CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE 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	1/	S. ^{MI}	OFFICE	USE ONLY	
NAME	NICKNAME LAST SUFFIX Date Received					
	Crows	nover	ſ	RECE	VED	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUI	IITE #; CI	ITY; STATE; ZIP CODE	JUL 01		
ADDRESS Change of Address	06 CR 144 MURA Falls TO 78654 BURNET CO ELECTIONS					
5 CANDIDATE/	AREA CODE PHONE NUMBER				or Date Postmarked	
OFFICEHOLDER PHONE	(830)613.0152	0		Receipt #	Amount \$	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	,	ζ ^{MI}		Amount ş	
NAME		,	SUFFIX	Date Processed		
	CAMON	Wex		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE)	E); APT / SU	ITE #; CITY;	STATE;	ZIP CODE	
(Residence or Business)	106 CR 144 N	Nurb	leFallity 7865	4		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (\$30) 613-0156		EXTENSION			
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
	July 15 8th da	ay before elec	tion Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year / THROUGH 6/30/22					
11 ELECTION	ELECTION DATE ELECTION TYPE					
	Month Day Year	Primary	Runoff Other Description			
	11/8/22 -	General				
12 OFFICE	OFFICE HELD (If any)	wher	13 OFFICE SOUGHT (if known	Transer		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS 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 COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAN	MPAIGN TRE	ASURER 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						
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ D				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ D				
	4. TOTAL POLITICAL EXPENDITURES	\$ 0				
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD 	TDAY \$ ()				
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	THE \$ D				
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.						
	t c	(A)				
	Ann	Man				
	Signature of Car	ndidate or Officeholder				
Please complete either option below:						
ricase complete eluler option below.						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed before me by this the day of,						
20, to certify which, witness my hand and seal of office.						
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath				
OR						
(2) Unsworn Declaration						
My name is KAMU (NOWNER, and my date of birth is 812183						
My address is	cr 144 Marby Falls 7	k 18654 N.S.				
(street) Executed in BUMEA County, State of Texas, on the H day of Mu, 2022. (rionth) (year) Signature of Candidate/Officeholder (Declarant)						
1	state = (state elements - (state - state))					