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 3 CANDIDATE / FIRST MI OFFICE USE ONLY OFFICEHOLDER Mrs. Tina M NAME Date Received NICKNAME LAST SUFFIX White 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE # STATE: CITY: ZIP CODE **OFFICEHOLDER** 7211 E. FM 917, Alvarado TX 76009 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (619 948-1786 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI TREASURER Tina Mrs. Date Processed NAME NICKNAME SUFFIX LAST Date Imaged White STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #: CITY: STATE: ZIP CODE CAMPAIGN TREASURER 7211 E. FM 917, Alvarado TX 76009 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE 619 948-1786 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day Month Day Month Year Year COVERED 6 24 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Year Month Day Description 24 General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Johnson County CAD Board Place 1 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 **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME Tina White | | 16 | 6 Filer I | ID (Ethics Co | ommission Filers) |
|----------------------------|----|--|-----------|---------------|-------------------|
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | | \$ | 0.00 |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | | \$ | 0.00 |
| EXPENDITURE | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | | \$ | 0.00 |
| | 4. | TOTAL POLITICAL EXPENDITURES | | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I | DAY | \$ | 0.00 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD | HE | \$ | 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.

Signature of Candidate or Officeholder



(1) Affidavit

| NOTARY STAMP/SEAL | | 4 1 | |
|--|--|---|------|
| Sworn to and subscribed before me by Tin | a Mite | _ this the 12th day of | , |
| 20, to certify which, witness my hand | and seal of office. White White | Administration 19 | 1000 |
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering | oath |
| | OR | | |
| (2) Unsworn Declaration | | | |
| My name is | te and my date M917 Atvarad | of birth is 12/31/1963 TX, 76009 U.S. | |
| Executed in | e of Texas, on the 10 day | of July (zip code) (country) of (month) (year) | |
| | Signature | e of Candidate/Officeholder (Declarant) | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| 19 Ti | FILER NAME na White | ommission | Filers) |
|----------|--|-----------|------------------|
| 21 | SCHEDULE SUBTOTALS NAME OF SCHEDULE | | JBTOTAL MOUNT |
| 1. | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ | 0.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ | 0.00 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ | 0.00 |
| 4. | SCHEDULE E: LOANS | \$ | 0.00 |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | 0.00 |
| 6. | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ | 0.00 |
| 7. | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ | 0.00 |
| 8. | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ | 0.00 |
| 9. | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ | 0.00 |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ | 0.00 |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ | 0.00 |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ | 0.00 |

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| | | The Instruction Guide explains how to complete | this form. |
|---|--------|---|---|
| | | •• Complete only if "Report Type" on page 1 is marke | d "Final Report" •• |
| | | NAME | 2 Filer ID (Ethics Commission Filers) |
| T | ina \ | White | |
| 3 | SIGN | IATURE | |
| | design | | I also understand that I may not accept any |
| | | | |
| 4 | | R WHO IS NOT AN OFFICEHOLDER omplete A & B below only if you are not an officeholder. •• | |
| | A. | CAMPAIGN FUNDS | |
| | Che | eck only one: | |
| | 1 | I do not have unexpended contributions or unexpended interest or income ea | arned from political contributions. |
| | | I have unexpended contributions or unexpended interest or income earned from may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on politic filing this final report. Further, I understand that I must dispose of unexpended interest or income earned on political contributions in accordance with the reconstruction. | or income earned on political contributions to ended contributions and that I may not retain cal contributions longer than six years after ed political contributions and unexpended |
| | B. | ASSETS | |
| | Che | eck only one: | |
| | 1 | I do not retain assets purchased with political contributions or interest or other | er income from political contributions. |
| | | I do retain assets purchased with political contributions or interest or other incentrated I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased with requirements of Election Code, § 254.204. | t or other income from political contributions to |
| 5 | OFFIC | CEHOLDER | |
| | · Co | mplete this section only if you are an officeholder | |
| | | I am aware that I remain subject to filing requirements applicable to an officehold file. I am also aware that I will be required to file reports of unexpended contribution an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions. | utions if, after filing the last required report as |
| | | | |

