## 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 MI 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX 4 CANDIDATE / ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address PHONE NUMBER AREA CODE **EXTENSION** CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Amount \$ Receipt # MS / MRS / MR МІ 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX ZIP CODE CAMPAIGN Timbersde 7304 TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day Month Day COVERED THROUGH h ELECTION TYPE 11 ELECTION **ELECTION DATE** Other Description Primary Runoff Month Day Year General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Tren Spikes	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 6
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>O</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>(</i> )
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>O</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	\$5,244.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	* <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.		
4		
Signature of Candidate or Officeholder		
Please complete either option below:		
(1) Affidavit  ANNA MARIE MEDINA NOTARY PUBLIC, STATE OF TEXAS Notary ID #1001792-9 Expires December 12, 2026		
NOTARY STAMP/SEAL		
Sworn to and subscribed before me by 6. If ey DIKes this the 15 day of July ,		
20 25 /, to gertify which, witness my hand and seal of office.		
(M) (Inna Medina Notary Public - 18x94		
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	(street) (city) (state County, State of , on the day of (month)	, 20
Excouted III	(month)	, 20 (year)
	Signature of Candidate/	Officeholder (Declarant)