## CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / **OFFICEHOLDER** NAME NICKNAME SUFFIX Brown Zach JAN 1 5 2025 4 CANDIDATE / **OFFICEHOLDER** MAILING **ADDRESS** Bosque Co. Elections Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged CAMPAIGN STATE; ZIP CODE **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE January 15 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED **THROUGH** 12 ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) ount 14 NOTICE FROM 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, **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

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## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	<b>16</b> Filer	r 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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.		
Please complete either option below:  (1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by Each Brown this the 15th day of Tarvang.		
20 25 , to certify which, witness my hand and seal of office.		
Stably Page Rapp Elections Administrator		
Signature of officer administration	Trinica hanger officer daministering each	Title of officer administering oath
OR .		
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is		
Executed in	(street) (city) (state) County, State of , on the day of (month)	(zip code) (country), 20 (year)
	Signature of Candidate/Offi	ceholder (Declarant)