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	MS / MRS / MR FIRST MI OFFICE USE ONLY D.				
NAME	NICKNAME LAST SUFFIX PLUMMER				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1102 BERKMAN VICTORIA TX 77904 AUG 1 6 2024				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked (361) 676-2794				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MRS. LEANN Date Processed				
	NICKNAME LAST SUFFIX SCHRAMEK Date Imaged				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4407 LILAC LANE VICTORIA TX 77901				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (361) 575-0012				
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year 1 / 1 / 24 THROUGH 7 / 14 / 24				
11 ELECTION	BLECTION DATE Month Day Year Primary Runoff Other Description General Special				
12 OFFICE	OFFICE HELD (if any) DISTRICT CLERK 13 OFFICE SOUGHT (if known)				
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 NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer I	ID (Ethics Con	nmission Filers)		
17 CONTRIBUTION TOTALS						
	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	\$ 2,	348.65		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$			
Signature of Candidate or Officeholder Please complete either option below:						
riease complete either option below:						
(1) Affidavit	ROSALINDA GUERRA My Notary ID # 131440243 Expires February 7, 2026					
NOTARY STAMP/SEAL						
Sworn to and subscribed before me by KIM HUMMUV this the 10th day of August.,						
Abralind Guerra Rosalinda Cruerra Notary						
Signature of officer administe	ring oath Printed name of officer administering oath		Title of officer	administering oath		
OR						
(2) Unsworn Declarati	on					
My name is	, and my date of birth is	S				
				_		
		(state) (zip code)	(country)		
Executed in	County, State of , on the day of (mont)		_, 20 (year)	,, <i>,</i>		
	Signature of Candi	idate/Office	eholder (Decla	rant)		