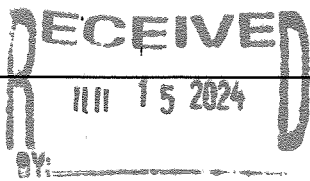


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <u>2</u>	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <u>Mrs.</u> FIRST <u>Courtney</u> MI <u>J.</u>	<b>OFFICE USE ONLY</b>		
	NICKNAME LAST SUFFIX <u>Anderson</u>			
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>12615 Taylorcrest Rd Houston TX 77024</u>			Date Received
<input type="checkbox"/> Change of Address				Date Hand-delivered or Date Postmarked
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(832) 651-8061</u>	Receipt #	Amount \$	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <u>Mrs.</u> FIRST <u>Whitney</u> MI <u>V.</u>	Date Processed		
	NICKNAME LAST SUFFIX <u>Gormley</u>	Date Imaged		
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>12331 Boheme Drive Houston TX 77024</u>			
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE PHONE NUMBER EXTENSION <u>(713) 292-3907</u>			
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10 PERIOD COVERED</b>	Month Day Year    THROUGH    Month Day Year <u>1 / 1 / 24</u> <u>6 / 30 / 24</u>			
<b>11 ELECTION</b>	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
<b>12 OFFICE</b>	OFFICE HELD (if any) <u>SBISO Trustee, Position 1</u>	<b>13 OFFICE SOUGHT</b> (if known)		
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.			
	<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
		<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
		<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
<b>GO TO PAGE 2</b>				

RECEIVED  
 JUL 15 2024  
 BY: \_\_\_\_\_

**CANDIDATE / OFFICEHOLDER  
 CAMPAIGN FINANCE REPORT**

**FORM C/OH  
 COVER SHEET PG 2**

15 C/OH NAME Courtney J. Anderson 16 Filer ID (Ethics Commission Filers)

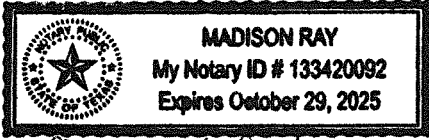
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3.82
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

Courtney J. Anderson  
 Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Madison Ray this the 15 day of July, 2024, to certify which, witness my hand and seal of office.  
Madison Ray Staffing Officer  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth 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/Officeholder (Declarant)