## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethic	s Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Cameron.		Š	OFFICE USE ONLY		
NAME	NICKNAME	Newsone	**************	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;		CITY; STATE  14.VUAUA TA	ZIP CODE	R RECOR		
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 4 le 352	EXTEN	ISION	Date Hand delivered of Date Postmarked  Receipt #		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Cameno	**********	5	Date Plogested		
	NICKNAME	New Same		SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (	NO PO BOX PLEASE); APT / S		iy; <b>Ver</b> ma	STATE; ZIP CODE 75457		
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER  466	352	ISION			
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)						
-	July 15	8th day before ele	5011011	xceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year  O7 / O1 / A4  THROUGH  12 / 31 / A4						
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  General Special						
12 OFFICE	OFFICE HELD (if any)		13 OFFIC	E SOUGHT (if known	Domme ssioner		
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		500 N II <sup>S</sup>			
,	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		= u =		
4	80	COMMITTEE CAMPAIGN TR	EASURER ADDRESS		E PR .		
GO TO PAGE 2							

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME			<b>16</b> F	iler ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			\$ O				
	2. TOTAL POLITICAL CO (OTHER THAN PLEDGES	NTRIBUTIONS 6, LOANS, OR GUARANTEES	OF LOANS)	\$ D				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	3. TOTAL UNITEMIZED POLÍTICAL EXPENDITURE.						
	4. TOTAL POLITICAL EX	PENDITURES		\$ 0				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONT OF REPORTING PERIOD	\$ 0						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	JNT OF ALL OUTSTANDING L DRTING PERIOD	OANS AS OF THE	\$ 9				
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.								
		101	Λ	9.				
		Thall	morriel					
		Sign	ature of Candidat	e or Officeholder				
				*				
	Please	amplete either entic	n bolow:					
Please complete either option below:								
(1) Affidavit								
(1)7 111141111		7.7						
NOTARY STAMP/SEA	L							
Sworn to and subscribed	day of,							
20, to certify	which, witness my hand and seal of off	īce.						
Signature of officer administe	ering oath Printed name	of officer administering oath		Title of officer administering oath				
		OR	والمتحاصية					
(2) Unsworn Declarati	on							
•	•							
My name is	ean Newson	, and my date	a of hirth is A	11 10 100				
2				`				
My address is _3775	UK 3W 3010	M.t. Vean		75457 Fresh				
	(street)	(city)	(state)	(zip code) (country)				
Executed in Frakl. County, State of 1/2/c; , on the 13 day of 07 20.25								
(month) (year)								
		Comeran	/ Cours					
		Signatur	re of Candidate/Of	ficeholder (Declarant)				
			3.0					