

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:																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:20%;">MS / MRS / MR</td> <td style="width:20%;">FIRST</td> <td style="width:20%;">MI</td> <td style="width:40%;"></td> </tr> <tr> <td></td> <td>LANDON</td> <td>W</td> <td></td> </tr> <tr> <td colspan="2">NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td colspan="2"></td> <td>Ramsay</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI			LANDON	W		NICKNAME		LAST	SUFFIX			Ramsay		OFFICE USE ONLY Date Received <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> FILED FOR RECORD APR 02 2025 3:30 o'clock P.M. YESINIA VALENZUELA CASTRO FRANKLIN COUNTY ELECTIONS ADMINISTRATOR DEPUTY </div>
MS / MRS / MR	FIRST	MI																	
	LANDON	W																	
NICKNAME		LAST	SUFFIX																
		Ramsay																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 241 FM 115 MT. VERNON TX 75457																		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 255 1809																		
6 CAMPAIGN TREASURER NAME	<table style="width:100%;"> <tr> <td style="width:20%;">MS / MRS / MR</td> <td style="width:20%;">FIRST</td> <td style="width:20%;">MI</td> <td style="width:40%;"></td> </tr> <tr> <td></td> <td>LEIGH</td> <td>A</td> <td></td> </tr> <tr> <td colspan="2">NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td colspan="2"></td> <td>Ramsay</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI			LEIGH	A		NICKNAME		LAST	SUFFIX			Ramsay		
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8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 380 2799																		
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
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10 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> <td style="width:10%;">THROUGH</td> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:15%;">Year</td> </tr> <tr> <td>07</td> <td>/01</td> <td>/2024</td> <td></td> <td>12</td> <td>/31</td> <td>/2024</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	07	/01	/2024		12	/31	/2024		
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11 ELECTION	<table style="width:100%;"> <tr> <td style="width:40%;">ELECTION DATE</td> <td style="width:60%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td>March 2024</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	March 2024											
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March 2024																			
12 OFFICE	OFFICE HELD (if any) County Attorney	13 OFFICE SOUGHT (if known)																	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<p>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.</p> <table style="width:100%;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS								
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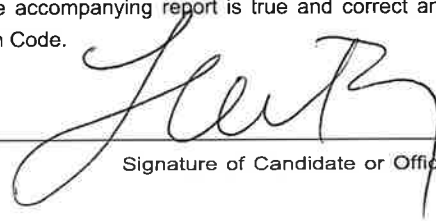
GO TO PAGE 2

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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Landon Ramsay, and my date of birth is 02/23/1986.
My address is 241 FM 115, MT. VERNON, TX, 75457 USA.
(street) (city) (state) (zip code) (country)
Executed in Franklin County, State of TEXAS, on the 2 day of APRIL, 20 25.
(month) (year)

Signature of Candidate/Officeholder (Declarant)