

# 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

Liz

NICKNAME LAST SUFFIX

Chapman

**4** CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE #. CITY: STATE: ZIP CODE

PO Box 787 Fort Stockton  
Texas 79735

Change of Address

**5** CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

( 432 ) 290-7679

**6** CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Liz

NICKNAME LAST SUFFIX

Chapman

**7** CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #. CITY: STATE: ZIP CODE

Same as Above

(Residence or Business)

**8** CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

( ) Same as Above

**9** REPORT TYPE

January 15   
  30th day before election   
  Runoff   
  15th day after campaign treasurer appointment (Officerholder 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  
1 / 15 / 24 THROUGH 7 / 14 / 24

**11** ELECTION

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

**12** OFFICE

OFFICE HELD (if any)

**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                       |
| GENERAL        | COMMITTEE ADDRESS                    |
| SPECIFIC       | COMMITTEE CAMPAIGN TREASURER NAME    |
|                | COMMITTEE CAMPAIGN TREASURER ADDRESS |

**OFFICE USE ONLY**

Date Received

**RECEIVED**

JUL 17 2024

SOPHIA FRANCO  
ELECTIONS ADMINISTRATOR, PECOS COUNTY, TEXAS

BY \_\_\_\_\_

Date Hand-delivered or Date Postmarked

|           |           |
|-----------|-----------|
| Receipt # | Amount \$ |
|-----------|-----------|

Date Processed

Date Imaged

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                         |   |  |      |
|-------------------------|---|--|------|
| 16 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) | \$                                     | 0.00 |
|                         | 2. 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 OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$                                     | 0.00 |

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.

*Liz Chapman*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 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 Liz Chapman, and my date of birth is 08-08-1961

My address is 1506 N Pecos Street, Fort Stockton, Texas, 79735, USA  
(street) (city) (state) (zip code) (country)

Executed in Pecos County, State of Texas, on the 16th day of July, 2024  
(month) (year)

*Liz Chapman*  
Signature of Candidate/Officeholder (Declarant)