Signature of Officeholder

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 MI 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER M Mrs. Tina NAME Date Received LAST SUFFIX NICKNAME White 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE # CITY ZIP CODE OFFICEHOLDER 7211 E. FM 917, Alvarado TX 76009 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (619) 948-1786 PHONE Receipt # Amount \$ MS / MRS / MR FIRST Mi 6 CAMPAIGN TREASURER Tina M Mrs. Date Processed NAME SUFFIX LAST NICKNAME Date Imaged White ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: CAMPAIGN TREASURER 7211 E. FM 917, Alvarado TX 76009 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 948-1786 (619) 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED 30 24 6 1 1 24 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Other Description Day 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Johnson County CAD Board Place 1 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 **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME Tina White | | 16 | Filer ID (Ethics C | Commission Filers) |
|----------------------------|----|--|--------------------|--------------------|
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | 0.00 |
| | 4. | TOTAL POLITICAL EXPENDITURES | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD | DAY \$ | 0.00 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD | HE \$ | 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.

Signature of Candidate or Officeholder



(1) Affidavit

| NOTARY STAMP/SEAL Sworn to and subscribed before me by 11/2 20 | | this the 12th day of JULY. Adwin State of officer administering oath | R |
|--|--|--|---------|
| (2) Unsworn Declaration My name is | m917 Alvarad (city) te of Texas, on the 10 day | of birth is 12/31/19/63 D TX 76009 U.S. (state) (zip code) (country) of July 20 24 (month) (year) e of Candidate/Officeholder (Declarant) | 200 000 |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| FILER NAME | nmission | Filers) | |
|---|--|--|---|
| na White | | | |
| SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT | | |
| SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 0.00 |
| SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIB | UTIONS | \$ | 0.00 |
| SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 0.00 |
| SCHEDULE E: LOANS | | \$ | 0.00 |
| SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ | 0.00 |
| SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | 0.00 |
| SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM P | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | 0.00 |
| SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 |
| SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERS | ONAL FUNDS | \$ | 0.00 |
| SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTI | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | 0.00 |
| SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POL | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | 0.00 |
| SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CO | ONTRIBUTIONS RETURNED | \$ | 0.00 |
| | SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIB SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM PERSONNE SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONNE SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND COMMENTARY AND | SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED | SCHEDULE SUBTOTALS NAME OF SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F2: UNPAID INCURRED OBLIGATIONS SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4: EXPENDITURES MADE FROM PERSONAL FUNDS SCHEDULE F4: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED |

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| | | The Instruction Guide explains how to con | nplete this form. |
|----|---------|---|---|
| | | Complete only if "Report Type" on page 1 is r | marked "Final Report" •• |
| | C/OH N | | 2 Filer ID (Ethics Commission Filers) |
| Ti | na V | Vhite | |
| 3 | SIGNA | ATURE | |
| | designa | t expect any further political contributions or political expenditures in con ating a report as a final report terminates my campaign treasurer appoin ign contributions or make any campaign expenditures without a campaig | tment. I also understand that I may not accept any |
| 4 | | RWHO IS NOT AN OFFICEHOLDER Implete A & B below only if you are not an officeholder. ** | |
| | A. | CAMPAIGN FUNDS | |
| | Chec | ck only one: | |
| | 7 | I do not have unexpended contributions or unexpended interest or inc | come earned from political contributions. |
| | | I have unexpended contributions or unexpended interest or income earmay not convert unexpended political contributions or unexpended in personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned of filing this final report. Further, I understand that I must dispose of une interest or income earned on political contributions in accordance with | nterest or income earned on political contributions to funexpended contributions and that I may not retain on political contributions longer than six years after expended political contributions and unexpended |
| | B. | ASSETS | |
| | Chec | ck only one: | |
| | 7 | I do not retain assets purchased with political contributions or interest | t or other income from political contributions. |
| | | I do retain assets purchased with political contributions or interest or of that I may not convert assets purchased with political contributions or personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204. | interest or other income from political contributions to |
| 5 | | CEHOLDER mplete this section only if you are an officeholder •• | |
| | | I am aware that I remain subject to filing requirements applicable to an of file. I am also aware that I will be required to file reports of unexpended an officeholder, I retain political contributions, interest or other income fine political contributions or interest or other income from political contributions. | contributions if, after filing the last required report as from political contributions, or assets purchased with |
| | | | Signature of Officeholder |

