CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (uide explains how to complete this	form. 1 Filer ID (Ethics Co	ommission Filers)	2 Total pages file	ad:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST	ROV E	MI		USE ONLY	
NAME	NICKNAME LAST	7	SUFFIX	Date Received Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 10/8/24 422 Cherry Sp21495 SPRING TX 77373					
Change of Address	SPRING		7			
6 CANDIDATE/ OFFICEHOLDER PHONE	area code β phone number $(381)388-8$		DN	Date Hand-delivered		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	745	MI	Receipt #	Amount \$	
NAME			SUFFIX	Date Flocessed		
	NICKNAME LAST		SUPFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE):	; APT / SUITE #; CITY;		STATE;	ZIP CODE	
(Residence or Business)	Same					
	ATT CORE DIAMETER	EVTENDIC				
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER		N			
PHONE	(281) 288 -8510					
9 REPORT TYPE	January 15 30th d	lay before election Runo	off	15th day afte treasurer ap (Officeholder	pointment	
	July 15 8th day	y beine election	eded Modified orting Limit	Final Report	(Attach C/OH - FR)	
10 PERIOD COVERED	8 Month Day Yea	2024 THROUGH	Month 10	Day Year / 7 / 20	024	
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month Day Year	Primary Runoff	Other Description			
	11/5/24 4	General Special	Description			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SO	OUGHT (if known)	DISTRILT	5	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OF SUPPORT THE CANDIDATE OF SUPPORT THE CANDIDATE OF OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDR	ESS				
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
	COMMITTEE CAME	PAIGN TREASURER ADDRESS		***		
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FORM C/OH COVER SHEET PG 2

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16 C/OH NAME	Burroughs	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	\$ 8				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$.				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* A				
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 administe	ring oath Printed name of officer administering oath	Title of officer administering oath				
OR						
(2) Unsworn Declaration						
My name is NOV BUNOUS 15 and my date of birth is 10-2-1982						
My address is 4/22 Monthly Spaw95 5001vg, TX, 17515 USA. (street) (city) (state) (zip code) (country)						
Executed in Hans County, State of TX, on the Day of 10, 2024.						
·	Nous En	my har				
	Signature of Candid	date/Officeholder (Declarant)				

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