## CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR OFFICEHOLDER NAME SUFFIX NICKNAME MARONE IUI 1 8 2024 4 CANDIDATE / OFFICEHOLDER SOPHIA FRANCO MAILING ECTIONS ADMINISTRATOR, PECOS COUNTY, TEXAS ADDRESS Change of Address EXTENSION balo Hand delivered or Dain Postmarked 5 CANDIDATE/ **OFFICEHOLDER** PHONE Amount 3 Receipt = 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX NICKNAME Date Imaged MARONE P.O. BOX 1083 TRAAN, TX. 79744 ZIP GODE STATE CAMPAIGN TREASURER **ADDRESS** (Residence or Business) PHONE NUMBER **EXTENSION** AREA CODE 8 CAMPAIGN **TREASURER** (432)638-4758 PHONE 15th day after can baidn 9 REPORT TYPE 300) day before election Runoff January 15 treasue risopointment Officeholder Only) Exceeded Modified First Report (Attach C/OH - FR) 8th day tielore election Reporting Limit 10 PERIOD COVERED THROUGH SLECTION TYPE ELECTION DATE 11 ELECTION 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 I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POI.ITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

CAMPAIGN	A L LIANGE			
15 C/OH NAME		U50	16 Filer II	D (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLE	AL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT DGES, LOANS, OR GUARANTEES OF LOANS, OR NTRIBUTIONS MADE ELECTRONICALLY)	N	s 0
		AL POLITICAL CONTRIBUTIONS IER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS	)	\$ 0
EXPENDITURE TOTALS	3. TQTA	AL UNITEMIZED POLITICAL EXPENDITURE		s 0
	4. TOTA	AL POLITICAL EXPENDITURES		s ()
CONTRIBUTION BALANCE		AL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TRE LA REPORTING PERIOD	ST DAY	s O
OUTSTANDING LOAN TOTALS	6. TOTA	AL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LOAY OF THE REPORTING PERIOD	OF THE	s O
(1) Affidavit		Please complete either option below	w:	
NOTARY STAMP/SEA	E			
		this the	F	day of
20 to certify				· · · · · · · · · · · · · · · · · · ·
Signature of offices administe	ming bath	Printed name of officer administering call:		Title of officer administering cam
(2) Unsworn Declaration		OR		
My name is JES	SE C.	MAZONE III and my date of birth	10/	6/1959 744 PECOS
Executed in PECO	DCount	(street) ty, State of 75 on the 7 day of 5	(state)	(zip code) (country)
		Signature of Cand	lidate/Office	eholder (Declarant)