CANDIDAT CAMPAIGN	FORM C/OH COVER SHEET PG 1		
The C/OH Instruction G	uide explains how t	o complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR M6 NICKNAME	Brenda DMI Nast Suffix	OFFICE USE ONLY Date Received Janice Roberts, County Clei DELTA COUNTY, TEXAS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #: CITY; STATE; ZIP COPE. TX 75437	JAN 12 2024 FILED FOR RECORD
Change of Address			AT 12:59P. M/
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)	PHONE NUMBER EXTENSION	Date Hand-delivered or Date Residual Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MC. NICKNAME	David E ^{MI} Noody	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE; ZIP CODE COOPES TX 7543 Z		
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before election Runoff 8th day before election Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year Month THROUGH	/15 /2024
11 ELECTION	Month Day 3 / 5	Year Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (If any) 101 ASSESSOR Collector 101 ASSESSOR - Collector		
14 NOTICE 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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

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FORM C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAIVIFAIGI	THANGERE	
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 750.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAG	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
	Please complete either option below	andidate or Officeholder
	ricase complete ettici option belov	
(1) Affidavi	GRACE CRABB Notary Public, State of Texas Comm. Expires 07-30-2025 Notary ID 12696146-6	ı. —
Sworn to and subscribed	Darras III Dadra mana	12th day of Januar
20 24, to certify	Which, witness my hand and seal of office.	Notary
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
A SECURITY OF STATE	OR STATE OF THE PROPERTY OF TH	
(2) Unsworn Declarat	ion	
My name is	, and my date of birth i	S
My address is		
iviy addiese is		(state) (zip code) (country)
Executed in	County, State of , on the day of (mon	th) 20
	Signature of Cano	idate/Officeholder (Declarant)