

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 2</p>	
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR Elisa MI NICKNAME Torres SUFFIX</p>	<p>OFFICE USE ONLY</p> <p>Date Received RECEIVED OCT 07 2024</p>	
<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX: 389 County Road 308 STATE: ZIP CODE Encino, TX 78353</p>	<p>Date Hand-delivered or Date Postmarked</p>	
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE 950 PHONE NUMBER 579-4406 EXTENSION</p>	<p>Receipt # Amount \$</p>	
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR Elisa MI NICKNAME Torres SUFFIX</p>	<p>Date Processed</p>	
<p>7 CAMPAIGN TREASURER ADDRESS (Residence or Business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 389 County Road 308 CITY: Encino, TX 78353</p>	<p>Date Imaged</p>	
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE (950) PHONE NUMBER 579-4406 EXTENSION</p>	<p>STATE: ZIP CODE</p>	
<p>9 REPORT TYPE</p>	<p><input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit</p>	<p>15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR) <input type="checkbox"/></p>	
<p>10 PERIOD COVERED</p>	<p>Month Day Year 7 / 1 / 2024 THROUGH Month Day Year 9 / 26 / 2024</p>	<p>ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special</p>	
<p>11 ELECTION</p>	<p>ELECTION DATE Month Day Year 11 / 5 / 2024</p>	<p>OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)</p>	
<p>12 OFFICE</p>	<p>COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</p>	<p>COMMITTEE NAME</p>	
<p>14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages</p>	<p>COMMITTEE ADDRESS</p>	<p>COMMITTEE CAMPAIGN TREASURER NAME</p>	
<p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p>		<p>COMMITTEE CAMPAIGN TREASURER ADDRESS</p>	

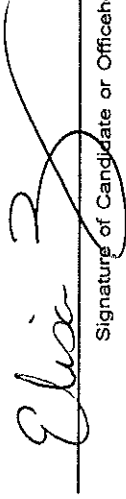
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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)	\$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <input checked="" type="checkbox"/>
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 _____, and my date of birth is _____

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)