## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to c	omplete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages fil	led: 2
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST MI  MC. Da'()n			MI	OFFICE USE ONLY	
NAME	NICKNAME	LAST  APT / SUITE #;	+man	SUFFIX	Date Received	3
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 5047 Urban	APT/SUITE #; Cres+ RD	CITY: STATE; Dallas T			
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE		PHONE NUMBER - 15 2 3	EXTEN:	SION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mrs	FIRST Chris-	tie	M	Date Processed	-170.
	NICKNAME M. L	LAST ~M		SUFFIX	Date Imaged	,
7 CAMPAIGN	STREET ADDRESS (NO F	PO BOX PLEASE): APT / S	SUITE #; CIT	Y:	STATE;	ZIP CODE
TREASURER ADDRESS	4710 Forres			•	TX	75221
(Residence or Business)		0				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (214) 455- 1546					
9 REPORT TYPE	Tanuary 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
	July 15	8th day before e	ilection   1	xceeded Modified eporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Month Day Year  THROUGH  Month Day Year  15/24					
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description					
	5/4/5	Todi		Description		
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE	E SOUGHT (If know	i a	
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	С	OMMITTEE CAMPAIGN T	REASURER ADDRESS			
GO TO PAGE 2						

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## 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)	\$ 6					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 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.							
The state of the s							
	Signature of Ca	andidate or Officeholder					
Please complete either option below:							
(1) Affidavit	TAMARA K. JORDAN  Notary Public, State of Texas  Comm. Expires 02-12-2027  Notary ID 11193380						
NOTARY STAMP/SEAL							
Sworn to and subscribed before me by <u>Da'On Boulanger-Chatman</u> this the <u>19th</u> day of <u>January</u> .							
20 24, to certify which witness my hand and seal of office.  Tamara K. Jordan Notary Public							
Signature of officer administe	Title of officer administering oath						
	OR						
(2) Unsworn Declarati	on						
My name is	, and my date of birth i	s					
		(state) (zip code) (country)					
Executed in	County, State of , on the day of (mon	, 20 (year)					
	·	lidate/Officeholder (Declarant)					