## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

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	MS/MR9/MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST /	SUFFIX	Date Received 4:35 pm
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; ATT / SUPE #; ()	ecos Tacas 79772	JAN 1 6 2024
Change of Address			BY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (432) 940-4678	2	Date Hand-delivered or Date Posymerked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST  MAS. Nom:	МІ	Date Processed
	NICKNAME LAST DEADLA	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE); APT / S	SUITE #; CITY; TYXAS 79712	STATE; ZIP CODE
		procedure (C) response (C) (A line)	
8 CAMPAIGN TREASURER PHONE	(432) 448-5015	EXTENSION	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before el	lection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 7 / 1 / 7023	THROUGH /	Day Year / 15 / 2024
11 ELECTION	Month Day Year Primary  3 / / 22  General	Description	
12 OFFICE	Justice of the Reace #	13 OFFICE SOUGHT (if known	1)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE   COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TR	REASURER NAME	
	COMMITTEE CAMPAIGN TE	REASURER ADDRESS	
	GO TO	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	SUMY	J.	Ligar		16 Filer	ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	1.	PLEDGES,		AL CONTRIBUTIONS (OTHER THA ANTEES OF LOANS, OR CTRONICALLY)	N	\$ 🙆		
EXPENDITURE TOTALS	2.		DLITICAL CONTRI IAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS	)	\$ 0		
	3.	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.				\$ 0		
	4. TOTAL POLITICAL EXPENDIT			DITURES		\$ 0		
CONTRIBUTION BALANCE	5.		LITICAL CONTRIBU	TIONS MAINTAINED AS OF THE LA	ST DAY	\$ 0		
OUTSTANDING LOAN TOTALS	6.		NCIPAL AMOUNT O OF THE REPORTIN	PF ALL OUTSTANDING LOANS AS C IG PERIOD	FTHE,	\$ 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.								
	117			5 35 Jan 19 12				
				An		Sent		
				Signature of C	andidate	or Officeholder		
						77		
Please complete either option below:								
(1) Affidovit								
(1) Affidavit					10			
NOTARY STAMP/SEAL								
Sworn to and subscribed	before me	hv.		this the		day of		
Sworn to and subscribed before me by this the day of,  20, to certify which, witness my hand and seal of office.								
20, to certify	which, with	less my nand	and sear or office.					
Signature of officer administer	ering oath		Printed name of off	ficer administering oath	and the same	Title of officer administering oath		
				OR				
(2) Unsworn Declarati	on	1						
		f •			S	Vacle .		
My name is	M	will -	<del>-</del> /	, and my date of birth i	s	04/64		
My address is 1018	w.	41 3	7'	thecos -	X	TAME, U.S.		
	, ,	(street)		city	(state)	(zip code) (country)		
Executed in County, State of, on the day of, 2029								
				(IIII)	_ /	View of the control o		
				Signature of Cand	idate/Offic	ceholder (Declarant)		