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 NAME	MS / MRS / MB FIRST	5	OFFICE USE ONLY		
	NICKNAME LAST	SUFFIX	FILED FOR RECORD at 4:58 o'clock A m		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	137 CK 1218	ITY; STATE; ZIP CODE	JAN 15 2025 SANDRAKNIGHT		
Change of Address	1777 bun /x	1080	County Clerk, Camp County, Texas		
5 CANDIDATE/ OFFICEHOLDER PHONE	1903) 856-3845	EXTENSION	DAN Hand-delivered or Date Postering		
6 CAMPAIGN TREASURER	MS / MRS / MRS / FIRST	МІ	Receipt # Amount \$		
NAME	NICKNAME LAST	SUFFIX .	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU	JITE #; CITY;	STATE; ZIP CODE		
(Residence or Business)	JANNI C				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15 30th day before election Runoff Runoff 15th day after campaign treasurer appointment (Officeholder Only)				
	July 15 8th day before elec	etion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year $7/21/24$ THROUGH $12/31/24$				
11 ELECTION	Month Day Year Primary General	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)/ LOUNTY Tudge	13 OFFICE SOUGHT (if known)			
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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
(_,	COMMITTEE TYPE COMMITTEE NAME	WE			
Additional Pages	GENERAL COMMITTEE ADDRESS	ACURED NAME			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
	COMMITTEE CAMPA	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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TO PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	han \$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	s 500.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY \$ 1050.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	\$ 1000.00				
i	wear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	true and correct and includes all information				
	Signature of	Candidate or Officeholder				
	Diseas complete either ention hal					
<u></u>	Please complete either option bel	ow.				
(1) Affidavit						
NOTARY STAMP/SEA	TEXAS A					
Sworn to and subscribed	before me by <u>Ames AT Mason</u> this to	the 15th day of fanuary,				
20						
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath				
	OR	0				
(2) Unsworn Declaration						
My name is	, and my date of birt	h is				
My address is	,,	,				
Evaputed in	(street) (city)	(state) (zip code) (country)				
Executed In	County, State of , on the day of (m	onth) (year)				
	Signature of Ca	andidate/Officeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
21	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete th	1 Total pages Schedule A1:			
2 FILER NAME	JAMES (AT) N/A.	ison	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor Out-of-state PANANIE NORAN 6 Contributor address; City: 1/21 ESE Loop 746. 206	State; Zip Code	7 Amount of contribution (\$)		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction of the Control of the C	ons)		
CONGL	55 MAN	LTOUERNMEN	//		
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State: Zip Code			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIE	S OF THIS SCHEDULE AS N	EEDED		
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					