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 (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MR. REGER NICKNAME HARTSON		Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; PD BDX 1935	CITY: STATE: ZIP CODE PRCDS TX 79772	BT: 46	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (437) 448 3233	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MRS, ANDELA NICKNAME LAST HARTSON		Date Processed	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #; CITY;	STATE: ZIP CODE	
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (432) 448 6651	extension Hwy	. 1450	
9 REPORT TYPE	January 15 30th day before a		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	H THROUGH	Day Year 30/2024	
11 ELECTION	ELECTION DATE Month Day Year Primar	Description		
12 OFFICE	OFFICE HELD (IF any) JUSTICE OF REACE F	Pet. 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS	REASURER NAME		
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 DA	AY \$ -0-		
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD 	€ \$ <u>−</u> <i>O</i> −		
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.				
		11		
	KATE OT	-10-0010-		
	- Vefe -	The Carden		
	Signature of Candid	late 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 administe	Printed name of officer administering oath	Title of officer administering oath		
OR				
(2) Unsworn Declaration				
My name is Rober W HARRFON, and my date of birth is NOV 6, 1954.				
My address is 9 MITLES 3 ElPecos Tx Hwy 14512				
(street) (city) (state) (zip code) (country)				
Executed in Keeves County, State of Texas, on the 11 day of JAnuarky, 20 24				
(month) (year)				
_ nger frouson				
1	Signature of Candidate/	Officeholder (Declarant)		