CAMPAIC	FORM C/OH COVER SHEET PG 1						
The C/OH Instruction	ı Gulde explains h	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST Sonia	MI .	OFFICE USE ONLY			
And become processing and the second	NICKNAME	LAST Murphy	JAN 1 0 2024 LIZ CHAPMAN GLERK COUNTY COURT, PECOS CO., TEX				
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO B	,					
Change of Address				By Dep			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (432)	PHONE NUMBER 336-3461	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt # Amount \$			
	NICKNAME	Sonia LAST	G	Date Processed			
	W .	Murphy Date Imaged					
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SUI	ITE #; CITY;	The same the same of the same that the same			
TREASURER ADDRESS (Residence or Business)	103 W Call		Fort Stockton, T	STATE; ZIP CODE < 79735			
8 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION						
TREASURER PHONE	()	PHONE NUMBER	EXTENSION				
9 REPORT TYPE	January 15	30th day before ele	rdion Flyworf	trental d P(1)			
	(mining)			15th day after campaign treasurer appointment (Officeholder Only)			
e many nicht der die de James de America and de Anderford plant (Marie de Angle Verlande au Videnne ein ser anne manne ein ser anne ein der Anderford auf de Anderford au Videnne ein ser anne ein ser a	July 15	8th day before electi	on Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 07	Day Year / 16 / 2023	THROUGH 01	Day Year 15 / 2024			
11 ELECTION	ELECTION D.	ATTE	ELECTION TYPE	Name of the state			
	Month Day	Year Primary					
	Month Day Year Primary Runoff Other Description General Special						
12 OFFICE	OFFICE HELD (if any		13 OFFICE SOUGHT (If known)				
MOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI THE CANDIDATE / OFFI CONSENT, CANDIDATE	CE OF POLITICAL CONTRIBUTIONS ACC CEHOLDER. THESE EXPENDITURES MA AND OFFICEHOLDERS ARE REQUIRED	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR EY RECEIVE NOTICE OF SUCH EXPENDITURES.				
OOMMITTEE(O)	COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREAS					
		GO TO PA	\GE 2	400 Aug 201			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 File	er ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00	
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			\$	0.00
	4. TOTAL POLITICAL EXPENDITURES				0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD				0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	T OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE	\$	0.00
		Signature V	of Candidate)	
	Please com	plete either option b	elow:		
(1) Affidavit	GINA S. MARQU My Notary ID # 128: Expires June 17,	303003			
Minacolan	pefore me by SONIA Which, witness my hand and seal of office.		n	day of (January, Public er administering oath
		OR			or burnancioning occur
2) Unsworn Declaration	1	Tild State S			
ly name is		, and my date of bi	rth is		,
xecuted in	(street) County, State of	(city) , on the day of	1 1 1	zip code) _, 20(vear)	(country)
		Signature of C	andidate/Office		