## 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 (Et	hics Commission Filers)	2 Total pages	filed: 2	
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS)MR MS NICKNAME	Patricia LAST (FC)	16bs	ANN SUFFIX	OFFICE Date Received	CTIONS ADMINISTRA	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	Oper Roce	city; sta 1 Zava	35.00 35.000 35.000	Anicki Anicki		
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	PHONE NUMBER 897-830	EXT	ENSION	Date Hand-delivere	COUNTY	
6 CAMPAIGN TREASURER NAME	MS / MRS (MR') NICKNAME	JOHN CAST	7	Porter suffix	Date Processed OCT 3	Amount \$	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE#:	CITY;	STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER  897-9	8303	CWCHA ENSION	ILLAS	13180	
9 REPORT TYPE	January 15	30th day before ele	An eligenment	Runoff  Exceeded Modified Reporting Limit	(Officehold	ofter campaign appointment er Only) ort (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year Month Day Year 10/17/3035 THROUGH 11/01/3035						
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  General Special						
12 OFFICE	OFFICE HELD (IF any)	The Dace The	13 OFF	Stice De	The Peace	ethree	
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'S OR 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						
	COMMITTEE TIPE	COMMITTEE ADDRESS					
Additional Pages	GENERAL		ASURER NAME	- Versille - Colonia	-	10-10-10-10-10-10-10-10-10-10-10-10-10-1	
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TRE	EASURER ADDRES	SS			
GO TO PAGE 2							

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	A Ann (Pat Grimes) Grusss	16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ 0,00					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0,00					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 000					
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* D 60					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0,00					
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.							
Signature of Candidate or Officeholder							
Signature of Candidate of Officeholder							
Please complete either option below:							
(1) Affidavit							
NOTARY STAMP/SEAL							
Sworn to and subscribed before me by this the day of,							
20, to certify which, witness my hand and seal of office.							
Signature of officer administering	oath Printed name of officer administering oath	Title of officer administering oath					
OR							
(2) Unsworn Declaration							
My name is MS. Patricia Ann Pad Grines Gubs and my date of birth is 04 39 1956.  My address is 1732 Cooper Road, Manala, Texas MS980 USA.							
(street) (city) (state) (zip code) (country)  Executed in Argunia Country, State of Il (AS, on the 3 day of (month)) (year)  Signature of Candidate/Officeholder (Declarant)							