		CEHOLDER E REPORT		с. т. р			ORM C/OH HEET PG 1
The C/OH Instruction Guide explains how to complete this form.				2 Total pages filed: 2			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST		MI D		OFFICE USE ONLY	
	NICKNAME	LAST Oswalt		SU	 FFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; Waskom, TX	APT / SUITE #,	CITY:	STATE: ZIP	CODE	MAR 2	COUNTY
5 CANDIDATE/ OFFICEHOLDER PHONE	area code (903)	PHONE NUMBER 407-2586		EXTENSION		ELECTION Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS (MRS) MR	FIRST Renea		MI		Receipt #	Amount \$
	NICKNAME	LAST Oswalt		SU	FFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (Waskom, TX	NO PO BOX PLEASE), APT	/ SUITE #.	CITY:		STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	area code (903)	PHONE NUMBER		EXTENSION			
9 REPORT TYPE	January 15	30th day befo	ore election	Runoff			ifler campaign appointment ler Only)
	July 15	8th day before	e election	Exceeded Reporting		Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year 16 24	TH	ROUGH	Month 1	Day Yes 15 25	
11 ELECTION	ELECTION DA Month Day 11 8	TE Year Prim 22 Gene		Runoff ć	CTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any)	he Peace Pct.	1	13 OFFICE SOUGI		eace Pct. 1	1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDIT AND OFFICEHOLDERS ARE RI COMMITTEE NAME	URES MAY HAVE	BEEN MADE WITHO	UT THE CAN	DIDATE'S OR OFFICEHO	DLDER'S KNOWLEDGE OR
Additional Pages	GENERAL	L COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRESS					
GO TO PAGE 2							

Forms provided by Texas Ethics Commission

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CHIALMICI	A FINANCE REFORT		
15 C/OH NAME John D. Oswalt		16 Filer II	D (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	J	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 0.00
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD 	ST DAY	\$ 0.00
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	F THE	\$ 500.00
	Signature of Ca Please complete either option below		Officeholder
(1) Affidavit			
NOTARY STAMP/SEA	- · · · · · · · · · · · · · · · · · · ·		
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 administe	ring oath Printed name of officer administering oath	Ti	itle of officer administering oath
	OR		
(2) Unsworn Declaratio	on		2
My name is John D. C	swalt , and my date of birth is	July 12	, 1973
My address is	Waskom T>		692 USA

My address is		Waskom	, TX	75692	USA
Executed in Harrison	(street) County, State of Texas	_ , on the 25day of	(state) March (month)	(zip code) , 20 <mark>25</mark> (year	(country)
		Signature o	f Candidate/O	fficeholder (De	eclarant)

Forms provided by Texas Ethics Commission

Revised 8/17/2020

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. MS / MRS / MR 3 CANDIDATE / FIRST MI OFFICE USE ONLY OFFICEHOLDER Mr. John D NAME Date Received NICKNAME LAST SUFFIX Oswalt ADDRESS / PO BOX: APT / SUITE # 4 CANDIDATE / CITY STATE 7IP CODE OFFICEHOLDER MAR 25 2025 MAILING Waskom, TX 75692 ADDRESS HARRISON COUNTY ELECTIONS OFFICE Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (903)) 407-2586 PHONE Receipt # Amount S 6 CAMPAIGN MS / MRS / MR FIRST 6.61 TREASURER Renea Mrs. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Oswalt STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY STATE; ZIP CODE 7 CAMPAIGN TREASURER ADDRESS Waskom, TX 75692 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 407-0640 (903 **9** REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED 7 15 24 1 16 24 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Other Description Runoff Month Day Year General 8 Special 11 22 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Justice of the Peace Pct. 1 Justice of the Peace Pct. 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 OFFICEHOLDER'S 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

15 C/OH NAME John D. Oswalt		16 Filer ID (Ethics Commis	sion Filers)		
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00		
	4. TOTAL POLITICAL EXPENDITURES	\$	0.00		
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD 	T DAY \$	0.00		
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	THE \$ 50	00.00		
required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit					
Swom to and subscribed before me by this the day of					
Sworm to and subscribed before me by					
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer admin	nistering oath		
	OR				
(2) Unsworn Declaratio			0		
My name is John D. Oswalt, and my date of birth is July 12, 1973					
My address is Executed in Harrison	(street) (city) (state County, State of Texas , on the 25 day of March (month)	ate) (zip code) (col , 20 ²⁵	untry)		