COUNTY EXECUTIVE COMMITTEE CAMPAIGN FINANCE REPORT

FORM CEC **COVER SHEET PG 1**

Tł	ne CEC Instruction Gui	de explains how to complete this	form.	1 Filer ID (Ethics Com	nmission Filers)	2 Total pages fi	led:
3	COMMITTEE NAME					OFFICE	USE ONLY
						Date Received	
4	COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #;	СП	ΓΥ; STATE;	ZIP CODE		
						Date Hand-delivere	d or Date Postmarked
5	CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST			MI	Receipt #	Amount \$
	NAME	NICKNAME LAST			SUFFIX	Date Processed	
						Date Imaged	
6	CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUIT	TE #; CITY;	STATE;	ZIP CODE	
7	CAMPAIGN TREASURER MAILING ADDRESS	STREET ADDRESS OR PO BOX;	APT / SUIT	TE #; CITY;	STATE;	ZIP CODE	
8	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ()		EXTENSIO	N		
9	REPORT TYPE	January 15 July 15	8t	Oth day before election h day before election unoff		Final Report 10th day after campa termination	gn treasurer
10	PERIOD COVERED	Month Day Year				Month Day	Year
				THROUGH			/
11	ELECTION		Primary General	ELI Runoff Special		ther Description	
Eor	ms provided hy Texas Ethi		TO P	AGE 2			Bevised 1/1/2025

COUNTY EXECUTIVE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM CEC **COVER SHEET PG 2**

12 COMMITTEE NAME				13 Filer	ID (Ethics Cor	nmission Filers)
14 COMMITTEE	1. Candidates	A. Supported				
	COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Image: Serie Complete this ort if necessary.) 1. Candidates (Identify by name or, if applicable, classify by party.) A. Supported Image: Serie Complete this ort if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) A. Supported Image: Serie Complete this ort if applicable, classify by party.) B. Opposed Image: Serie Complete Complete this paper of issue.) A. Supported Image: Serie Complete					
(Attach lists on plain paper to complete this		B. Opposed				
report if necessary.)	2. Measures	A. Supported				
		B. Opposed				
	(Identify by name or, if					
15 CONTRIBUTION TOTALS	PLEDGES, LOANS, OF	R GUARANTEES OF	LOANS, OR	HAN	\$	
	Check here if this repo	ort qualifies for the h	igher itemization t	hreshold		
			RANTEES OF LO	ANS)	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED F	POLITICAL EXPENDIT	URES		\$	
	4. TOTAL POLITICAL E	XPENDITURES			\$	
CONTRIBUTION BALANCE			AINED AS OF THE	LAST DAY	\$	
OUTSTANDING LOAN TOTALS			ANDING LOANS	AS OF THE	\$	
						d correct and
i	includes all information requi	red to be reported	by me under Ti	tle 15, Elec	tion Code.	
			Signature of Can	npaign Treas	urer (Declara	 nt)
	Please c	omplete either or	tion below:			
(1) Affidavit						
	SEALABOVE					
Sworn to and subscrib	bed before me, by the said				_, this the	
day of	, 20, to certify whi	ich, witness my ha	nd and seal of o	office.		
Signature of officer adm	inistering oath Printed r	name of officer admin	nistering oath	Tit	le of officer a	 dministering oath
5	5					
(2) Unsworn Declarat	ion					
My name is		,, ;	and my date of bir	th is		<u></u> .
My address is	(street)		(citv)	' <u>(state)</u> ' -	(zip code),	(country)
Executed in	County, State of		,	. ,	,	• • •
			,	(month)	(year)	

Signature of Campaign Treasurer (Declarant)

SUBTOTALS - CEC

FORM CEC COVER SHEET PG 3

17	COMMITTEE NAME	18 Filer ID (Ethics Con	mmission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	I	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2 : NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
10.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER	NS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

If the requested information is not applicable, DO NOT include this page in the report.

