## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission for the C/OH Instruction Guide explains how to complete this form.)

## FORM C/OH COVER SHEET PG 1

AREA CODE PHONE NUMBER EXTENSION  REPORT TYPE    January 15									
OFFICEHOLDER NAME  LST UNCHAMB  SUFFIX  Date High-delivers or Date Planifeted  Date High-delivers or Date Hig	The C/OH Instruction	n Guide explains h	now to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX APT / SUTE R CITY: STATE: ZIP CODE MAILING ADDRESS STATE: ZIP CODE SUND ADDRESS STATE: ZIP CODE ADDRESS STATE: ZIP CODE DETECTION BY AREA CODE PHONE NUMBER EXTENSION DETECTION THE ADDRESS NO PO BOX PLEASE; APT / SUITE R CITY: STATE: ZIP CODE DETECTION TREASURER NAME  7 CAMPAIGN TREASURER NAME  8 STREET ADDRESS NO PO BOX PLEASE; APT / SUITE R CITY: STATE: ZIP CODE ADDRESS STATE: ZIP C	OFFICEHOLDER	Mr	William	CRAIS. SUFFIX					
CAMPAIGN TREASURER PHONE  STREET ADDRESS (NO PO BOX PLASE): APT / SUITE #:  CAMPAIGN TREASURER PHONE  STREET ADDRESS (NO PO BOX PLASE): APT / SUITE #:  CAMPAIGN TREASURER PHONE  STREET ADDRESS (NO PO BOX PLASE): APT / SUITE #:  CAMPAIGN TREASURER PHONE  STREET ADDRESS (NO PO BOX PLASE): APT / SUITE #:  CAMPAIGN TREASURER PHONE  STREET ADDRESS (NO PO BOX PLASE): APT / SUITE #:  CAMPAIGN TREASURER PHONE  AREA CODE PHONE NUMBER  EXTENSION  Date Processed  Date Processed  Date Imaged	OFFICEHOLDER MAILING		BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	,	1			
OFFICE HOLDER PHONE NUMBER  STEET ADDRESS IND PO BOX PLEASE; APT / SUITE #; CITY; STATE; ZIP CODE  AMPAIGN TREASURER ADDRESS Residence or Business)  Receipt # Amount \$  Date Processed  Date Inforce-where or Date Postmired  Date Inforce-where or Date Postmired		852 (	'R 315 Lom	( ) In A Wi	IIs County Texas				
TREASURER NAME  NICKNAME  STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY:  STATE: ZIP CODE  ADDRESS  Residence or Business)  781 CR 315  AREA CODE  PHONE NUMBER  EXTENSION  TREASURER PHONE  335)  AREA CODE  PHONE NUMBER  EXTENSION  REPORT TYPE  January 15  John day before election  Bundiff	OFFICEHOLDER PHONE	,	0	EXTENSION —					
CAMPAIGN TREASURER ADDRESS (Residence or Business)  AREA CODE PHONE NUMBER EXTENSION  REPORT TYPE  January 15 July 15 Bit day before election Reporting Limit Report (Attach CICH - FR)  PERIOD  COVERED  Month Day Year  Month Day Year  JECTION DATE  BLECTION DATE  Month Day Year  Month D	TREASURER	Nr.	William	<u>Б</u>		Amount \$			
TREASURER ADDRESS  (Residence or Business)  781 CR 315  CAMPAIGN TREASURER PHONE  AREA CODE PHONE NUMBER EXTENSION  REPORT TYPE  January 15 John day before election PHONE  July 15 State: ZIP CODE PHONE NUMBER EXTENSION  REPORT TYPE  January 15 John day before election Reporting Limit R		NICKNAME	DISHOP	SUFFIX	Date Imaged				
Residence or Business    781 CR 315   CONTINUENT   TWO NAMES   TWO NAMES   TREASURER	TREASURER			TE#; CITY;	STATE;	ZIP CODE			
REPORT TYPE    January 15	(Residence or Business)	781 C	R 315	Goldthwaite	TX	16853			
PERIOD   Day Year   Month Day Year   Primary   Runoff   District Support   Primary   Runoff   Primary   Ru	TREASURER			EXTENSION					
Deriod    Standard Standard   Standard Standard   Standard Standard   Standard Standard Standard   Standard Standard Standard   Standard Standard Standard Standard Standard Standard Standard   Standard	REPORT TYPE		938.5333						
PERIOD COVERED    Month   Day   Year   Month   Day   Year   Month   Day   Year		1	30th day before elec	tion Runoff	treasurer a	ppointment			
COVERED    Month   Day   Year   THROUGH   THRO	PERIOD				Final Repor	t (Attach C/OH - FR)			
ELECTION DATE    Month   Day   Year   Primary   Runoff   Other   Description		Month Day Year							
OFFICE  OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)  OFFICE FROM POLITICAL COMMITTEE(S)  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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  COMMITTEE TYPE  COMMITTEE ADDRESS  SPECIFIC  COMMITTEE CAMPAIGN TREASURER NAME	ELECTION	Month Day	Year Primary	Runoff Other					
NOTICE FROM POLITICAL COMMITTEE 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.  Additional Pages  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE NAME  SPECIFIC  COMMITTEE ADDRESS  SPECIFIC  COMMITTEE CAMPAIGN TREASURER NAME		11/5,	/2024 Deneral						
POLITICAL COMMITTEE(S)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT CONSENT. CANDIDATES AND 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 ADDRESS  SPECIFIC  COMMITTEE CAMPAIGN TREASURER NAME	OFFICE	OFFICE HELD (if any)	,	13 OFFICE SOUGHT (if known)	ly Commi	SCIANOU			
Additional Pages  GENERAL  GENERAL  COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE(S) -	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT							
Additional Pages  SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE TYPE	COMMITTEE NAME		OF	COST CALCULATION CO.			
	Additional Pages	GENERAL COMMITTEE ADDRESS							
COMMITTEE CAMPAIGN TREASURER ADDRESS		SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME							
THE POSICE ADDRESS			COMMITTEE CAMPAIGN TREASU	IRER ADDRESS	***************************************				
GO TO PAGE 2			GO TO PA	.GE 2	-				

