CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Nahomie Olivia	OFFICE USE ONLY		
NAME	NICKNAME LAST SUFFIX AlaniS	Date Received Guadalupe Co Elections		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2663 hunt St. New Braunfils TX 78130	JAN 1 7 2024 Received		
Change of Address		TIMA KOBINSON		
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (830) 708-4436	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MR Christopher Anthony	Date Processed		
NAME	NICKNAME LAST SUFFIX AGUIJAT	Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE; ZIP CODE		
TREASURER	4811 Gander Slough Rd. Kingsbury	Tx. 78638		
ADDRESS (Residence or Business)	9011 Golficer 3100 Jn Roll /11795001)	.,		
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION			
PHONE	(509) 217-7231			
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 Sth day before election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month 12 / 1 / 2023 THROUGH	Day Year / 16 / 2024		
11 ELECTION	ELECTION DATE ELECTION TYPE			
	Month Day Year Primary Runoff Other Description			
	3/5 1024 General Special			
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Comty Comr	hissioner Precinct 1.		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MATTHE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TO	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
	COMMITTEE TYPE COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TREASURER ADDRESS			
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

16 C/OH NAME	homre Alanis	16 F	filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTR PLEDGES, LOANS, OR GUARANTEES C CONTRIBUTIONS MADE ELECTRONICA	F LOANS, OR	\$ 750.00 \$ 750.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR G		\$ 750.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEN	TAL UNITEMIZED POLITICAL EXPENDITURE.	
	4. TOTAL POLITICAL EXPENDITURES		\$ 750.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MA OF REPORTING PERIOD	NTAINED AS OF THE LAST DAY	\$ 0.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUT LAST DAY OF THE REPORTING PERIOD		\$ 0.60
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the ac	companying report is true and	correct and includes all information
re	quired to be reported by me under Title 15, Election Co	de.	\cap
		1// 0/4.)
		10000 11 U	N/
		Signature of Candida	te or Officeholder
			V
	Diagon complete si	they ention below.	
	Please complete ei	ner option below:	
A Collins	MELISSA DOSS		
	My Notary ID # 124678312		
(4) Assiduate	Expires September 16, 2027		
(1) Affidavit			
NOTARY STAMP/SEA	NL		
	before me by Nahomie Alanis		the clanuar.
Sworn to and subscribed	before me by Marine Armin	this the	day of Salvacia,
2011 to certify	which, witness my hand and seal of office.		th day of January.
	WelissaDoss		Notary
Signature of Officer agministr	ering oath Printed name of officer admini	stering oath	Title of officer administering oath
	OR	Programme Programme	
(2) Unsworn Declarati	ion		
My name is		, and my date of birth is	
My address is			
	(street)		(zip code) (country)
Executed in	County, State of, on the	a day of	, 20 (year)
		(month)	(year)
	_	Signature of Candidate/C	Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Nahomte Alanis	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 750.00
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	\$ 750.00
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 this form.	1 Total pages Schedule A1:
2 FILER NAME Nobomie Alaris	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor 9/16/3 6 Contributor address; 130 Meadow Crest City: State: Zip Code 14 Per State: Vew Bra where TX 178130	7 Amount of contribution (\$) 750.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) 11 Principal occupation / Job title (See Instructions) 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Principal occupation / Job title (See Instructions) 15 Principal occupation / Job title (See Instructions) 16 Principal occupation / Job title (See Instructions) 17 Principal occupation / Job title (See Instructions) 18 Principal occupation / Job title (See Instructions) 19 Principal occupation / Job title (See Instructions) 19 Principal occupation / Job title (See Instructions) 10 Principal occupation / Job title (See Instructions) 11 Principal occupation / Job title (See Instructions) 12 Principal occupation / Job title (See Instructions) 13 Principal occupation / Job title (See Instructions) 14 Principal occupation / Job title (See Instructions) 15 Principal occupation / Job title (See Instructions) 16 Principal occupation / Job title (See Instructions) 17 Principal occupation / Job title (See Instructions) 18 Pri	
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	uctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME Valome Alanis	3 Filer ID (Ethics Commi	ssion Filers)
4 Date	5 Payee name Guadalufe County Seme	crutic Club	
6 Amount (\$)	7 Payee address;	City; State; Zip	Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing Lee	(b) Description Candidate filing fee	/
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office	neld
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip	Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office I	neld
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip	Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office	held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	