The C/OH Instruction Guide explains how to complete this form. CANDIDATE / OFFICEHOLDER NAME NICKNAME LAST CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address CANDIDATE / OFFICEHOLDER MAILING ADDRESS CANDIDATE / OFFICEHOLDER PHONE NUMBER STATE; ZIP CODE LECTION SADMINISTRATION Date Processed Receipt # Amount \$ Receipt # Amount \$ Date Processed	CANDIDATI	E / OFFICEHOLDER FINANCE REPORT	FORM C/OH COVER SHEET PG 1
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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	IFINANCE REPORT	
5 C/OH NAME	chard Hacker	6 Filer ID (Ethics Commission Filers)
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD swear, or affirm, under penalty of perjury, that the accompanying report is true	
	Signature of Ca	andidate or Officeholder
	Please complete either option below	w:
(1) Affidavit	RUSK COUNTY ELECTIONS P.O. BOX 668 HENDERSON, TX 75653-0668	
NOTARY STAMP/S Sworn to and subscrib	this the	day of Linuage
20 25, to cer 159 50	tify which, witness my hand and seal of office.	Title of officer administering oat
Signature of officer admir		
	OR	
(2) Unsworn Declai		
	and my date of birth	is
My name is	·	
INIY address is	(street) (City)	(state) (zip code) (country)
Executed in	County, State of , on the day of (mo	nth) (year)
	Signature of Car	ndidate/Officeholder (Declarant)
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