

# 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: |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR: <u>MRS</u> FIRST: <u>MARKLO</u> MI: <u>D.</u><br>NICKNAME: _____      LAST: _____      SUFFIX: _____<br><u>HOLBROOKS</u>  | <b>OFFICE USE ONLY</b><br>Date Received: <u>January 9, 2024</u><br>AT <u>10:57</u> O'CLOCK <u>AM</u><br><b>JANA UNDERWOOD</b><br>County Clerk, Borden Co., Tex.<br>Date Hand-Delivered or Date Postmarked: _____<br>Receipt # _____ Amount \$ _____<br>Date Processed _____<br>Date Imaged _____ |                      |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><small>Change of Address</small> | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><u>PO BOX 295 GAIL TX 79738</u>  |  |                      |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br><u>(806) 773. 7164</u>   |  |                      |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR: <u>MRS</u> FIRST: <u>MARKLO</u> MI: <u>D.</u><br>NICKNAME: _____      LAST: _____      SUFFIX: _____<br><u>HOLBROOKS</u>  |  |                      |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br><small>(Residence or Business)</small>         | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><u>9600 Fm 669 GAIL TX 79738</u>  |  |                      |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br><u>(806) 773. 7164</u>   |  |                      |
| <b>9 REPORT TYPE</b>  | <input checked="" 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)<br><input 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<br><u>11 / 21 / 2023</u> <u>12 / 31 / 2023</u>   |  |                      |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month      Day      Year<br><u>3 / 5 / 2024</u>   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special   |                      |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)   | <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.  |  |                      |
| Additional Pages  | COMMITTEE TYPE<br>GENERAL<br>SPECIFIC  | COMMITTEE NAME<br>COMMITTEE ADDRESS<br>COMMITTEE CAMPAIGN TREASURER NAME<br>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  | 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  | \$                                     | 0 |
| 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.

  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

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 administering oath                      Printed name of officer administering oath                      Title of officer administering oath


OR

(2) Unsworn Declaration

My name is MARKLO HOLBROOKS, and my date of birth is 09/15/1972.

My address is 9600 Fm 669, GAIL, TX, 79738.  
(street) (city) (state) (zip code) (country)

Executed in Borden County, State of TEXAS, on the 9 day of January, 2024.  
(month) (year)

  
Signature of Candidate/Officeholder (Declarant)