## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

	<u> </u>					
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	Richy	MI	OFFICE USE ONLY		
·	NICKNAME	LAST	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; H3 77 Moll	Cor Rd	oity; state; zip code 1030 m, Th 75457	OR RECO		
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)	PHONE NUMBER  585-502	extension L G	Date Hand-delive ed Date Stranked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	CICH!	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (	NO PO BOX PLEASE); APT / S	UITE#; CITY; WEM	cn, The 25457		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	extension $2 G$	• • • • • • • • • • • • • • • • • • • •		
9 REPORT TYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year	THROUGH 6	Day Year  Bulletin		
11 ELECTION	ELECTION DA	Year Primary General	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)	her ff	13 OFFICE SOUGHT (if known	1)		
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				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	,	COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 6			
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	\$				
	4. TOTAL POLITICAL EXPEND	\$ 8				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTOR REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	AST DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS ( G PERIOD	OF THE \$			
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.						
Service of the servic			6///			
		Signature of	andidate or Officeholder			
		Signature or o	and date of officerolder			
	Please comp	lete either option belo	w:			
		эт э				
	JACQUELYN MEND Notary Public, State of Comm. Expires 05-18-	Texas				
(1) Affidavit	Notary ID 1269012	( D				
NOTARY STAMP/SEAL						
Sworn to and subscribed before me by Ricky S. Jones this the 16th day of Oct ,						
20 43, to certify which, witness my hand and seal of office.  Account Work Nothing Standard Nothing of The Country of The Coun						
Signature of officer administe	ring oath Printed name of off	icer administering oath	Title of officer administering oath			
		OR				
(2) Unsworn Declaration	on					
My name is		, and my date of birth i	is			
My address is			<u> </u>			
	(street)	(city)	(state) (zip code) (country)			
Executed in	County, State of	, on the day of (mon	th) , 20			
		Signature of Cano	didate/Officeholder (Declarant)			