	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor Out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City;		
8	Principal occu	bation / Job title (See Instructions)	9 Employer (See Instruct	tions)
	Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	Date		(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	iions)
	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	iions)
		ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru		

SCHEDULE A1

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

T	he Instruction Guide explains how to complete this forr	n.	1 Total pages Schedu	ıle A2:
2 FILER NAM	IE		3 Filer ID (Ethics Cor	nmission Filers)
4 TOTAL C	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code		
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	Check if travel outsic	de of Texas. Complete Schedule T.
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsic	le of Texas. Complete Schedule T.
Principal oc	Lupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA	· · ·
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firn	n of contributor's spous	se (if any) (FOR JUDICIAL)
lf contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	1		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDI		
	If contributor is out-of-state PAC, please see Instructi			requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE **B**

	The	Instruction Guide explains	s how to complete this	form.	1 Total pages Sched	ule B:
2	FILER NAME				3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLEDO	GES		\$	
5	Date	6 Full name of pledgor	out-of-state PAC (ID#:)	8 Amount of Pledge \$	In-kind contribution description
		7 Pledgor address;	City; Sta	ate; Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instruc	tions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instruct	ions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; St	ate; Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instruc	tions)	Employer (See	Instructions)	
	Date	Full name of pledgor	out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address;	City; State	; Zip Code		
					Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instruct	ions)	Employer (See	Instructions)	
	lf	ATTACH	ADDITIONAL COPIES PAC, please see Inst		-	ı requirements.

	LOANS	formation is not applicable, DO NOT in d	clude this page in the report.	SCHEDULE E
	The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS		\$
5	Date of loan	7 Name of lender 🗌 out-of-state	: PAC (ID#:)	9 Loan Amount (\$)
6	ls lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
	Y N			11 Maturity date
12	Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Coll	lateral	15 Check if personal fun account (See Instruct	ds were deposited into political ions)
16	GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State; Zip Code	
20	Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender out-of-state		Loan Amount (\$)
	ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
	Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	·
	Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political ions)
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	—	Guarantor address; City;	State; Zip Code	•
	Principal Occupati	ion (See Instructions)	Employer (See Instructions)	
	lf le	ATTACH ADDITIONAL COI ender is out-of-state PAC, please see Ir	PIES OF THIS SCHEDULE AS NEI	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

The	Instruction	Guide	explains	how to	complete	this form.

1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

UNPAID INCURRED OBLIGATIONS

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITURE	CATEG	ORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guid		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor	Transport Travel In Travel Ou	District ut Of District	Expense nt & Related Expense not listed above)
4				5 110w to c	Simplete tins form.	2 511 15		
1 Total pages Schedule F2:	2 FILER	NAME				3 Filer IL) (Ethics Cor	nmission Filers)
4 TOTAL OF UNITEN	AIZED UN	IPAID INCURRED	OBLIC	GATION	5	\$		
5 Date	6 Payee	name						
7 Amount (\$)	8 Payee	address;			City;		State;	Zip Code
9 TYPE OF EXPENDITURE		Political		Non-Pol	itical			
10 PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at th	e top of this	schedule)	(b) Description			
	(c)	Check if travel outside of Texas.	. Complete So	chedule T.	Check if Au	ustin, TX, officel	holder living exp	pense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeholder n	ame	0	ffice sought		Office held	l
Date	Payee	name						
Amount (\$)	Payee	address;			City;		State;	Zip Code
TYPE OF EXPENDITURE		Political		Non-Po	litical			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at th	e top of this	schedule)	Description			
		Check if travel outside of Texas	s. Complete S	Schedule T.	Check if A	Austin, TX, office	eholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeholder n	name	0	ffice sought		Office held	I
	ATTA	CH ADDITIONAL CO	OPIES O	F THIS S	CHEDULE AS NI	EEDED		

SCHEDULE F2

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

If the requested information is not applicable, **DO NOT include this page in the report.**

The Instruction Guide explains how to con	nplete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom investment		
6 Address of person from whom inves	tment is purchased; Ci	ty; State; Zip Code
7 Description of investment		
8 Amount of investment (\$)		
Date Name of person from whom investm	nent is purchased	
Address of person from whom inves	tment is purchased; Cit	y; State; Zip Code
Description of investment		
Amount of investment (\$)		
ATTACH ADDITIONAL	COPIES OF THIS SCHEDULE	EASNEEDED

