CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / FIRST MI OFFICE USE ONLY OFFICEHOLDER Mrs. Kimberly A. NAME FILED FOR RECORD NICKNAME LAST SUFFIX Kim Avants 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **OFFICEHOLDER MAILING** Goldthwaite, TX 76844 **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION OFFICEHOLDER** Mills County, Texas PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Troy Mr. Date Processed NAME NICKNAME LAST Date Imaged Lanton **Avants** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY; STATE: ZIP CODE **TREASURER ADDRESS** Goldthwaite, TX 76844 (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 12 31 23 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Day Month Description Special General OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Justice of the Peace 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Kimberly Avants	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	0.00
	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	42.75	\$	0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$	0.00
19 SIGNATURE La	woor or o	offirm, under popular of porius, that the accompanies report is true			all information

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							
	INA COVAULT						
	Public, State of Texa						
NOTARY STANK SEAL	. Expires 11-04-2026	5					
Nota	ry ID 13405134-5;	1 ,	1	1		_	
Sworn to and subscribed be	fore me by	Fim berly	AU	ants thi	s the <u>17+1</u>		Jan,
20 24 , to certify whi	ich, witness my fand	and seal of office.	0	1			
Vena (0)	Sant	Tina	Covan	lt		Just	ce Clerk
Signature of officer administering	oath	Printed name of offic	er administerin	g oath		Title of office	r administering oath
			OR	SE SE SE			
(2) Unsworn Declaration							
My name is		-	, and	d my date of b	oirth is		
My address is						,	·
	(street)			(city)	(state)	(zip code)	(country)
Executed in	County, State	of	, on the	day of		, 20	
		-			(month)	(year)	
				Signature of	Candidate/Off	iceholder (Dec	larant)
				gu.o o			