CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					FORM C/OH COVER SHEET PG 1			
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethio	cs Commission Filers)	2 Total pages f	led:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME	JOE LAST SHUSTER		MI SUFFIX	Dale Received	USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	1507 W. CALLAGHAN, FORT STOCKTON, TX 79735					AN 2 8 2025 SOPHIA FRANCO NISTRATOR, PECOS COUNT		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (432)	9HONE NUMBER 336-2792	EXTE	ENSION	Date Hand-delivere	d or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST SELF LAST	THE PERSON AND PROPERTY.	MI SUFFIX	Date Imaged	Allouit		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS SAME	(NO PO BOX PLEASE); APT / S	UITE #; C	иту;	STATE;	ZIP CODE		
(Residence or Business)								
8 CAMPAIGN TREASURER PHONE	(432)	9HONE NUMBER 336-2792	EXTE	ENSION				
9 REPORT TYPE	January 15	30th day before e	L	Runoff Exceeded Modified	treasurer a (Officehold	ifter campaign appointment er Only) ort (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year	THROUGH	Reporting Limit Month	Day Yes	ır		
11 ELECTION	ELECTION DAY	Year Primary General	Runoff	Other Description				
12 OFFICE	PECOS CO	OUNTY JUDGE		ICE SOUGHT (if knowl	n)			
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							
Additional Pages	GENERAL COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER NAME							
	<u>- </u>	GO TO	PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	1		
15 C/OH NAME JOE SHUSTER		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 LAS OF REPORTING PERIOD	T DAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
	Please complete either option below		
Sworn to and subscribed 20 25 , to certify Signature of officer administration	which, witness my hand and seal of office. A GRANG AND	da No Title	ay of January. tary e of officer administering oath
(2) Unsworn Declarati			
My name is	, and my date of birth is		
iviy address is	(aib) (aib)		code) (country)
	(====,	state) (zip	
Executed in	County, State of, on theday of (month	, 2	.0 (year)
	Signature of Candid	late/Officehol	der (Declarant)