CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Suide explains how	to complete	e this form.	1 Filer	D (Ethics Comm	íssion Filers)	2 Total pages	filed: 3	
3 CANDIDATE/ OFFICEHOLDER	Ms/MRs/MR Mrs.	F Kan	ırst di		M		OFFIC	E USE ONLY	
NAME	NICKNAME LAST SUFFIX Campbell						Date Received	25	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX P.O. BOX 58			сіту; 79721	STATE; Z	P CODE	Jadi	Drul	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (432)	9HONE N			EXTENSION			ed or Date Posimarked	
6 CAMPAIGN TREASURER NAME	ms/mrs/mr Mrs.	FI Kar	_{IRST} ndi		M	D.	Receipt #	Amount \$	
	NICKNAME LAST SUFFIX Campbell						Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS		-		city; 1		STATE;	ZIP CODE	
(Residence or Business)		,							
8 CAMPAIGN TREASURER PHONE	(432)	394-4			EXTENSION				
9 REPORT TYPE	January 15		30th day before o	election	Runoff		treasurer	after campaign appointment der Only)	
	July 15		8th day before ele	ection	Exceeded Reporting	i Modified Limit	Final Rep	oort (Attach C/OH - FR)	
10 PERIOD COVERED	Month () Day	Year 1005	THRO	ough 	Month 7	/ 15/ 6	2092	
11 ELECTION	ELECTION DA	TE		`	ELE	CTION TYPE			
	Month Day	Year	Primary) Rui		Other Description			
	3/3/	120	General	Sp	ecial				
12 OFFICE	OFFICE HELD (If any) Justice of the		Pct. 2		office sous Istice of t				
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 KNOWLEDGE 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	E CAMPAIGN TR	EASURER AD	DRESS				
GO TO PAGE 2									

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Kandi D, Campbell	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)	\$ 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 DOF REPORTING PERIOD	DAY \$ O					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	HE \$ —					
	and the state of t	ad correct and includes all information					
	wear, or affirm, under penalty of perjury, that the accompanying report is true a	ing correct and monages an anomalism					
rec	quired to be reported by me under Title 15, Election Code.	1 1					
		$\mathcal{X}\mathcal{N}$					
		25 (3)					
	Signatura of Candi	date or Officeholder					
	Disease semulate either entire heleng						
Please complete either option below:							
		·					
(1) Affidavít							
(, , , , , , , , , , , , , , , , , , ,							
NOTARY STAMP/SEA	L						
1017111 0171111 70131	-						
Sworn to and subscribed	before me by this the	day of					
	which, witness my hand and seal of office.						
20, to certify	which, withess my hard and scaror office.						
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath					
	OR	CONTRACTOR DESIGNATION OF THE PERSON OF THE					
(2) Unsworn Declarati	on						
	b-di	7/11/1079					
My name is Kandi D Ca	mpbell and my date of birth is	70700					
My address is 110 N. 1s	t St. Coahoma TX						
	(street) (city) (stat	e) (zip code) (country)					
Howard		emtes 20 25					
Executed in Howard	County, State of Texas, on the day of	(veer)					
	$\sim V / 100 M_{\odot}$						
		Officeholder (Declarant)					
	Sight and Cardonte	Seminerandi (Decidiani)					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Cor			on Filers)			
	Kandi D Campbell						
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT			
1.	1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0				
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.	SCHEDULE E: LOANS	\$	0				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	\$	0				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (\$	0_				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	0				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	0				
11.	SCHEDULE 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	0				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$	0				