## CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR FIRST МІ OFFICE USE ONLY **OFFICEHOLDER** MR. CLAUDE E. NAME NICKNAME LAST SUFFIX "TREY" **BRADSHAW** Ш APT / SUITE #; ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; STATE: JAN 0 2 2025 OFFICEHOLDER MAILING PAINT ROCK, TEXAS 76866 **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Han **OFFICEHOLDER** (325)PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR MI **TREASURER** Date Processed NAME NICKNAME Date Imaged SAME AS ABOVE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CAMPAIGN CITY: STATE; ZIP CODE **TREASURER** SAME AS ABOVE **ADDRESS** (Residence or Business) PHONE NUMBER 8 CAMPAIGN AREA CODE EXTENSION **TREASURER** PHONE SAME AS ABOVE 9 REPORT TYPE 15th day after campaign Runoff January 15 30th day before election treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day Month Month **COVERED** 25 16 / 24 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Month Description . General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) COMMISSIONER, PRECINCT #1 THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

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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.			
	law		
Signature of Candidate or Officeholder			
Please complete either option below:			
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Signature of Candidate/Officeholder (Declarant)			
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