# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	duide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 3				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	A K	МІ	OFFICE USE ONLY				
NAME	NICKNAME SUFFIX			Date Received				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	Box 632	STATE; ZIP CODE					
5 CANDIDATE/	AREA CODE	PHONE NUMBER						
OFFICEHOLDER PHONE	(817)	184890 L	EXTENSION	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER	MS / MRS / MR	EIRST	МІ	Receipt # Amount \$  Date Processed				
NAME	NICKNAME	LAST	SUFFIX	500 1 10000000				
		Kilex		Date Imaged				
7 CAMPAIGN TREASURER	STREET ADDRESS (	NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE				
ADDRESS	40 BOX	638	TX 76086					
(Residence or Business)	AREA CODE	PHONE NUMBER	EXTENSION					
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION					
PHONE	( )							
9 REPORT TYPE	January 15 30th day before el		election Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
	July 15 8th day before election Exceeded Modified Reporting Limit			Final Report (Atlach C/OH - FR)				
10 PERIOD	Month	Day Year	Month	Day Year				
COVERED	) AN	1 2023	THROUGH Se Me	30 2023				
11 ELECTION	ELECTION DA	TE	ELECTION TYPE					
	Month Day Year Primary Runoff Other Description							
		General	Special					
12 OFFICE	OFFICE HELD (if any)	) कि	13 OFFICE SOUGHT (if known)					
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTIES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.							
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME						
Additional Pages	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC	ECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS					
GO TO PAGE 2								

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)						
17 CONTRIBUTION TOTALS	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.	\$						
	4. TOTAL POLITICAL EXPENDITURES	\$ 250 %						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ 1182						
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$						
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.  Signature of Candidate or Officeholder								
Please complete either option below:								
	ricase complete chiler option sciov							
(1) Affidavit								
NOTARY STAMP/SEA								
		, day of,						
20, to certify	which, witness my hand and seal of office.							
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath						
	OR							
(2) Unsworn Declarati	on	9						
My name is, and my date of birth is								
		state) (zip code) (country)						
Executed in	County, State of , on the day of(month							
Signature of Candidate/Officeholder (Declarant)								

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE !

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

	The Instruction Guide explains how to co	mplete this form.					
1 Total pages Schedule I:	2 FILER NAME  ARK RIPV	3 Filer ID (Ethics Co	ommission Filers)				
4 Date	5 Payee name						
1-23-2023	Dan 0	read					
6 Amount (\$)	7 Payee address;	City	State	Zip Code			
250 34	129 Hogh St	W72	TX	76086			
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	e instructions regarding type of	information			
OF EXPENDITURE	Fund Raiser	Benef	of Fund Pa	1505			
Date	Payee name						
Amount (\$)	Payee address;	City	State	Zip Code			
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type o	finformation			
OF EXPENDITURE							
Date	Payee name	1					
Amount (\$)	Payee address;	City	State	Zip Code			
PURPOSE	Category (See instructions for examples of acceptable		e instructions regarding type o	f information			
OF EXPENDITURE	categories.)	required.)					
Date	Payee name			·			
Amount (\$)	Payee address;	City	State	Zip Code			
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding type o	f information			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							