

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:														
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:20%;">MS / MRS / MR</td> <td style="width:40%;">FIRST <i>Bennie</i></td> <td style="width:20%;">MI <i>L</i></td> </tr> <tr> <td>NICKNAME</td> <td>LAST <i>Schiro</i></td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR	FIRST <i>Bennie</i>	MI <i>L</i>	NICKNAME	LAST <i>Schiro</i>	SUFFIX	OFFICE USE ONLY Date Received RECEIVED JAN 24 2024 Date Hand-Delivered or Date Postmarked <table style="width:100%;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged			
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Date Processed																	
Date Imaged																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ☐ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>148 Elliott Cove loop Trinity TX 75862</i>																
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(713) 447 1741</i>																
6 CAMPAIGN TREASURER NAME	<table style="width:100%;"> <tr> <td style="width:20%;">MS / MRS / MR</td> <td style="width:40%;">FIRST <i>NONE</i></td> <td style="width:20%;">MI</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR	FIRST <i>NONE</i>	MI	NICKNAME	LAST	SUFFIX									
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7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>NONE</i>																
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10 PERIOD COVERED	<table style="width:100%;"> <tr> <td style="width:25%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td><i>1</i></td> <td><i>15</i></td> <td><i>24</i></td> <td></td> <td><i>1</i></td> <td><i>15</i></td> <td><i>24</i></td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	<i>1</i>	<i>15</i>	<i>24</i>		<i>1</i>	<i>15</i>	<i>24</i>
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12 OFFICE	OFFICE HELD (if any) <i>258th District Attorney</i>	13 OFFICE SOUGHT (if known) <i>258 District Attorney</i>															
14 NOTICE FROM POLITICAL COMMITTEE(S) ☐ Additional Pages	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. <table style="width:100%;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td>☐ GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>☐ SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	☐ GENERAL	COMMITTEE ADDRESS	☐ SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS						
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		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	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

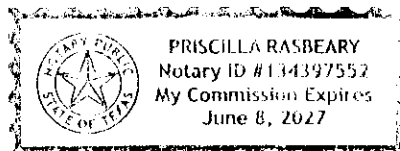
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Priscilla Rasbeary this the 15 day of Jan 20 24, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Debbie L. Schiro and my date of birth is 8/27/1974
 My address is 148 Elliott Cove Loop Trinity Tx 75862 Trinity
 (street) (city) (state) (zip code) (country)
 Executed in Trinity County, State of Texas, on the 24 day of January, 20 24
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received



Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

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PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

2 / 5 / 24

THROUGH

2 / 5 / 24

11 ELECTION

ELECTION DATE

Month

Day

Year

3 / 5 / 24

ELECTION TYPE

☒ Primary

☐ Runoff

☐ Other
Description

☐ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

258th District Attorney

13 OFFICE SOUGHT (if known)

258th District Attorney

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

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17 CONTRIBUTION
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1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
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CONTRIBUTION
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\$ 0

OUTSTANDING
LOAN TOTALS

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LAST DAY OF THE REPORTING PERIOD

\$ 0

18 SIGNATURE

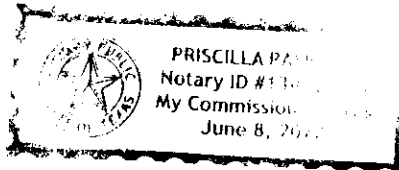
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[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Priscilla Rabenold this the 5 day of Feb
20, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Bennie L. Schiro, and my date of birth is 8/27/1974

My address is 148 Elliott Cove hwy Trinity TX 75862 Trinity
(street) (city) (state) (zip code) (country)

Executed in Trinity County, State of TEXAS, on the 5 day of February, 20 24
(month) (year)

[Handwritten Signature]
Signature of Candidate/Officeholder (Declarant)