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 Co	mmission Filers)	2 Total pages i	îled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	`	МІ	OFFICE	USEONLY
NAME	NICKNAME.	Track			Date Received	
	NICKNAME	LAST	35 W	SUFFIX	Guadal	upe Co Elections
4 CANDIDATE/	ADDRESS / PO BOX	APT / SUITE #;	CITY; STATE;	ZIP CODE		
OFFICEHOLDER MAILING ADDRESS	1100	Faller .	- Daras	6	AF	PR 1 8 2022
Change of Address			A MIN	7319		Received
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSIO	N 1 - 0	Date Hand delivere	d or Date Postmarked
OFFICEHOLDER PHONE	820)	214.4727.				
6 CAMPAIGN	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$
TREASURER NAME		L12=77E			Date Processed	
38 S2 S03(00)387 CH3	NICKNAME	LAST		SUFFIX	Date Imaged	
		(A57.1)	10			=
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	JITE #; CITY;		STATE;	ZIP CODE
ADDRESS	1010				\neg	
(Residence or Business)	1565	ITTHAS	SUTTER	1	EGNIA	4 1812
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	N)	
PHONE	830)	556-8	1565			
9 REPORT TYPE	January 15	30th day before e	lection Runot	ff		fter campaign ppointment er Only)
	July 15	8th day before ele	CUOII	ded Modified ting Limit		rt (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yea	3/21/27
COVERED	1 ,	11/22	THROUGH	3/	33/2	2
11 ELECTION	ELECTION DA	TE	E	LECTION TYPE		
	Month Day	Year	Runoff	Other Description		
	3/1	711 General	Special	**************************************	10 (10 (6 - 14 g) - 20 g) (10 (10 g) - 10 g)	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SO	UGHT (if known)		
10 a 21	J9 # 7	L (mas (a				
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS AS EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WIT	HOUT THE CAND	DATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	CONSENT. CANDIDATES	COMMITTEE NAME	***	ATION ONLY IF TH	HEY RECEIVE NOTICE O	F SUCH EXPENDITURES.
	COMMITTEE TIPE	OOMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
,	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	***************************************		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
		GO TO I	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	THE THE TELETION TO THE TELETI	
15 C/OH NAME	HERD DOCKIESEN	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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
.,	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ O
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and entrect and includes all information
	uired to be reported by me under Title 15, Election Code.	
		F
		*
	Signature of Cane	didate or Officeholder
	Signature of Cand	didate of Officerolder
	Please complete either option below:	
	riease complete either option below.	
		1
		'
	7	
(1) Affidavit	KASANDRA ULLOA	
	Notary Public, State of Texas	
	Comm. Expires 08-12-2023	^
NOTARY STAMP/SEAL		ı
Sworn to and subscribed		3 day of March,
20 27, to certify	which, witness my hand and seal of office. Kasandra UU o a	Court Clerk
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unaviana De alamatic	• 5	
(2) Unsworn Declaration	on .	
My name is	, and my date of birth is _	
My address is	,	
	(street) (city) (sta	te) (zip code) (country)
Executed in	County, State of, on the day of(month)	, 20 (year)
	Signature of Candidat	te/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Co	mmission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST	`	МІ	OFFIC	EUSE ONLY
NAME	NICKNAME _	LAST		SUFFIX	Date Received	
		SACATU	53EW		Guada	lupe Co Elections
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BO	15	CITY: STATE;	ZIP CODE	AF	PR 1 8 2022
ADDRESS Change of Address	1111	2 (40/6)	GNIM TH	BIC		Received
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSIO	N	Date Hand-delivere	d or Date Postmarked
PHONE	820)	214.4722			Descit #	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
		CASTI	P		Date Imaged	¥s:
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / St	JITE #; CITY;		STATE;	ZIP CODE
ADDRESS (Residence or Business)	1212	、ベンマット		\leq	- 7	78,00
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION)	Eddin ,	(1012
TREASURER PHONE	830)	556-8	1565			
9 REPORT TYPE	January 15	30th day before el	ection Runoff		15th day af treasurer a (Officeholde	
	July 15	8th day before elec	20011	ed Modified ng Limit		t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	L AMBRASAY	Month	Day Year	
	1/1/21 THROUGH 1/39/21					
11 ELECTION	ELECTION D		-	ECTION TYPE		
100	Month Day	Year Primary General	Runoff Special	Other Description		
12 055105	5					
12 OFFICE	OFFICE HELD (if any	7- (200- (2	13 OFFICE SOU	GHT (if known)		
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	ED TO REPORT THIS INFORMA	TION ONLY IF THE	Y RECEIVE NOTICE OF	SUCH EXPENDITURES.
	GENERAL	COMMITTEE ADDRESS				
Additional Pages	3.50-4.0.00.75 (4.4-4.75) (7.5-4.00) (4.4-4.75)	COMMITTEE CAMPAIGN TOTAL				
,	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SUKEK NAME			
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS			
		GO TO P	AGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Revised 8/17/2020

			T
15 C/OH NAME	weed Jarvies	ني	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL COPLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRO	ES OF LOANS, OR	* O
	2. TOTAL POLITICAL CONTRIBUTE (OTHER THAN PLEDGES, LOANS, CONTRIBUTE)		\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITUR	RES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	S MAINTAINED AS OF THE LA	ST DAY \$ O
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALI LAST DAY OF THE REPORTING PE		OF THE \$
	swear, or affirm, under penalty of perjury, that the		ue and edirect and includes all informat
re	quired to be reported by me under Title 15, Election	on code.	
	_		
E		Signature of C	andidate or Officeholder
18 48			
		/ ,	
	Please complete	e either option belov	w:
(1) Affidavit	Notary Public, State of Comm. Expines, 08-12	Texas -2023	
NOTARY STAMP/SEA			
The second regularity and the second of the second	before me by <u>Kasandra</u>	Ullo a this the	day of February
20 22 , to certify	which, witness my hand and seal of office.		·
Signature of officer administ	ering oath Printed name of officer a	administering oath	Title of officer administering or
	OR		
(2) Unsworn Declarat	ion		
My name is		, and my date of birth	is
	25	_,	
	(street)		(state) (zip code) (country)
Executed in	County, State of,	on the day of(mor	, 20 (year)
		Signature of Cano	didate/Officeholder (Declarant)

www. athire state ty 115

Forms provided by Toyos Ethios Commission