## 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 File	s) 2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Sonya D	FIRST	MI	OFFICE USE ONLY		
	NICKNAME Scott	LAST	SUFFIX	FILED FOR RECORD  At 8:53 0'Clock A M		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		city; state; zip code Ithwaite Texas 76844	JAN 17 2024		
Change of Address				SONYA SCOTT County & District Clerk		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand Militia Control Postmarked  Postmarked  Postmarked  Deput  Redeipt #   Amount \$		
6 CAMPAIGN TREASURER NAME	Laura K.	FIRST	МІ	Date Processed		
INAIVIE	NICKNAME	LAST	SUFFIX			
	Wilson			Date Imaged		
7 CAMPAIGN	STREET ADDRESS (	NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE		
TREASURER	THE STREET		Goldthwaite	Texas 76844		
ADDRESS			Goldinwallo	10x46 700 11		
(Residence or Business)						
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION			
PHONE	STEEL IN CONTROLLED					
9 REPORT TYPE	January 15  30th day before election  Runoff  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	Month	Day Year	Mon	th Day Year		
COVERED	07/01/2023 THROUGH 12/31/2023					
11 ELECTION	ELECTION DATE ELECTION TYPE					
	Month Day	Year Primary	Runoff Other			
	, ,		Description	n		
	/ /	General	Special	-		
12 OFFICE	OFFICE HELD (if any)	77	13 OFFICE SOUGHT (if ki	nown)		
	District & County Clerk for Mills County					
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
		0014447755 : 555555				
	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 Sonya D. Scott	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)	\$1577.63				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	*O				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	<b>\$</b> O				
	4. TOTAL POLITICAL EXPENDITURES	<b>\$</b> O				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$1577.63				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$O				
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.						
Laura Kud, Gran						
	Signature of Car	ndidate or Officeholder				
	Di	_				
Please complete either option below:						
· · · · · · · · · · · · · · · · · · ·						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed	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						
(2) Unsworn Declaration						
My name is Laura Wilson, and my date of birth is January 26, 1969						
My address is 408 Miller						
	· · · · · · · · · · · · · · · · · · ·	tate) (zip code) (country)				
Executed in Mills County, State of Texas , on the 16 day of January 2024 . (yoonth) (year)						
Signature of Candidate/Officeholder (Declarant)						
/	Signature of Candid	ateromicendider (Deciarant)				