## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST	\ J	OFFICE USE ONLY		
	NICKNAME LAST	SUFFIX	Date Heceived		
	BERCKENHOFF		<b>.</b> 9€		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	9042 Louis HERZil		FILED		
Change of Address	Schulenburg	3	JAN 02 20251 08		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand get in red HE PAIL Postmarked CO. ELECTIONS ADMINISTRATOR		
6 CAMPAIGN TREASURER	MS/MRS/MR SARAH	M	Receipt to COUNT Amount's		
NAME		SUFFIX	Date Processed		
	BERCKENhoff		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	UITE #: CITY: STATE: ZIK SCHULENBUR	ZIP CODE 29 Tx. 78956		
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
		W.			
9 REPORT TYPE	January 15 30th day before et	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 Sth day before elec	ction Exceeded \$500 limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 07/01 /2024	THROUGH 12	Day Year 31 / 2024		
11 ELECTION	ELECTION DATE	ELECTION TYPE	107		
	Month Day Year Primary	Runoff Other Description Spacial			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	7(1 · · · · · · · · · · · · · · · · · · ·		
	County Commission er				
NO. C.	<u> </u>				
GO TO PAGE 2					

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

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)	
16 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	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
Additional Pages		,		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$	
	4. TOTAL	POLITICAL EXPENDITURES	\$	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY     OF REPORTING PERIOD		\$ 159.09	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT				
DONNA MARIE MACIK Notary ID #126908603 My Commission Expires May 22, 2025  DONNA MARIE MACIK Notary ID #126908603 My Commission Expires May 22, 2025  Signature of Candidate or Officeholder				
AFFIX NOTARY STAM			ad	
Sworn to and subscr	ribed before me. b	by the said Harvey Berckenhoff	, this the	
day of January , 20 2 5 , to certify which, witness my hand and seal of office.				
Donna Macib Donna Macik Election Administrator				
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				