CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT** COVER SHEET PG 1 2 Total pages filed: 1 Filer ID (Ethics Commission Flors) The C/OH instruction Guide explains how to complete this form. MS / MRS / MR М CANDIDATE! OFFICE USE ONLY **OFFICEHOLDER** CHARLES MR NAME **Date Received** NICKNAME LAST SUFFIX LAUERSDORF ADDRESS / PO BOX; APT / SUITE #; STATE: ZIP CODE CSO REC'D CITY: CANDIDATE / JAN 16 '24 PM4:03 **OFFICEHOLDER** MAILING **ADDRESS** Change of Address PHONE NUMBER EXTENSION AREA CODE 5 CANDIDATE Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Amount \$ Receipt # FIRST MI MS / MRS / MR CAMPAIGN TREASURER amanda MRS. Date Processed NAME SUFFIX LAST NICKNAME Date Imaged LAUERSDORF * ZIP CODE STATE: STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; CAMPAIGN TREASURER ADDRESS (Residence or Business) PHONE NUMBER **EXTENSION** AREA CODE CAMPAIGN TREASURER PHONE 456-3863 (817 15th day after campaign 9 REPORT TYPE Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Day Year Month Day Year Month 10 PERIOD COVERED / 23 12 / 31 23 THROUGH 7 ELECTION TYPE **ELECTION DATE** 11 ELECTION **B** Primary Runoff Other Description Year Month Day Special General 6 23 OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) 12 OFFICE CITY COUNCIL D4 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 officeholders knowledge or consent. Candidate's and officeholders are required to report this information only if they receive notice of such expenditures. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME **BPECIFIC** COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

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Revised 8/17/2020

	E / OFFICEHOLDER I FINANCE REPORT	FORM C/OH OVER SHEET PG 2
15 C/OH NAME LAUERSDORF, CHAI		r IO (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
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 Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworm to and subscribed before me by		
Signature of officer administr	ring oath Printed name of officer administering oath	Title of officer administering oath
STATE OF THE CONT	OR	
(2) Unsworn Declarati	on	
My name is CHARC	ES VICTIR LANETSPORF , and my date of birth is	
My address is	FT WORLH IX	. USA.
Executed in TARRAN	(street) (city) (state) 7 County, State of TEX/S, on the 16 day of (mohth)	(zip code) (country) , 20 <u>34</u> (year)
(Signature of Candidate/Officeholder (Declarant)		
Forms provided by Texas E	thics Commission www.ethics.state.tx.us	Revised 8/17/2020