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Traia 3	Jullivan		16 File	r ID (Ethics Comr	nission Filers)			
17 CONTRIBUTION TOTALS	PLI		L CONTRIBUTIONS (OTHER TH NTEES OF LOANS, OR FRONICALLY)	IAN	\$ -0-				
		TAL POLITICAL CONTRIB HER THAN PLEDGES, LOAN	\$ -0-						
EXPENDITURE TOTALS	3. тот	\$ -0-	_						
	4. TOT	AL POLITICAL EXPENDIT	TURES		\$ -0-				
CONTRIBUTION BALANCE	5. TOT	AL POLITICAL CONTRIBUTION REPORTING PERIOD	ONS MAINTAINED AS OF THE L	AST DAY	\$ -0-				
OUTSTANDING LOAN TOTALS	6. TOT,	AL PRINCIPAL AMOUNT OF TDAY OF THE REPORTING	ALL OUTSTANDING LOANS AS PERIOD	OF THE	\$ -0-				
18 SIGNATURE I st	wear, or affirm, uuired to be repor	under penalty of perjury, that ted by me under Title 15, Ele	at the accompanying report is t	rue and cor	rrect and include	s all information			
Signature of Candidate or Officeholder									
Please complete either option below:									
(1) Affidavit	Comm. Exp	COVAULT ic, State of Texas pires 11-04-2026 0 13405134-5							
NOTARY STAMP/SEAL		And Application							
~ 1 .		hand and seal of office.	Sullivan this the	11+h	day of Ju	ly.			
Time Covan	H	1	vault		JP Cler	1<			
Signature of officer administering	ig oath	Printed name of officer		3	Title of officer adm	inistering oath			
(2) Unsworn Declaration	1	Ol	R						
My name is			, and my date of birth is	•					
My address is				,					
	(ct	reat)	( ; , )	state) (z	8 4 5	ountry)			
executed in	County,	State of,	on the day of(month	٦)	, 20 (year)				
			Signature of Candi	date/Officeh	older (Declarant	)			