CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT				FORM C/OH COVER SHEET PG 1	
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR M.C. NICKNAME	John LAST Waccen	MI	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P. O.		city: STATE; ZIP CODE	R RECORD MANO: 11 ARRISON R. COOKE CO.TX	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	205 - 0769	EXTENSION	Date Hand-delivered of Date Postmarked Li	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MC. NICKNAME	Van LAST Knight	MI SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	Gainesville	STATE: ZIP CODE TX 76240	
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	736-6845	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before 8th day before el	- Supported Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 7	Day Year / 1 / 23	THROUGH 12	Day Year / 31 / 23	
11 ELECTION	Month Day	Year Primary General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (If any)	rict Attorn	ey District	Attorney	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES COMMITTEE TYPE	CEHOLDER, THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
Additional Pages	GENERAL	COMMITTEE CAMPAIGN TR			
		COMMITTEE CAMPAIGN TE	PAGE 2		

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER T PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s (
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	(NS) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	\$ 21.96
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	\$ 13,727.00
	swear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	s true and correct and includes all information
100	quired to be reported by the dilact Title 16, Election code.	
	Signature	Candidate or Officeholder
	Signature o	Candidate of Officeriolder
	Please complete either option be	low: NIECA PARE
	•	THE OF EN PUBLICA
		*
(1) Affidavit		* 100
(1) Allidavit		CO ARY ID 1930
		M. EXP.
NOTARY STAMP/SEA		3 N+h
Sworn to and subscribed	before me by	the day of,
20 24, to certify	which, withess my handand search office.	/
Rebeca Pare	t Rebeca Paret	Notary public
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of bir	th is
My address is		,
	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on the day of	nonth) , 20 (year)
	Signature of C	andidate/Officeholder (Declarant)

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to compl	lete this form.	1 Filer ID (Ethics Commission Fil	ers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mt. NICKNAME	John LAST Wallen	MI SUFFIX	OFFICE USE ONLY Date Received O O O O O O O O O O O O O
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE	APT / SUITE #; C	GAINSVILL TX 76	Date Hand-delivered of Date Stuarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR M (. NICKNAME	FIRST Van LAST Knight	MI	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BO)		Gainesuille	STATE: ZIP CODE TX 76240
8 CAMPAIGN TREASURER PHONE		6845	EXTENSION	
9 REPORT TYPE	July 15	30th day before ele		15th day after campaign treasurer appointment (Officeholder Only) Tinal Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day	Year Z4	THROUGH 6	nth Day Year / 30 / 24
11 ELECTION	Month Day Year	l	Runoff Other Descript	.1
12 OFFICE	OFFICE HELD (if any) District	Attorne	13 OFFICE SOUGHT (if	xnown)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHOLDER. CONSENT. CANDIDATES AND OFFICE	THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE	ES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR LY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	TEE ADDRESS		
		TEE CAMPAIGN TRE		
	COMMIT	TILE CAMPAIGN TRE	ADDRESS	
GO TO PAGE 2				

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commissi	ion Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL (PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTR	EES OF LOANS, OR	\$ Ø		
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS,		s) \$ O		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	XPENDITURE.	\$ 0		
	4. TOTAL POLITICAL EXPENDITU	IRES	\$ 0		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE L	AST DAY \$ 21.9	6	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING P		of the \$ 13,7	27.00	
Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAT STAMP/SEAT SWORT to and subscribed before its Bussel Candidate or Officeholder this the 1 day of July					
Sworn to and subscribed before no By 33 1 20 20 24 this the 1 day of Tuly to certify which, witness my hard and seal of office.					
Signature of officer administe	ering oath Printed name of officer	administering oath	Title of officer admin	istering oath	
(2) Unsworn Declarati	on	2	-,		
		and my date of hirth	ie		
		, Gird, Gate of billin		•	
iviy address is	(street)	(city)	(state) (zip code) (cou	intry)	
Executed in	County, State of,		, 20		
		Signature of Can	didate/Officeholder (Declarant)		

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 / MI OFFICE USE ONLY John **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX 4 CANDIDATE/ ADDRESS / PO BOX; CITY: STATE: ZIP CODE **OFFICEHOLDER** MAILING B. O. Box 1764 Gainesville **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-deli 205-0769 **OFFICEHOLDER** PHONE Receipt # MS / MRS / MR FIRST MI CAMPAIGN TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE): CAMPAIGN STATE: ZIP CODE **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE **EXTENSION TREASURER** PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Year COVERED 15 **THROUGH ELECTION DATE FLECTION TYPE** 11 ELECTION Other Description Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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 NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	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)	\$			
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 21.96				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 13, 727.				
	vear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correct and includes all information			
	required to be reported by the direct time to, Election code.				
	Signature of Car	ndidate or Officeholder			
NOTA STATE MY COMM	AH CARTER RY PUBLIC E OF TEXAS M. EXP. 10/09/28 ID 135123630 Please complete either option below	:			
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed	before me by John Warren this the	15th January			
0.5		day of January,			
20 , to certify v	which, witness my hand and seal of office.	N.L. RII			
Mannay chall Hannam Contex Notary Oublice					
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath			
OR					
(2) Unsworn Declaration	n				
My name is	, and my date of birth is				
My address is		•			
iviy address is		toto) (zip codo) (countro)			
Chandad in	(street) (city) (st	tate) (zip code) (country)			
Executed in	County, State of, on the day of(month)	, 20 (year)			
	Signature of Candida	ate/Officeholder (Declarant)			