CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to	complete this form.	1 Filer ID (Ethics Con	nmission Filers)	2 Total pages filed:	
3 CANDIDATE/ OFFICEHOLDER	MS / MRS MR	DELL	-	MI	OFFICE USE ONLY	
NAME	NICKNAME	Mc ast		SUFFIX	10-2-23 by	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	MCAMEEN ADDRESS / PO BOX: APT / SUITE #: CITY: STATE. ZIP CODE angla & Nay 738 E FM 1396 Ivanhice TX 75447					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (GD3) 2	PHONE NUMBER 27-9020	EXTENSIO		Date Hand-delivered or Date Postmarked 10-2-3 Receipt # Amount \$	
6 CAMPAIGN TREASURER NAME	MS MRS / MR NICKNAME	DeAna LAST		SUFFIX	Date Processed	
		STATON			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		O PO BOX PLEASE). APT / SU			STATE; ZIP CODE	
(Residence or Business)	3324	W. FM8	98 Bonbu	n	TX 75418	
8 CAMPAIGN TREASURER PHONE	(903) 2	27-0692	EXTENSION	N		
9 REPORT TYPE	January 15	30th day before el	ection Runo	f	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before elec	ALIOH	ded Modified ting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 9	Day Year 15 /2023	THROUGH	Month 9	Day Year / 2023	
11 ELECTION						
	Month Day 3 / 5 / 2	Year Primary General	Runoff	Other Description		
12 OFFICE	OFFICE HELD (if any)	<i>C</i>		UGHT (if known)		
	FARMIN COUNTY COMMISSIONER POT #1 SAME					
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					
_	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ME aneir		16 Filer ID (Ethics Commission Filers)				
DALE T. 17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ D				
	2. TOTAL POLITICAL C		\$ \$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED F	\$ \$					
	4. TOTAL POLITICAL E	\$ Ø					
CONTRIBUTION BALANCE	1 5. IOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST L						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AM LAST DAY OF THE RE	OUNT OF ALL OUTSTANDING LOANS AS	OF THE \$				
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.							
109	and to be reported by the under t	TO, Electron code.					
		5) 1 MO	(1)				
		Wall Ill	Miler				
		Signature of C	Candidate or Officeholder				
Please complete either option below:							
(1) Affidavit							
(1) Affidavit							
NOTARY STAMP/SEAL							
Sworn to and subscribed	before me by	this the	e day of,				
20 , to certify	which, witness my hand and seal of	office.					
	,						
Signature of officer administer	ring oath Printed na	me of officer administering oath	Title of officer administering oath				
		OR					
(2) Unsworn Declaration	nn .						
(2) Onsworn Deciaration	·						
My name is DALE	Michney	, and my date of birth	is <u>9/25/1959</u>				
My address is $\frac{738}{}$	E FM 1396	Tombre	TK 45447 Y-annin				
	(street)	(city)	(state) (zip code) (country)				
Executed in Fanni	County, State of	k , on the 2 day of 27	ober 2023				
		Q _A (mor					
		- ANH f	Hidden 1055 cop older (Doddens)				
		Signature of Cano	didate/Officeholder (Declarant)				