CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		A Cile ID (c)	ning Commission File-	2 Tatal warms 61	od:	
The C/OH Instruction Guide explains how to complete this form.		his form.	1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER			OFFICE USE ONL			
NAME	NICKNAME CAOC	t CG	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT /	SUITE #; CITY; STA			·	
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 812. 9996		ENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRS		MI		Amount	
NAME			CHEELY	Date Processed		
		NICKNAME LAST SUFFIX		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEA		CITY;	STATE; X 756	ZIP CODE	
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM (903) 812.99		ENSION			
9 REPORT TYPE				=		
THE THE	January 15 . 30	Oth day before election	Runoff	15th day af treasurer a (Officeholde		
	July 15 8tf	h day before election	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day	Year THROUGH	Month 3	Day Year	025	
11 ELECTION	ELECTION DATE		ELECTION TYPE			
	Month Day Year	Primary Runoff	Other Description			
	5/3/2025	General Special	Description			
12 OFFICE	OFFICE HELD (if any)	. 13 OFF	FICE SOUGHT (if known			
-		D	our (1 0)	5 Irust	ees	
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE N	NAME .				
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE	CAMPAIGN TREASURER ADDRES	38			
		COTORACEC		-		
		GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMITAIGI	41 HAMOLIKLI OKT	
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 303,77
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE \$
Nota	Karen R. Scibona ry Public, State of Texas m. Expires 10/22/2025 otary ID 13339039-2	andidate or Officeholder
NOTARY STAMP/SEA Sworn to and subscribed	,	3 day of Apri
25	which, witness my hand and seal of office.	Notar
* Korren Don	Gono Keren K Sabora	Notary
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
CHRETHIE	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is		
-		state) (zip code) (country)
Executed in	County, State of, on the day of(month	, 20 (year)
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FIVER NAME VER LINICE ONDORICO 20 Filer ID (Ethics Con	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 303.77
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

	*	
		5
*		

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission F		
4 Total pages Schoolule Gt 9 EU ED NAME		
1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission F	ilers)	
4 Date 5 Payee name		
4/3/25 Verenice Ordonica 6 Amount (\$) 7 Payee address; 3317 N. HWY25 Kilgore TX 75662 Reimbursement from political contributions intended	÷	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description Yourd Sign / TShirt		
(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	officeholder living expense	
9 Candidate / Officeholder name Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH		
Date Payee name		
Amount (\$) Payee address; City; State; Zip Code)	
Reimbursement from political contributions intended		
Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH		
Date Payee name		
Amount (\$) Payee address; City; State; Zip Code		
Reimbursement from political contributions intended		
Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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