Forms provided by Texas Ethics Commission

	EXP	ENDITURE CAT	EGORIES	FOR BOX	10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mar Candidate/Officeholder/Po The Instructio	Event Exp Fees Food/Bev de By Gift/Award	ense erage Expense ds/Memorials Expense vices	Loan Rep Office Ov Polling E Printing B	payment/Reimb /erhead/Rental xpense Expense Wages/Contra	ursement Solicitatio Expense Transpor Travel In Travel O	District ut Of District nter a categor	ent & Related Expen
1 TOTAL PAGES	2 FILER NAME						Commission File
SCHEDULE F4:							
4 TOTAL OF UNITEMIZED EX	(PENDITURES CHARGED TO A	CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institu	tion			I		
6 PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) C	redit Card Issuer Paid		
	\$						
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City,	State,	Zip Code
B PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the top of this sche	 dule)	(b) Descripti	on		
Non-Political	(c) Check if travel ou	tside of Texas. Complet	e Schedule T.		Check if Austin, TX, offic	eholder living	expense
Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditu	ure Charged	(c) Date(s) C	redit Card Issuer Paid		
PAYEE	(a) Payee name	-	(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the top of this sche	l dule)	(b) Descripti	on		
Non-Political	(c) Check if travel ou	(C) Check if travel outside of Texas. Complete Schedule T. Chec			Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) C	redit Card Issuer Paid		
	\$						
PAYEE	(a) Payee name	•	(b) Payee add	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories I	isted at the top of this scher	dule)	(b) Descripti	on		
Non-Political	(c) Check if travel ou	tside of Texas. Complet	e Schedule T.		Check if Austin, TX, of	ficeholder livir	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	ice Sought		Office Held	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to con	nplete this form.				
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)	
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address;	City		State	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	ding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	information	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Sch			dule K:	
2 FILER NAME 3 Filer ID (Ethics			s Commission Filers)	
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	6 Address of person from whom amount is received; City; Sta	te; Zip Code		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ite; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	te; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ite; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Instruction Guide explains how to complete this form.		1 Total pages Schedule T:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation	4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure reporte	ed on:				
	nedule B Schedule B(J)	Schedule C2	Schedule D Sche	edule F1	
	hedule F4	Schedule H		edule B-SS	
6 Dates of travel 7 Name of	7 Name of person(s) traveling				
8 Departe	8 Departure city or name of departure location				
9 Destina	9 Destination city or name of destination location				
10 Means of transportation	11 Purpose of travel (including	name of conference, se	eminar, or other event)		
Name of Contributor / Corporation	n or Labor Organization / Pledgor /	Payee			
Contribution / Expenditure reporte	ed on:				
Schedule A2 Sch	nedule B Schedule B(J)	Schedule C2	Schedule D Sche	edule F1	
Schedule F2 Sch	hedule F4 Schedule G	Schedule H		edule B-SS	
Dates of travel Name	of person(s) traveling				
Depart	Departure city or name of departure location				
Destina	Destination city or name of destination location				
Means of transportation Purpose of travel (including name of conference, seminar, or other event)					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2 Sched	dule F4 Schedule G	Schedule H		lle B-SS	
Dates of travel Name	Name of person(s) traveling				
Depart	Departure city or name of departure location				
Destina	Destination city or name of destination location				
Means of transportation	Purpose of travel (including	Purpose of travel (including name of conference, seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

			OFFIC	OFFICE USE ONLY		
	AFFIDAVIT FOR ELECTRONIC FILI	NG EXEMPTION	Date Received			
			Date Hand-delive	ered or Date Postmarked		
Beginning on January 1, 2025, a campaign treasurer of a political committee that has accepted more than \$33,910 in political contributions or made more than \$33,910 in golitical expenditures in <u>any</u> calendar year must file all		Receipt #	Amount \$			
subsequent repo	ts electronically.		Date Processed			
Filer name		Filer ID #	Date Imaged			

- 1. I swear or affirm that the political committee of which I am the campaign treasurer has not accepted more than \$33,910 in political contributions or made more than \$33,910 in political expenditures in a calendar year.
- 2. I further swear or affirm that the political committee of which I am the campaign treasurer does not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- 3. I further swear or affirm that no person acting as the committee's agent or consultant, and no person with whom the committee contracts, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- 4. I further swear or affirm that I understand that I am required to file the committee's campaign finance reports electronically if the committee, the committee's agent or consultant, or a person with whom the committee contracts exceeds \$33,910 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to the committee.
- I am filing this affidavit with the ______ report due on ______ understand that this affidavit is required to be filed with each campaign finance report for which the committee is claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit

			Si	anature of Ca	ampaign Treasu	Irer
NOTARY STAMP/SEAL Sworn to and subscribed before me by			Ū.			
20, to certify which, witness my h	nand and seal of office.					
Signature of officer administering oath	Printed name o	f officer administer	ring oath		Title of office	r administering oath
		OR				
(2) Unsworn Declaration						
My name is		, and	I my date of b	irth is		
My address is(s	treet)		(city)	,,,,,,	;,,,,,,	(country)
Executed in County,	State of	, on the	day of	(month)	, 20 (year)	
			Signature	of Campaig	n Treasurer (D	eclarant)
FILERS WHO ARE ARE STILL REQU						