CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| The C/OH Instruction G | uide explains how to com | | Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | | |
|---|--|--|-------------------------------------|--|--|--|--|
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mrs. | _{FIRST} Lisa | мі J. | OFFICE USE ONLY | | | |
| | NICKNAME | _{LAST} Whitehead | SUFFIX | Date Received RECEIVED | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: 309 Julie Street Burnet, Texas 786 | APT / SUITE #; CITY; | JAN 4 2024 BURNET CO ELECTIONS | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | | 55-1551 | EXTENSION | Date Hand-delivered or Date Postmarked Receipt # Amount \$ | | | |
| 6 CAMPAIGN TREASURER NAME | Ms / mrs / mr Mr. NICKNAME Eddie | Charles LAST Whitehead | E. | Date Processed Date Imaged | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE 309 Julie Street Burnet, Texas 78611 | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (512) 755-2817 | | | | | | |
| 9 REPORT TYPE | January 15 July 15 | 30th day before election | Everanded Modified | 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) | | | |
| 10 PERIOD COVERED | Month D 7 / 15 | Year 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | THROUGH 1 | Day Year / 3 / 24 | | | |
| 11 ELECTION | ELECTION DATE Month Day Yo | ear Primary General | Runoff Other Description Special | · | | | |
| 12 OFFICE | OFFICE HELD (if any) Justice of the Pe | eace #2 | 13 OFFICE SOUGHT (if know | n) | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. | | | | | | |
| Additional Pages | GENERAL COMMITTEE NAME COMMITTEE ADDRESS | | | | | | |
| | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | |
| | COM | MITTEE CAMPAIGN TREAS | ONEN ADDRESS | | | | |
| GO TO PAGE 2 | | | | | | | |

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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) | | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | 5 | 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 LAST OF REPORTING PERIOD | DAY (| 354.79 |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE | 0.00 |
| 18 SIGNATURE I s | wear, or affirm, under penalty of perjury, that the accompanying report is true | and corre | ct and includes all information |
| | quired to be reported by me under Title 15, Election Code. | | |
| | 0 | . 1 | l |
| | Lincoln | teh | Seco! |
| | Signature of Can- | didate or | Officeholder |
| | | | |
| | | | |
| | | | |
| | Please complete either option below: | <u>'</u> | |
| | | | |
| | | | |
| (1) Affidavit | JULIETA TORREZ NOTARY PUBLIC STATE OF TEXAS ID # 126254364 My Comm. Expires 01/23/2024 | | |
| NOTARY STAMP/SEA | | 21 | _ |
| Sworn to and subscribed | | Brc . | day of January, |
| 20 4, to certify | which, witness my hand and seal of office. | - | |
| sklita ! | X Julieta Torrez | 17 | exas Noton |
| Signature of officer administe | ring oath Printed name of officer administering oath | Tit | tle of officer administering oath |
| | OR | | |
| (2) Unsworn Declarati | on | | |
| (2) Gilonoini Boolaiati | ~ | | |
| My name is | , and my date of birth is _ | | |
| My address is | | | 250 |
| | 10 A | ate) (zip | code) (country) |
| Executed in | | 5 25 15 | |
| | County, State of , on the day of (month) | , | 20 (year) |
| | Signature of Candida | to/Office b | older (Declarant) |
| | Signature of Candida | re/Unicend | Jiuei (Deciafant) |