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 Filers) 2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI OFFICE USE ONLY Mr. Charles E.		
NAME	NICKNAME LAST SUFFIX Date Received		
	Amos Otto Secretaria (DA		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 4705 N. 5th Street McAllen TX 78504 7-9-2074	66	
Change of Address	2 att management and a second a		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarker (956) 686-3191	d	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Receipt # Amount \$		
	Mr. Charles E. Date Processed	\neg	
	NICKNAME LAST SUFFIX Date Imaged		
	Amos		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	4705 N. 5th Street McAllen TX 78504		
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (956) 686-3191		
9 REPORT TYPE			
S REPORT TIPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)		
	X July 15 Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit		
10 PERIOD COVERED	Month Day Year Month Day Year		
OOVERLED	01 / 01 / 2024 THROUGH 06 / 30 / 2024		
11 ELECTION	N ELECTION DATE ELECTION TYPE		
	Month Day Year Primary Runoff Other Description		
	General Special	_	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)		
***************************************	Public Utility Board Trustee - Place A		
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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE COMMITTEE NAME		
	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		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)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 16,110.35		
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				
(i)/iiiuuvii				
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	ering oath Printed name of officer administering oath	Title of officer administering oath		
(2) Unsworn Declarati	on			
My name is	, and my date of birth is			
My address is	(street) (site)	,,,,,,,,,,,,,,,		
Executed in	(street) (city) (street) (city) (street) (city) (street) (city) (street) (city) (street) (city) (street) (city) (street) (city) (city	state) (zip code) (country), 20 (year)		
	Signature of Candid	date/Officeholder (Declarant)		