# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

|   |   |                              |  |                                      | AND THE RESERVE OF THE PARTY OF |  |
|---|---|------------------------------|--|--------------------------------------|--|--|
| The C/OH Instruction G  | uide explains how   | to complete this form.       | 1 Filer ID (Et   | hics Commission Filers)              | 2 Total pages filed:   |  |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                         | MS/MRS/MR  MS.  | ( FIRST<br>NNSh              |  | MI                                   | OFFICE USE ONLY  |  |
| IVAIVIL   | NICKNAME  | Plumias                      | Take Track   | SUFFIX                               | Date Received  BUTE COURT WIE IN   |  |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address | ADDRESS / PO BOX  | on Avenue                    | 785N   | TE; ZIP CODE                         | JUL 1 5 2024   |  |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | AREA CODE   | PHONE NUMBER 490-Le 884      | EXT  | FENSION                              | Date Hand-delivered or Date Postmarked   |  |
| 6 CAMPAIGN<br>TREASURER<br>NAME                               | MS (MRS) MR   | Christ                       | 6.77   | MI                                   | Receipt # Amount \$  Date Processed  |  |
|   | NICKNAME  | DIMM I                       | 6  | SUFFIX                               | Date Imaged  |  |
| 7 CAMPAIGN<br>TREASURER<br>ADDRESS                            | STREET ADDRESS  | (NO PO BOX PLEASE); APT / SI | and the second s | oity;                                | O TX 78595   |  |
| (Residence or Business)                                       | TS FAM.   | PART IN                      |  |                                      |  |  |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE   | PHONE NUMBER  490 - USSU     | EXT  | ENSION                               |  |  |
| 9 REPORT TYPE   | January 15  | 30th day before e            | election   | Runoff                               | 15th day after campaign treasurer appointment (Officeholder Only)  |  |
|   | July 15   | 8th day before ele           | ection   | Exceeded Modified<br>Reporting Limit | Final Report (Attach C/OH - FR)  |  |
| 10 PERIOD<br>COVERED  | Month Day Year Month Day Year  12 15 1903 4 THROUGH   |                              |  |                                      |  |  |
| 11 ELECTION   | ELECTION DATE ELECTION TYPE   |                              |  |                                      |  |  |
|   | Month Day   | Year Primary                 | Runoff   |                                      | DNo 15730155   |  |
| Lake  | 05/04/  | 3034 General                 | Special  | No. Objective Street, and come       | A STATE CONTINUES CO   |  |
| 12 OFFICE   | OFFICE HELD (if any)  13 OFFICE SOUGHT (if known)   |                              |  |                                      |  |  |
| 14 NOTICE FROM POLITICAL 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(G)  | COMMITTEE TYPE   COMMITTEE NAME   |                              |  |                                      |  |  |
| Additional Pages  | GENERAL   | COMMITTEE ADDRESS            | -0   |                                      |  |  |
| $\tilde{\gamma} \lambda = J \cdot V \cdot \lambda_{m} $       | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME  |                              |  |                                      |  |  |
| ·   |   | COMMITTEE CAMPAIGN TRI       | EASURER ADDRE  | ss                                   |  |  |
|   | i dykone. W in na kólo  | GO TO                        | PAGE 2   |                                      |  |  |

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| 15 C/OH NAME  | ti Burnias   | 16 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) | \$ Ø                                   |  |  |  |  |  |
|   | 2. 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   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS<br>OF REPORTING PERIOD   | ST DAY \$                              |  |  |  |  |  |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD   | F THE \$                               |  |  |  |  |  |
| 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,   |  |  |  |  |  |  |  |
| Mustburner  |  |  |  |  |  |  |  |
|   | Signature of Ca  | andidate or Officeholder               |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| Please complete either option below:  |  |  |  |  |  |  |  |
|   | •  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| ARTURO C. MUERTA My Commission Expires O1/05/2028  NOTA SMP/D No 13230155-1  Sworn to and subscribed before me by Christi Shalone Burnias this the 15th day of July   |  |  |  |  |  |  |  |
| 20 24 to certify which, witness my hand and seal of office.   |  |  |  |  |  |  |  |
| 4/2   | Arturo Huerta  | Notary Public.                         |  |  |  |  |  |
| Signature of officer administe  |  | Title of officer administering oath    |  |  |  |  |  |
| OR CO. Have the second of the |  |  |  |  |  |  |  |
| (2) Unsworn Declaration   |  |  |  |  |  |  |  |
| My name is  | , and my date of birth is  | ·                                      |  |  |  |  |  |
| My address is   | (alta all all all all all all all all all  | (atata) (air anda) (arriva)            |  |  |  |  |  |
| Executed in   | (street) (city) (city) County, State of, on the day of(mont  | (state) (zip code) (country)           |  |  |  |  |  |
|   | (mont  | h) (year)                              |  |  |  |  |  |
|   | Signature of Cand  | idate/Officeholder (Declarant)         |  |  |  |  |  |

### CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

| The Instruction Guide explains how to complete this form. |   |   |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|
| _   |   | •• Complete only if "Report Type" on page 1 is marked "Fina   | report" ••                                 |  |  |  |  |  |
| 1   | C/OH N/   | 11  | 2 Filer ID (Ethics Commission Filers)      |  |  |  |  |  |
| _   |   | Unist Burnias   |  |  |  |  |  |  |
| 3   | SIGNAT  | TURE  |  |  |  |  |  |  |
|   | I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder |   |  |  |  |  |  |  |
| 4   | FILER WHO IS NOT AN OFFICEHOLDER  Complete A & B below <i>only</i> if you are not an officeholder.  |   |  |  |  |  |  |  |
|   | A.  | CAMPAIGN FUNDS  |  |  |  |  |  |  |
|   | Check   | only one:   |  |  |  |  |  |  |
|   | $\boxtimes$   | I do not have unexpended contributions or unexpended interest or income earned from   | om political contributions.                |  |  |  |  |  |
|   |   | I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. |  |  |  |  |  |  |
|   | В.  | ASSETS  |  |  |  |  |  |  |
|   | Checl   | conly one:  |  |  |  |  |  |  |
|   | X   | I do not retain assets purchased with political contributions or interest or other income from political contributions.   |  |  |  |  |  |  |
|   |   | I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.   | er income from political contributions to  |  |  |  |  |  |
| 5   |   | EHOLDER plete this section <i>only</i> if you are an officeholder ••  |  |  |  |  |  |  |
|   | ×   | I am aware that I remain subject to filing requirements applicable to an officeholder who of file. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.  | , after filing the last required report as |  |  |  |  |  |