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 NAME	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #; SAN ANGELO, TX 769	CITY; STATE; ZIP CODE	JAN 19 2021	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (325) 939 - 0690	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Receipt # Amount \$ Date Processed	
NAME	FRANKLIN LAST	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S 321 5. VAN BURGEN SAN ANGELO, TX	SUITE #; CITY;	STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (375) 262 - 0490	EXTENSION		
9 REPORT TYPE	January 15 30th day before	C Supported Markford	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 7 / 1 / 2020	Reporting Limit Month THROUGH	Day Year / 31 / 2020	
11 ELECTION	Month Day Year Primary 11 / 3 / 2020 Genera	Description		
12 OFFICE	OFFICE HELD (if any) COSTABLE PLT 4	13 OFFICE SOUGHT (if known	RTY	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION: THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITUR. CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU	S ACCEPTED OR POLITICAL EXPENDITURES M ES MAY HAVE BEEN MADE WITHOUT THE CANI	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
	COMMITTEE TYPE COMMITTEE NAME			
Additional Pages	GENERAL			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TO	REASURER ADDRESS		
	GO TO	PAGE 2		

	E / OFFICEHOLDER N FINANCE REPORT	FORM C/OH
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 6
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD	OF THE \$
	Please complete either option below	ow:
(1) Affidavit NOTARY STAMP/SEA	JOSE LOSOYA, JR. Notary Public STATE OF TEXAS ID#12394687-7 My Comm. Exp. Aug. 30, 2021	
Sworn to and subscribed	before me by Randy Harris this the	e 19th day of January
20_21, to certify	which, witness my hand and seal of office. To se L Losoya, Ja	
Signature of officer administr		Title of officer administering o
(2) Unsworn Declarat	on	
My name is	, and my date of birth	is
My address is		1
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of , on the day of (mor	onth) , 20 (year)
	Signature of Cane	ndidate/Officeholder (Declarant)

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. 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX JAN 1 9 2021 4 CANDIDATE / APT / SUITE #; STATE: ZIP CODE **OFFICEHOLDER** MAILING ANGELO, TX 7690 7 **ADDRESS** Change of Address EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (325)939-0690PHONE Receipt # Amount \$ 6 CAMPAIGN BETHA **TREASURER** Date Processed NAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN 321 3. VAN BUREN **TREASURER ADDRESS** (Residence or Business) EXTENSION 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) X July 15 Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month COVERED 1 /2020 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Year Day Description 12 OFFICE 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. \$ TOTALS **TOTAL POLITICAL EXPENDITURES** \$ CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 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. ature of Candidate or Officeholder Please complete either option below: JOSE LOSOYA, JR. Notary Public (1) Affidavit STATE OF TEXAS ID#12394687-7 My Comm. Exp. Aug. 30, 2021 NOTARY STAMP/SEA Sworn to and subscribed before me by to certify which, witness my hand and seal of office. Jose Signature of officer administering bath Title of officer administering oath (2) Unsworn Declaration My name is _ ___, and my date of birth is _ My address is (street) (city) (state) (country) (zip code) _____ County, State of ______, on the ____ (month) (year) Signature of Candidate/Officeholder (Declarant)