## CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER NAME JAN 17 2024 ADDRESS / PO BOX; 4 CANDIDATE/ OFFICEHOLDER 439 CR 3285 MAILING TITUS COUNTY **ADDRESS** ELECTIONS ADMINISTRATOR Mt. Dleasant, TX 75455 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN Dura **TREASURER** ..../w Date Processed NAME NICKNAME Date Imaged Applewhite STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE: ZIP CODE **TREASURER** 439 CR 3285 **ADDRESS** (Residence or Business) AREA CODE CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 11/13/2023 01/15/2024 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Other Description 03/05/2024 General OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Commissimer Pet. 3 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME  | a Will Applewhite  | 16 Filer ID (Ethics Commission Filers) |
|---|--|--|
| 17 CONTRIBUTION   | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN                                     |  |
| TOTALS  | PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)            | \$                                     |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)     | \$                                     |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$ 750.00                              |
|   | 4. TOTAL POLITICAL EXPENDITURES  | \$ 750.00<br>\$ 750.00                 |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD            | ST DAY \$                              |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD | F THE \$                               |
| 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   |  |  |
| Sworn to and subscribed before me by ANT APPLEWHITE this the 11 day of Jour.  20,24, to certify which, witness my hand and seal of office.  Paul N Sunday PAUL LINDSEN NIONARY                        |  |  |
| Signature of officer administer   |  | Title of officer administering oath    |
| OR  |  |  |
| (2) Unsworn Declaration   |  |  |
| My name is  | , and my date of birth is  | S                                      |
| My address is,,,  |  |  |
|   | (street) (city)  | state) (zip code) (country)            |
| Executed in   | County, State of, on the day of<br>(mont   | h) (year).                             |
| Signature of Candidate/Officeholder (Declarant)   |  |  |