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 NAME	MS/MRS/MR MRS	FIRST DARLENE		мі К.	OFF	ICEUSEO	
	NICKNAME	LAST CHILDRESS		^{SUFFIX} R	USK CO		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	; APT / SUITE #;	CITY; CTATE-	ZIP CODE	JUL	03 202	5
Change of Address				E	LECTIONS	ADMINIS	TRATOR
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)	PHONE NUMBER 722-4538	EXTENS!	BY.	Date) should	10N12	es DERUT
6 CAMPAIGN	MS / MRS / MR	FIRST		MI .	Receipt #	Amou	int\$
TREASURER NAME	MRS.	DARLENE		K.	Date Processed	<u></u>	
	NICKNAME	LAST CHILDRESS		SUFFIX	Date Imaged		
- CALADAIGNI	CTDEET ADDRESS /	(NO PO BOX PLEASE); APT /	/ OUTTE #. CITY	,.	CTAT	7/0 C	- A M P
7 CAMPAIGN TREASURER ADDRESS	i d.	NO PU BUX PLEASE), AF CI	/ SUITE #; CITY;	i	STATI	E; ZIP C	ODE
(Residence or Business)							N.1.,43
8 CAMPAIGN TREASURER PHONE	(903)	722-4538	EXTENSI	ION			
9 REPORT TYPE	January 15	30th day before	e election Rur	inoff	treasu	day after campa arer appointmer aholder Only)	
	July 15	8th day before	ejection ,	ceeded Modified porting Limit	· ·	Report (Attach C	C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year / 15 / 25	THROUGH	, Month	Day / 15 /	Year 25	
11 ELECTION	ELECTION DATE ELECTION TYPE						
	Month Day	Year Primar	Runoff	Other Description			•
. ;	/: /	General Special					
12 OFFICE	OFFICE HELD (if any)	<u> </u>	13 OFFICE	SOUGHT (if know)	/n)		
	JUSTICE OF	JUSTICE OF THE PEACE #4 JUSTICE OF THE PEACE #4					
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! OF 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 T	FREASURER ADDRESS		1217-01919-1		
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	N S SERVE NAME OF SERVE STATES OF SERVE					
15 C/OH NAME DARLENE K. CHILDF	16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00				
	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	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 0.00				
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 required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below:						
(1) Affidavit	LISA SANDERS Notary Public, State of Texas Comm. Expires 05-19-2029 Notary ID 12320534					
NOTARY STAMP/SEAL Sworn to and subscribed before me by Darbene Childress this the 3rd day of July. 20 DS, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						
(2) Unsworn Declaration						
	, and my date of birth is	;,				
My address is	(street) (city) (state) (zip code) (country)				
Executed in	County, State of, on the day of(month	, 20				
	Signature of Candi	date/Officeholder (Declarant)				