CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

-			ow to complete this form.	1 Filer ID (Ethics Commission	Filers) 2 Total pages filed:	
1	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR ME NICKNAME	EgwARD PLAST	MI	OFFICE USE ONLY	
N	CANDIDATE / DFFICEHOLDER MAILING LDDRESS	ADDRESS / PO B	FM 340 H	CITY: STATE: ZIP COD		
5 0	Change of Address CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	Tx 77964	Tenia Hudson Elections Administrator & avaca Cou	
Р	HONE	(36/)	798 4594	EXTENSION	Date Hand-delivered or Date Postmarked	
Т	AMPAIGN REASURER AME	MS/MRS/MR	FIRST	MI	Receipt # Amount \$	
		NICKNAME	PustkA	SUFFIX	Date Processed Date Imaged	
A	AMPAIGN REASURER DDRESS Idence or Business)	6865 P	(NO PO BOX PLEASE); APT / SU EM 346 HAI	letsville	STATE; ZIP CODE 77 964	
TF	AMPAIGN REASURER HONE	AREA CODE (36/)	PHONE NUMBER 798 43	EXTENSION 5-9-4	12 77701	
9 R	EPORT TYPE	January 15 July 15	30th day before elect	action Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	ERIOD OVERED	Month	Day Year / 15 / 24	Reporting Limit	th Day Year	
11 EL	ECTION	Month Day	Year Primary	ELECTION TO Other Description Special		
2 OF	FICE	COMMISS	4	13 OFFICE SOUGHT (# km	own)	
PO	TICE FROM PLITICAL PMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT COMSENT. CANDIDATE'S ON OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE TYPE COMMITTEE NAME COMMITTEE TYPE COMMITTEE NAME				
-		COMMITTEE TYPE	COMMITTEE NAME	TO REPORT THIS INFORMATION ONLY	IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	Additional Pages	GENERAL	COMMITTEE ADDRESS			
		SPECIFIC	COMMITTEE CAMPAIGN TREAS	URER NAME		

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 PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO	ANS) \$ O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
Ī	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF TH OF REPORTING PERIOD	E LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS LAST DAY OF THE REPORTING PERIOD	AS OF THE \$
18 SIGNATURE I sw	vear, or affirm, under penalty of perjury, that the accompanying report uired to be reported by me under Title 15, Election Code.	is true and correct and includes all information
	Edward.	Putta
	Signature	of Candidate or Officeholder
(4) Affiliator da	Please complete either option be	elow:
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this	the day of
20, to certify v	which, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR DESIGNATION	RUSINO III
(2) Unsworn Declaratio		
My name is Edwh	and my date of b	irth is 10-29-50
My address is 6865	(street) , Halle-tts-Vi/18	E 1/2, 7)964, USA.
Executed in LAMC	County, State of 7 , on the 19 day of	(state) (zip code) (country)
	Theraid.	Lutto (year)
	Signature of	Candidate/Officeholder (Declarant)