| CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT  The C/OH Instruction Guide explains how to complete this form.  1 Filer ID (Ethics Commission Filers) |   |   |                            |  | FORM C/OH<br>COVER SHEET PG 1                                      |  |
|---|---|---|----------------------------|--|--|--|
|   |   |   |                            |  |  |  |
| NAME  | NICKNAME  | CURRY   | SUFFIX                     | Date Received                          |  |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  | ADDRESS / PO BOX  |   | CITY; STATE; ZIP CODE      |  |  |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE   | AREA CODE   | PHONE NUMBER                                    | EXTENSION                  | Date Hand-delivered or Date Postmarked |  |  |
| 6 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR   | FIRST   | МІ                         | Receipt #                              | Amount \$  |  |
|   | NICKNAME  | LAST  | SUFFIX                     | Date Processed                         |  |  |
|   | SHERWOOD A  |   | Date Imaged                |  |  |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS<br>(Residence or Business)   | 1400 Fo   | (NO PO BOX PLEASE); APT/S<br>RREST<br>NTX 75103 | UITE #; CITY;              | STATE;                                 | ZIP CODE   |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE   | PHONE NUMBER                                    | EXTENSION                  |  |  |  |
| 9 REPORT TYPE   | January 15  | 30th day before e                               |                            | treasurer a<br>(Officehold             | fter campaign<br>appointment<br>er Only)<br>ort (Attach C/OH - FR) |  |
| 10 PERIOD<br>COVERED  | Month 7   | Day Year / 1 / 23                               | Month                      | Day Yes /31 /2:                        |  |  |
| 11 ELECTION   | ELECTION DA   | Year Primary General                            | Runoff Other Description   |  |  |  |
| 12 OFFICE   | CRUNINAL  | _ 1   | 13 OFFICE SOUGHT (if known | n)                                     |  |  |
| 14 NOTICE FROM<br>POLITICAL<br>COMMITTEE(S)   | 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                                  |                            |  |  |  |
| Additional Pages  | GENERAL   | GENERAL COMMITTEE ADDRESS                       |                            |  |  |  |
|   | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME  |   |                            |  |  |  |
|   |   | COMMITTEE CAMPAIGN TR                           | EASURER ADDRESS            |  |  |  |
|   |   | GO TO   | PAGE 2                     |  |  |  |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME  | ONDA CURRY   | 5 Filer ID (Ethics Commission Filers) |
|---|--|---------------------------------------|
| 17 CONTRIBUTION<br>TOTALS                                 | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$                                    |
|   | TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$                                    |
| EXPENDITURE<br>TOTALS                                     | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.   | \$                                    |
|   | 4. TOTAL POLITICAL EXPENDITURES  | \$                                    |
| CONTRIBUTION<br>BALANCE                                   | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST<br>OF REPORTING PERIOD   | DAY \$ 61                             |
| OUTSTANDING<br>LOAN TOTALS                                | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T<br>LAST DAY OF THE REPORTING PERIOD  | HE \$ 750~                            |
| (1) Affidavit   | Please complete either option below:   |                                       |
| (1) Affidavit   |  |                                       |
| NOTARY STAMP/SE/  | AL.  |                                       |
| Sworn to and subscribed                                   | , day of,  |                                       |
| 20, to certif   | y which, witness my hand and seal of office.   |                                       |
| Signature of officer administration (2) Unsworn Declarate | OR OR  | Title of officer administering oath   |
| My name is Tone   |  |                                       |
| My address is 406   | SBoffelo , Carrow , To   | te) (zip code) (country)              |
| Executed in VAN ZA  | County, State of LaxAS, on the LaxAS (month)   | . 20 2 · (year)                       |
|   | Senature of Candida  | de Officeholder (Declarant)           |