| CAMPAIG | N FINANC | EREPORT | | COVER S | HEET PG 1 |
|---|-----------------------|-----------------------------|--|----------------------------|--|
| The C/OH Instruction (| Guide explains how | to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages t | îled: |
| 3 CANDIDATE / OFFICEHOLDER | Ms / MRs / MR Mr. | FIRST Michael | MI K | OFFICE | USEONLY |
| NAME | NICKNAME | LAST Mizell | SUFFIX | Date Received | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX | | city; state; zip code Durne TX 76033 | | |
| Change of Address 5 CANDIDATE/ | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand delivere | d or Date Postmarked |
| OFFICEHOLDER PHONE | (817) | 648-6527 | | Date Hand-delivere | d or Date Postmarked |
| 6 CAMPAIGN | MS / MRS / MR | FIRST | MI | Receipt # | Amount \$ |
| TREASURER NAME | Mrs. | Rebekah | SUFFIX | Date Processed | |
| | HONIANE | Brewer | 551714 | Date Imaged | |
| CAMPAIGN TREASURER ADDRESS | STREET ADDRESS | | Cleburne | STATE; | ZIP CODE 76033 |
| (Residence or Business) | | | | | |
| CAMPAIGN TREASURER PHONE | (817) | 240-6669 | EXTENSION | | |
| REPORT TYPE | January 15 July 15 | 30th day before of | | treasurer a (Officehold | ifter campaign appointment er Only) ort (Atlach C/OH - FR) |
| 0 PERIOD COVERED | Month 1 | Day Year / 1 / 24 | THROUGH 6 | Day Yes | |
| 1 ELECTION | Month Day | Year Primary | Runoff Other Description Special | | |
| 2 OFFICE | OFFICE HELD (If any) | | 13 OFFICE SOUGHT (# known CAD Board of D | | |
| 4 NOTICE FROM POLITICAL COMMITTEE(S) | THE CANDIDATE / OFFIC | CEHOLDER. THESE EXPENDITURE | ACCEPTED OR POLITICAL EXPENDITURES MISS MAY HAVE BEEN MADE WITHOUT THE CANINGED TO REPORT THIS INFORMATION ONLY IF T | DIDATE'S OR OFFICEHO | LDER'S KNOWLEDGE O |
| Additional Pages | GENERAL | COMMITTEE ADDRESS | | | |
| • | SPECIFIC | COMMITTEE CAMPAIGN TRI | EASURER NAME | | |
| | | COMMITTEE CAMPAIGN TR | EASURER ADDRESS | | |
| 11.00 | | GO TO | PAGE 2 | | and the same of th |

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Michael Mizell 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 0.00 TOTALS 2. TOTAL POLITICAL CONTRIBUTIONS \$ 0.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00TOTALS 4. TOTAL POLITICAL EXPENDITURES \$ 0.00CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 0.00 BALANCE TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD **OUTSTANDING** 6. 0.00\$ LOAN TOTALS 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. Signature of Candidate or Officeholder Jessica White Please complete either option below: Notary Public, State of Texas Notary ID 13276266-0 My Commission Exp. 11-03-2024 (1) Affidavit NOTARY STAMP/SEAL Sworm to and subscribed before me by Michael Mill to certify which, witness my hand and seal of office. peroca dministering oath Printed name of officer administering oath Title of officer administering oath OR (2) Unsworn Declaration

My address is 1641 Blue Jay Drive

(street)

County, State of Texas

My name is Michael Mizell

Executed in Johnson

Cleburne

(city)

day of July

and my date of birth is Nov. 29, 1965

(month)

Signature of Candidate/Officeholder (Declarant)

TX

76033

20 24

(state) (zip code)

USA

(country)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" •• 1 C/OH NAME 2 Filer ID (Ethics Commission Filers) Michael Mizell 3 SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. nel Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. .. **CAMPAIGN FUNDS** Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. 1 I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. ASSETS Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. 1 I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. sell Signature of Candidate 5 OFFICEHOLDER Complete this section only if you are an officeholder .. I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder

