

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 Commission Filers) | 2 Total pages filed: 2 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| Mr. Mike Magee | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX, | APT / SUITE # | CITY, STATE, ZIP CODE |
| | 1001 Log Cabin Trail, San Angelo, TX 76905 | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (325) | 234-1243 | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI |
| | NICKNAME | LAST | SUFFIX |
| Mr. Dean McIntyre | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): | APT / SUITE # | CITY, STATE, ZIP CODE |
| | 13301 Door Key Road, San Angelo, TX 76904 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION |
| | (325) | 234-7711 | |
| 9 REPORT TYPE | <input checked="" type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff |
| | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit |
| 10 PERIOD COVERED | Month | Day | Year |
| | 07 | 01 | 22 |
| 11 ELECTION | ELECTION DATE | ELECTION TYPE | |
| | Month / Day / Year | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) | |
| | Constable-Precinct 1 | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | 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 TYPE | COMMITTEE NAME | |
| <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | | |

OFFICE USE ONLY

Date Received

JAN 10 2023

Date Hand-delivered or Date Postmarked

| | |
|----------------|-----------|
| Receipt # | Amount \$ |
| Date Processed | |
| Date Imaged | |

GO TO PAGE 2

JAN 10 2023

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

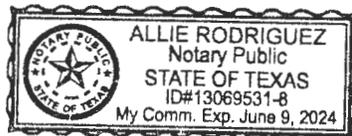
Table with 6 rows and 3 columns. Row 1: 15 C/OH NAME (Mike Magee), 16 Filer ID. Row 2: 17 CONTRIBUTION TOTALS (1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS... \$0.00). Row 3: 17 CONTRIBUTION TOTALS (2. TOTAL POLITICAL CONTRIBUTIONS... \$0.00). Row 4: EXPENDITURE TOTALS (3. TOTAL UNITEMIZED POLITICAL EXPENDITURE... \$0.00). Row 5: EXPENDITURE TOTALS (4. TOTAL POLITICAL EXPENDITURES... \$0.00). Row 6: CONTRIBUTION BALANCE (5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD... \$198.06). Row 7: OUTSTANDING LOAN TOTALS (6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD... \$0.00).

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.

Handwritten signature: Mike Magee. Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Mike Magee this the 3rd day of January, 2023, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Allie Rodriguez. Printed name of officer administering oath: Allie Rodriguez. Title of officer administering oath: Asst. VP

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year)

Signature of Candidate/Officeholder (Declarant)