

# 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  
DONNA L  
NICKNAME LAST SUFFIX  
WOOTEN

OFFICE USE ONLY

RECEIVED  
JUL 23 2024

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY STATE: ZIP CODE  
P. O. BOX 322, SHEFFIELD, TEXAS, 79781

SOPHIA FRANCO  
ELECTIONS ADMINISTRATOR, PECOS COUNTY, TEXAS  
BY: *[Signature]*

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 432 ) 836-4589

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
DONNA L  
NICKNAME LAST SUFFIX  
WOOTEN

Receipt # Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
100 WOOTEN ROAD, SHEFFIELD, TEXAS, 79781

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
( 432 ) 836-4589

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 THROUGH Month Day Year

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)  
JUSTICE OF THE PEACE

13 OFFICE SOUGHT (if known)

14 NOTICE FROM POLITICAL COMMITTEE(S)

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.

|                                   |                                      |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE                    | COMMITTEE NAME                       |
| <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS                    |
| <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME    |
|                                   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

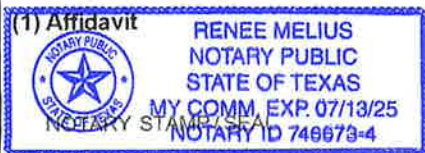
**FORM C/OH  
COVER SHEET PG 2**

|                                     |   |   |
|-------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>DONNA WOOTEN |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>       | 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)  | \$  |
| <b>EXPENDITURE TOTALS</b>           | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE   | \$  |
|                                     | 4. TOTAL POLITICAL EXPENDITURES   | \$-0-   |
| <b>CONTRIBUTION BALANCE</b>         | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$  |
| <b>OUTSTANDING LOAN TOTALS</b>      | 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

*Donna Wooten*  
Signature of Candidate or Officeholder

**Please complete either option below:**



Sworn to and subscribed before me by Donna Wooten this the 19 day of July, 2024, to certify which, witness my hand and seal of office

Renee Melius Renee Melius notary public  
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)