CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	_	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER	MS(MRS)MR	FIRST LORI		MI 	OFFICE USE ONLY		
NAME	NICKNAME LAST SUFFIX				Patiled For Record At 12:12 O'Clock M		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY; STATE;		JAN 19 2024		
Change of Address	10072 66.0	7110	WIN /X	16864	SONYA SCOTT County & District Clerk		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENS	By By	Date Marin eliverent Van Ostanovi S		
6 CAMPAIGN TREASURER NAME	MS AMRS I MR	Newssa		MI	Date Processed		
NAME	NICKNAME	LAST	1	SUFFIX	D. C. L. C.		
		Womac	K		Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CIT	Υ;	STATE; ZIP CODE		
TREASURER ADDRESS	, C		001111	10 1/2	7/7/8/11		
(Residence or Business)			dolatr	INCU TE	- TX 76844		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENS	SION			
	1700						
A DEDOCT TVDE							
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)						
	July 15	8th day before el	CONON	ceeded Modified porting Limit	Final Report (Attach C/OH-FR)		
10 PERIOD	Month	Day Year		Month	Day Y ear		
COVERED	/		THROUGH	12	/31/2023		
11 ELECTION	ELECTION DATE ELECTION TYPE						
	Month Day	Description					
	U3/D5/JOH General Special						
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)						
	TAX ASSESSOR/COLLECTOR TAX ASSESSOR/COLLECTOR						
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER: ** ** ** ** ** ** ** ** ** ** ** ** **						
	COMMITTEE TYPE COMMITTEE NAME						
Additional Pages	GENERAL COMMITTEE ADDRESS						
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS				
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	LORI L. KING	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				
	2. 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	ST DAY \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 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.						
Signature of Candidate or Officeholder						
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed before me by this the day of,						
20, to certify which, witness my hand and seal of office.						
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath				
OR OR						
(2) Unsworn Declaration						
My name is						
My address is , Mullin , Tx , 768H, USA						
Executed in		state) (zip code) (country) Wary, 20 24 Vyear)				
	Signature of Candi	date/Officeholder (Declarant)				