## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to co	omplete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS JMRS / MR	205a		MI →	OFFICE USE ONLY				
13/2Wie	NICKNAME	FEB 04 2022							
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	565,636	w. 9th S Spring	ad Quel						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE 19 (432) 770	HONE NUMBER		TENSION	Date Hand-delivered or Date Postr	marked			
6 CAMPAIGN TREASURER NAME	MSMRS/MR Vanessa NICKNAME	FIRST OF PO	rra	MI SUFFIX	Date Processed				
	NICKNAME	Date Imaged							
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		BOX PLEASE); APT / SU	CO.11.254.0.34	ig Spring	STATE; ΖΙΡ CODE Τχ 79726				
8 CAMPAIGN TREASURER PHONE		HONE NUMBER	EXT	ENSION					
9 REPORT TYPE	January 15  30th day before election  Runoff  Runoff  15th day after campaign treasurer appointment (Officeholder Only)								
	July 15	8th day before elec	etion	Exceeded Modified Reporting Limit	Final Report (Attach C/OH -	FR)			
10 PERIOD COVERED	Month Day Year Month Day Year  12 / 13 / 2021 THROUGH 67 / 04 / 2022								
11 ELECTION	Month Day	Year Primary General	Runoff Special	Other Description					
12 OFFICE	OFFICE HELD (if any)	'	<b>13</b> OFF	FICE SOUGHT (if known					
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 TYPE COM	MMITTEE NAME				1771			
Additional Pages	GENERAL COMMITTEE ADDRESS								
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME								
	COM	MMITTEE CAMPAIGN TREA	ASURER ADDRES	s	e e				
GO TO PAGE 2									

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME $R_{\ell}$	osa N	1 ancha			16 Filer	ID (Ethics Co	ommission Filers)		
17 CONTRIBUTION TOTALS	PL	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)			N	\$ Ø			
	Manual Miles	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)							
EXPENDITURE TOTALS	3. то	TOTAL UNITEMIZED POLITICAL EXPENDITURE.							
	4. TOTAL POLITICAL EXPENDITURES					\$ Ø			
CONTRIBUTION BALANCE		TAL POLITICAL CONTRIBU REPORTING PERIOD	ST DAY	\$ 8					
OUTSTANDING LOAN TOTALS		TAL PRINCIPAL AMOUNT C IT DAY OF THE REPORTIN	F THE	\$ Ø					
		under penalty of perjury, orted by me under Title 15, I		anying report is true	e and con	ect and incl	udes all information		
Rosa Maucha									
				Signature of Ca	ndidate o	r Officehold	er		
		Diseases							
		Please comp	lete eitner	option below	<b>/</b> :				
NOTARY STAMP (SEAL	DREY REID ARY PUBLIC E OF TEXAS 1041065-5 Expires 01-08-20								
Sworn to and subscribed	before me by	HOSA Ma	ncha	this the	4	day of	ebruary		
20,22 , to certify	which, witness m	ny hand and seal of office.		, (			5		
(Indreis	theid	Andre	EN Ke	id ?	JUST	ice (	'LERK		
Signature of officer administer	ring oath	Printed name of off	ficer administering	oath		Title of officer	administering oath		
STATE OF THE STATE	1	A19-20 175 18	OR						
(2) Unsworn Declaration	on								
My name is			, and	my date of birth is					
My address is					,				
4788 Water 418 August 1980		(street)		(city) (s	tate) (z	rip code)	(country)		
Executed in	Count	y, State of	, on the	day of	# 12°	, 20	.024 <b>.55</b> 5 		
			New York	(month	)	(year)			
				Signature of Candid	late/Officel	nolder (Decla	arant)		