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 (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE/ OFFICEHOLDER	Ms / MRS / MR FIRST Mrs Amber	M M	OFFICE USE ONLY			
NAME	NICKNAME LAST Vest Sutherla	suffix nd	Date Received 02-26-24 Dy angula Frazin			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box 97 Bonham,TX 75418	CITY: STATE: ZIP CODE	at 2:44 p.m.			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(903) 227-3290	EXTENSION	Date Hand-delivered or Date Postmarked 2 -26 -2 4 Receipt # Amount \$			
6 CAMPAIGN TREASURER	Ms / MRS / MR FIRST Mrs Debbie	мі S	Receipt # Amount \$			
NAME	NICKNAME LAST	SUFFIX	Date Processed			
	Vest	SULLIV	Date Imaged ()2-26-24			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SI 3593 N FM 1743 Windom, TX		STATE; ZIP CODE			
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION				
TREASURER PHONE	(903) 2271912					
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	Month	Day Year			
COVERED	1 / 26 / 24 THROUGH 2 24 / 24					
11 ELECTION	ELECTION DATE ELECTION TYPE					
	Month Day Year Primary	Runoff Other Description				
	3 / 5 24 General	Special				
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Tax Assessor Collector					
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 TRE	EASURER ADDRESS				
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Amber Vest Sutherland		16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS							
	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	1 5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY						
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 0.00					
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information							
re	quired to be reported by me under Title 15, Election Code.	1					
	1 1/1/4 XC	(, , (
	Signature of C	adidate or Officeholde					
	Signature of our						
Please complete either option below:							
(4) Affidovit	SHARON MCCUTCHEON Notary Public, State Of Texas Sta						
(1) Affidavit	Comm. Exp. 09-12-2027 Notary ID# 132170755						
NOTARY STAMP/SEA							
Sworn to and subscribed before me by Amber Vest Sutherland this the 26 day of February.							
20 <u>2U</u> , to certify	which, witness my hand and seal of office.	. ~					
Spa-mic	The Share mcather						
1	son show the	Loon Prousser					
Signature of officer administe		Title of officer administering oath					
	Printed name of officer administering oath OR	Title of officer administering oath					
(2) Unsworn Declarati	Printed name of officer administering oath OR	Title of officer administering oath					
(2) Unsworn Declarat	Printed name of officer administering oath OR						
(2) Unsworn Declarate	Printed name of officer administering oath OR On						
(2) Unsworn Declarate	on Printed name of officer administering oath OR on, and my date of birth is	state) (zip code) (country)					
(2) Unsworn Declarate My name is My address is	on Printed name of officer administering oath OR on, and my date of birth is	state) (zip code) (country)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Amber Vest Sutherland		20 Filer ID (Ethics Commission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	4. SCHEDULE E: LOANS			0.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0.00
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0.00
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0.00