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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MB)	FIRST	MI W	OFFICE USE ONLY		
	NICKNAME	George Porter F	SUFFIX JR.	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	19007 GI Cypress,	Porter + APT / SUITE #: dq PORTER TX 77429	CITY; C+, STATE; ZIP CODE	U110124		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (7/3)	PHONE NUMBER 791-3743	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Processed		
	NICKNAME	LAST	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE		
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before o	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Nonth 2	Day Year	THROUGH 5	Day Year Y 2 4		
11 ELECTION	Month Day	Year Primary Year General	Runoff Cother Description Special			
12 OFFICE	OFFICE HELD (if any)	tor	13 OFFICE SOUGHT (if kn			
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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	REASURER 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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ &			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ &			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ &			
	4. TOTAL POLITICAL EXPENDITURES	\$ &			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ &			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$ ₩			
	wear, or affirm, under penalty of perjury, that the accompanying report is tru pured to be reported by me under Title 15, Election Code.	e and correct and includes all information			
		1- 1			
	Signature of Ca	andidate or Officeholder			
	Signature of Ca	and the second s			
Please complete either option below:					
Notary Pu Comm, E	RRI HOUCK iblic, State of Texas expires 11-01-2027 ID 132236105				
NOTARY STAMP/SEA	The state of the s				
Sworn to and subscribed	before me by this the	day of JUNE,			
A . 1	which, witness my hand and seal of office.	NINT OF			
Signature of officer auminister	ring oath Printed name of officer administering oath	Title of officer administering oath			
Total Control Editional	OR				
(2) Unsworn Declarati	on				
My name in	, and my date of birth is				
	, and my date of birth is				
,,		state) (zip code) (country)			
Executed in	County, State of , on the day of(mont	h) 20			
	Signature of Candi	date/Officeholder (Declarant)			