

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:
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3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST MICKEY	MI JACK	<div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED MAR 5 2024 SOPHIA FRANCO ELECTIONS ADMINISTRATOR, PECOS COUNTY, TEXAS BY <i>SA</i> </div>
	NICKNAME	LAST PERRY	SUFFIX	

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: PO BOX 417	APT / SUITE #: IRAAN	CITY: TEXAS	STATE: 79744	ZIP CODE
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5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (432)	PHONE NUMBER 639-6012	EXTENSION	Date Hand-delivered or Date Postmarked
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6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST MICKEY	MI JACK	Receipt #	Amount \$
	NICKNAME	LAST PERRY	SUFFIX	Date Processed	Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 306 W 8TH ST		APT / SUITE #: IRAAN	CITY: TEXAS	STATE: 79744	ZIP CODE
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8 CAMPAIGN TREASURER PHONE	AREA CODE (432)	PHONE NUMBER 639-6012	EXTENSION
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9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)						

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	01	16	24		03	05	24

11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	03	05	24	<input type="checkbox"/> General	<input type="checkbox"/> Special	

12 OFFICE OFFICE HELD (if any) COMMISSIONER PCT 3	13 OFFICE SOUGHT (if known) " "
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14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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.				
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE			COMMITTEE NAME
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM G/OH
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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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Mickey Jack Perry this the 5 day of March, 2024, 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 _____, and my date of birth is _____

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____
(month) (year)

Signature of Candidate/Officeholder (Declarant)