

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH
COVER SHEET PG 1

The SC C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE NAME	MS / MRS / MR <u>MS</u>	FIRST <u>PEGGY</u>	MI <u>S</u>	OFFICE USE ONLY Date Received <div style="text-align: right; font-size: 2em; font-weight: bold;">1:16</div> <div style="text-align: center; font-size: 3em; font-weight: bold;">FILED</div> <div style="text-align: center; font-size: 1.5em; font-weight: bold;">JAN 16 2025</div> <div style="text-align: center; font-size: 0.8em;"> Date Hand-delivered by Voter Postmarked TERRI B. HEFNER CO. ELECTIONS ADMINISTRATOR PAYETTE COUNTY, TEXAS </div>
	NICKNAME	LAST <u>SUPAK</u>	SUFFIX	
4 CANDIDATE ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	<u>P.O. Box 518 La Grange TX 78945</u>		
5 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	<u>(979) 968-8402</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <u>MRS</u>	FIRST <u>MARIAN</u>	MI	
	NICKNAME	LAST <u>SUPAK</u>	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
(Residence or Business)	<u>779 E. Eblin St - La Grange, TX 78945</u>			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	<u>(979) 968-6115</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before convention / election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before convention / election <input checked="" type="checkbox"/> Final report (Attach SC C/OH - FR)			
10 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
	<u>7 / 1 / 24</u>		<u>12 / 31 / 24</u>	
11 CONVENTION / ELECTION DATE	Month Day Year	12 OFFICE SOUGHT	<input type="checkbox"/> STATE CHAIR <input type="checkbox"/> COUNTY CHAIR	
	<u> / /</u>			
13 POLITICAL PARTY	COUNTY (If Applicable)			
	<u>DEMOCRATIC</u>			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF 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.			
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

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**STATE / COUNTY CHAIR
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**FORM SC C/OH
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15 CANDIDATE NAME PEGGY SUPAK		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	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 DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Peggy Supak

Signature of Candidate

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Peggy Supak this the 16th day of January, 2025

Carol K. Friedrich

Signature of officer administering oath

Printed name of officer administering oath: Carol K. Friedrich, Notary Public, State of Texas

Title of officer administering oath: _____

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate (Declarant)