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 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Larry M NAME Date Received NICKNAME LAST SUFFIX Trammell 4 CANDIDATE/ ADDRESS / PO BOX: APT / SUITE #; CITY: STATE: ZIP CODE **OFFICEHOLDER** PO Box 92 Keene, TX 76059 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked OFFICEHOLDER (817)471-5050 PHONE Receipt # Amount \$ MS / MRS / MR FIRST ME 6 CAMPAIGN TREASURER Mr. Larry M Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Trammell STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CAMPAIGN CITY: STATE; ZIP CODE TREASURER 4109 CR 707 Cleburne, Tx 76031 **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (817 471-5050 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Year Month Day Year COVERED 30 24 24 6 1 1 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Runoff Primary Other Description Month Day Year Special 4 24 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) CAD Board of Directors 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 TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

t.

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CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH **COVER SHEET PG 2**

| 15 C/OH NAME Larry Trammell | | 10 | 6 Filer ID (Eth | ics Commission Filers) |
|--------------------------------|---------|--|-----------------|----------------------------|
| 17 CONTRIBUTION TOTALS | 1. | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0.00 |
| EXPENDITURE TOTALS | 3. | TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | 0.00 |
| | 4. | TOTAL POLITICAL EXPENDITURES | \$ | 0.00 |
| CONTRIBUTION BALANCE | 5. | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD | DAY \$ | 0.00 |
| OUTSTANDING LOAN TOTALS | 6. | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD | HE \$ | 0.00 |
| 18 SIGNATURE IS | wear or | affirm under penalty of periury, that the accompanying report is true a | and correct an | d includes all information |

required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

Jessica White Notary Public, State of Texas Notary ID 13276266-0 My Commission Exp. 11-03-2024

(1) Affidavit

| NOTARY STAMP/SEA | AL d before me by <u>WYYY</u> T | amout 1 | this the | 17 | day of | lulu |
|-------------------------------|--------------------------------------|---------------------------------|--------------------|--------|------------------------|--------------------|
| | | | this the | 10 | day of | · OTC |
| 20 Ly, to certify | y which, witness my hand and seal of | | | Edmini | Stratio | in Manager |
| Signature of officer administ | tering oath Printed r | ame of officer administering or | ath | T | Title of officer | administering oath |
| | | OR | | | | |
| (2) Unsworn Declarat | | , and m | y data of birth is | | | |
| | | , allu III | y date of birth is | | | |
| My name is | | | | | | |
| My address is | | ., | 1 | , | in code) | (caustra) |
| My address is | | , | | | ip code) , 20(year) | (country) |

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| | | The Instruction Guide explains how to comp • Complete only if "Report Type" on page 1 is many | |
|--|--------|---|---|
| | | NAME Trammell | 2 Filer ID (Ethics Commission Filers) |
| | - | ATURE | |
| (| design | ot expect any further political contributions or political expenditures in conne nating a report as a final report terminates my campaign treasurer appointmaign contributions or make any campaign expenditures without a campaign | nent. I also understand that I may not accept any |
| 4 F | | RWHO IS NOT AN OFFICEHOLDER mplete A & B below only if you are not an officeholder. •• | |
| 1 | | CAMPAIGN FUNDS | |
| | Chec | ck only one: | |
| | V | I do not have unexpended contributions or unexpended interest or incom | ne earned from political contributions. |
| Experience of the Control of the Con | | I have unexpended contributions or unexpended interest or income earn may not convert unexpended political contributions or unexpended interpersonal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on filing this final report. Further, I understand that I must dispose of unexpended or income earned on political contributions in accordance with the | erest or income earned on political contributions to nexpended contributions and that I may not retain political contributions longer than six years after pended political contributions and unexpended |
| E | 3. | ASSETS | |
| | Chec | ck only one: | |
| | V | I do not retain assets purchased with political contributions or interest or | r other income from political contributions. |
| Business | | I do retain assets purchased with political contributions or interest or oth that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204. | terest or other income from political contributions to |
| | | CEHOLDER mplete this section <i>only</i> if you are an officeholder •• | |
| | | I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended coan officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions. | ontributions if, after filing the last required report as in political contributions, or assets purchased with |
| | | | Signature of Officeholder |