CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Buide explains how	to complete this form.	1 Filer ID (Ethics Commission Filer	s) 2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Robert	МІ	OFFICE USE ONLY		
NAME	NICKNAME	V _S ST	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		APT / SUITE #; CO		RECEIVED JUL 2021		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 575-4/10	EXTENSION 48	CITY SECRETARY'S OFFICE DISPHAND OF BRYAND OSTMANOR Receipt 4		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MODE NICKNAME	LAST	MI SUFFIX	Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS		JITE#, CITY; Creck Ct 7807	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (975)	PHONE NUMBER 5 75- 41	EXTENSION			
9 REPORT TYPE	January 15 July 15	30th day before el	I .	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year / 8 / 2 /	THROUGH 7	h Day Year / 6 / 2 0 2)		
11 ELECTION	ELECTION DA	TE	ELECTION TY	PE		
	Month Day	Year Primary General	Runoff Other Description Special	n .		
12 OFFICE	OFFICE HELD (if any)	,	13 OFFICE SOUGHT (if kn	own)		
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 KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE CAMPAIGN THE	ACUPED MAME			
	SPECIFIC	COMMITTEE CAMPAIGN TRE				
		COMMITTEE CAMPAIGN TRE	LABUKEK ADDKESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

Please complete either option below: CHRISTINA A CABRERA Signature of Candida Please complete either option below: CHRISTINA A CABRERA Notary Public, State of Texas Comm. Expires 07-24-2023 Sworn to and subscribed before me by to certify which, witness my land and seal of office. Christina A Cabrera Signature of officer administering oath Printed name of officer administering oath OR (2) Unsworn Declaration My name is, and my date of birth is	16 Filer ID (Ethics Commission Filers)	
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTALS 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD. 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and required to be reported by me under Title 15, Election Code. Please complete either option below: OHRISTINA A CABRERA Notary Public, State of Texas Comm. Exprise 97-24-2023 OTHER STANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD. Signature of Candida Please complete either option below: OHRISTINA A CABRERA Notary Public, State of Texas Comm. Exprise 97-24-2023 OTHER STANDING AND AND ADDRESS OF THE LAST DAY	\$	
4. TOTAL POLITICAL EXPENDITURES 4. TOTAL POLITICAL EXPENDITURES CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD Is sugar, or affirm, under penalty of perjury, that the accompanying report is true and required to be reported by me under Title 15, Election Code. Signature of Candida Please complete either option below: OTHERSTINA A CABRERA Signature of Texas Comm. Expires 07-24-2023 Comm	\$	
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OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD. 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and required to be reported by me under Title 15, Election Code. Signature of Candida Please complete either option below: ONTAIN Public, Steep of Texas Comm. Expires 07-24-2023 Sworm to and subscribed before me by to certify which, witnessmy land and seal of office. ONTAIN PUBLIC, Steep of Texas Communication of the certify which, witnessmy land and seal of office. ONTAIN PUBLIC, STEEP OF THE LAST DAY OF THE	\$	
Is SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and required to be reported by me under Title 15, Election Code. Code	* \$ 266 88	
Please complete either option below: CHRISTINA A CABRERA Notary Public, State of Texas Comm. Expires 07-24-2023 UCTARINSTAMP etaxy ID 12868657-2 Sworm to and subscribed before me by to certify which, witnessmy land and seal of office. CHRISTINA A CABRERA Notary Public, State of Texas Comm. Expires 07-24-2023 Comm. Expires 07-24-2023 Sworm to and subscribed before me by This the Common Signature of officer administering oath OR (2) Unsworn Declaration My name is, and my date of birth is	\$	
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CHRISTINA A CABRERA Notary Public, State of Texas Comm. Expires 07-24-2023 UDITARINETAMP CHAY ID 12868657-2 Sworn to and subscribed before me by	`	
CHRISTINA A CABRERA Notary Public, State of Texas Comm. Expires 07-24-2023 Sworn to and subscribed before me by		
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Sworn to and subscribed before me by	•.	
Sworn to and subscribed before me by		
Sworn to and subscribed before me by		
Printed name of officer administering oath OR 2) Unsworn Declaration My name is, and my date of birth is	n day of July	
OR (2) Unsworn Declaration My name is, and my date of birth is	Notary Public	
2) Unsworn Declaration My name is, and my date of birth is	Title of officer administering oath	
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(month)	, 20	
Signature of Candidate/O	fficeholder (Declarent)	