## 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	on Filers) 2 Total	pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Ragney Durham	SUFF	Date Rece	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;	( -	toriatx 71	904 B	JUL 13 2022 W
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (36)	PHONE NUMBER 655-8177	EXTENSION	Dite Hand	a Paris d
6 CAMPAIGN TREASURER NAME	MS (MRS) MR	Debbi e Durhan	MI SUFFI	Dale Rade	WISTR
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	205 Yuc	NO PO BOX PLEASE); APT / SL	victoria	TX	17904
8 CAMPAIGN TREASURER PHONE	AREA CODE	655-6870	EXTENSION		
9 REPORT TYPE	January 15  July 15	30th day before elec		tre (O	5th day after campaign easurer appointment officeholder Only) nal Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 1 / 2072	THROUGH	Month Day	Year / <b>2</b> 022
11 ELECTION	ELECTION DAT	Year Primary General	Runoff Othe	ON TYPE er cription	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT	(if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	HOLDER, THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDI MAY HAVE BEEN MADE WITHOUT I LED TO REPORT THIS INFORMATION	THE CANDIDATE'S OR OF	FFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS		
GO TO PAGE 2					

## **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION OTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **TOTALS** 4. **TOTAL POLITICAL EXPENDITURES** \$ CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL \_ this the \_\_\_\_\_ day of \_ Sworn to and subscribed before me by \_\_ \_, to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration and my date of birth is (country)

Signature of Candidate/Officeholder (Declarant)