Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION			
9 REPORT TYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Mont 1 / 1 / 24 THROUGH 6	Month Day Year		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description Image: Construction of the construction			
12 OFFICE	OFFICE HELD (If any) Justice of the Peace Prec. 4	wn)		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURE THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE C CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS	AND/DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			
	GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME 16 Fil		16 Filer ID (Ethics	er ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$	0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	0.00	
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	F THE \$	0.00	
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and correct and in	cludes all information	
required to be reported by me under Title 15, Election Code.				
Signature of Candidate or Officeholder				
Please complete either option below:				
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by this the	dav of		
	which, witness my hand and seal of office.		······································	
	which whices the hand and sear of onloc.			
Signature of officer administe	ring oath Printed name of officer administering oath	Title of off	icer administering oath	
	OR			
(2) Unsworn Declarati				
My name is Dora F. C	Dlivo, and my date of birth is	, 03/06/24		
My address is 2625 A	amo St. Rosenberg T	x 77471	Ft. Bend	
	(street) (city) (state) (zip code)	(country)	
Executed in Fort Bend		2024		
	(mont)	ny Vyea	r)	
	Signature of Candi	date/Officeholder (D	eclarant)	