## **CANDIDATE / OFFICEHOLDER** FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS/MRS/MR FIRST МІ 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** Norman NAME SUFFIX FILED FOR RECORD LAST NICKNAME Ji bber HERRIAGE ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE 4 CANDIDATE / **OFFICEHOLDER** 79738 GAil **MAILING** TxP.O. Box 66 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 759.3460 (806)**PHONE** Receipt # Amount \$ FIRST MS / MRS / MR МІ 6 CAMPAIGN 7 **TREASURER** MR NORMAN Date Processed NAME SUFFIX NICKNAME Date Imaged J, bber CITY: STATE; ZIP CODE 7 CAMPAIGN **TREASURER** 79738 KINCAID GA. $\mathsf{x}\mathsf{f}$ 480 WEST **ADDRESS** (Residence or Business) AREA CODE EXTENSION PHONE NUMBER 8 CAMPAIGN **TREASURER** PHONE (806) 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Year Month Day Year

COVERED	01/	01/	2024	THROUGH	06/30/2024		
11 ELECTION	ELECTION DA	TE			ELECTION TYPE		
	Month Day	Year	Primary	Runoff	Other Description		
	11/04/	2024	General	Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE	E SOUGHT (if known)		
4 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
COMMITTEE(S)	COMMITTEE TYPE	COMMITTE	E NAME				
Additional Pages	GENERAL	COMMITTE	E ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS						
			GO TO F	PAGE 2			
orms provided by Texas E	thics Commission		www.ethics.	state.tx.us	Revised 1/1	1/2024	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	IN J.	HERRIDGE	16 Filer	ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	· ·								
	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 LAS OF REPORTING PERIOD	ST DAY	\$ -0-					
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$ -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.									
		Norman & Hen	ridge						
		Signature of Ca	andidate o	or Officeholder					
		Please complete either option below	v:						
(1) Affidavit									
NOTARY STAMP/SEA	L								
Sworn to and subscribed	before me	by this the		, day of,					
		ess my hand and seal of office.		<del></del> -					
, to cortiny	William, William	ossiny nana and source ones.							
Signature of officer administe	ering oath	Printed name of officer administering oath	-	Title of officer administering oath					
	•	OR							
(2) Unsworn Declaration									
My name is NORMAN J. HERR. AGE, and my date of birth is 07/01/1964									
My address is 480	WEST	KINCALO AVE GAIL	Γx_,_	79738, USA.					
(street) (city) (state) (zip code) (country)									
Executed in BORDIEN County, State of TEXAS, on the 68 day of August, 20 24.									
1 lorman Jurida									
		Signature of Candi	date/Offic	eholder (Declarant)					
i									