## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The CIOH Instruction Guide explains how to complete this form.  1 Filer ID (SENES Convertation Fier) 2 Total pages filled:    MR									
OFFICE-HOLDER NAME  NORMANIE  NORMANIE  NORMANIE  NORMANIE  NORMANIE  SPARKMAN  4 CANDIDATE / OFFICE-HOLDER ADDRESS Change of Address  Change of Address  Change of Address  5 CANDIDATE / OFFICE-HOLDER PHONE  276 CR. 4275  CLIFTON TX 76634  BOSQUE CO. Elections  TX 76634  BOSQUE CO. Elections  TX 76634  TREASURER NAME  1000 ANNE	The C/OH Instruction G	uide explains how to	complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages file	d:		
A CANDIDATE / OFFICEHOLDER / OFFICEH	OFFICEHOLDER								
OFFICIENCIDER ADDRESS  Change of Address  5 CANDIDATE/ OFFICEHOLDER PHONE  1 AREA CODE PHONE NUMBER (254 ) 675-3331  MS INSS INS FIRST MRS. NAME  NECHANAL  NECHANAL  SPARKMAN  STREET ADDRESS  (Residence or Business)  8 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  1 AREA CODE PHONE NUMBER  LAST SPARKMAN  STREET ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  1 Danuary 15	NAME	NICKNAME			SUFFIX	Date Repaired 151 V 151V			
5 CANDIDATE/ OFFICEHOLDER PHONE NUMBER  5 CANDIDATE/ OFFICEHOLDER PHONE (254) 675-3331  MS / MRS	OFFICEHOLDER MAILING ADDRESS								
OFFICEHOLDER PHONE  (254) 675-3331  Ball Processed  CAMPAIGN TREASURER NAME  MS. KELLY  L  NICKNAME  LAST SPARKMAN  STREET ADDRESS  (ADDRESS  ADDRESS  AREA CODE PHONE RUMBER  EXTENSION  TREASURER PHONE  (254)  AREA CODE PHONE RUMBER  EXTENSION  TX 76634  TX 7	Change of Address			Bosque Co. Elections					
MS / IMRS / IMR   MRS	OFFICEHOLDER			EXT	ENSION				
TO CAMPAIGN TREASURER ADDRESS (NO PO BDX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE TREASURER ADDRESS (NO PO BDX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE TREASURER ADDRESS (NO PO BDX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE TREASURER ADDRESS (NO PO BDX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE TX 76634  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE  January 15  January 15  January 15  Joli day before election  Runoff  Exceeded Modified Final Report (Attach COH - FR)  10 PERIOD Month Day Year Month Day Year Month Day Year Primary Month Day Year Description  11 ELECTION DATE  Month Day Year Primary Runoff Description  12 OFFICE  13 OFFICE SOUGHT (If known)  CONSTABLE  14 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL SOMEWARDS OF POLITICAL CONTRIBUTIONS ACCEPTED OR PORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  COMMITTEE TYPE  COMMITTEE ADDRESS  COMMITTEE ADDRESS  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS	TREASURER				L .				
TREASURER ADDRESS (Residence or Business)  8 CAMPAIGN TREASURER PHONE  9 REPORT TYPE    January 15		NICKNAME	State Secretary August and August				Date Imaged		
8 CAMPAIGN TREASURER PHONE ( 254 ) 675-3331  9 REPORT TYPE	TREASURER								
TREASURER PHONE    254   675-3331	(Residence or Business)								
January 15	TREASURER	675.3331							
10 PERIOD	9 REPORT TYPE	treasurer ap	ppointment						
COVERED  O7 O1 2024 THROUGH 12 31 2024  11 ELECTION  ELECTION DATE		July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR							
Month   Day   Year   Primary   Runoff   Other   Description		2004							
CONSTABLE  14 NOTICE FROM POLITICAL COMMITTEE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  COMMITTEE TYPE  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS	11 ELECTION	Month Day Year Primary Runoff Other Description							
POLITICAL COMMITTEE(S)  THE CANDIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S ON 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 ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS	12 OFFICE	57.752.77							
Additional Pages  GENERAL  GENERAL  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	POLITICAL	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.							
Additional Pages  SPECIFIC  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS		COMMITTEE TYPE							
COMMITTEE CAMPAIGN TREASURER ADDRESS	Additional Pages		GENERAL						
GO TO PAGE 2			GO 1	O PAGE 2					

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer	r ID (Ethics Com	ımission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL     PLEDGES, LOANS, OR GUARAN     CONTRIBUTIONS MADE ELECTE	\$ 0			
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS		;)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	\$	0		
	4. TOTAL POLITICAL EXPENDIT	\$	0		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LA	AST DAY	\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING		OF THE	\$	0
	swear, or affirm, under penalty of perjury, that		rue and c	orrect and inclu	des all Thformation
re مُعْمَّمُونَ	equired to be reported by me under Title 15, Ele	ection Code.			
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A 0 7 3	TO THE STATE OF TH	Signature dyx	Sandidate	of Officeriolde	•1
	AN A				
# A A					
1 1 35					
	Please comple	ete either option belo	w:		
	Tiedse dempi	cto officer option bord			
HELECTE STATE					
VSAD	MARKETE				
	THE REAL PROPERTY OF THE PARTY				
(1) Affidavit					
NOTARY STAMP/SE	AL /				
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	d before me by <u>Manuriu Span</u>	acynuac this ti	ie <u>/ / </u>	day o	J.
20 <u>25</u> to certi	fy which, witness my hand and seal of office.			1	1 01.
1	g Brad Ha	neock		Deput	y Et_
Signature of officer adminis	stering oath Printed name of office	er administering oath		Title of office	dministering oath
		OR			
(2) Unsworn Declara	tion				
My name is		, and my date of birth	ı is		
				·	
,	(street)	(city)	(state)		(country)
Executed in	County, State of	, on the day of		, 20 (year)	<del>,</del> -
		(mo	onth)	(year)	
		Signature of Ca	ndidate/O	fficeholder (Dec	larant)
		Signature of Ou			,