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 Sheldon **OFFICEHOLDER** NAME NICKNAME SUFFIX not 2.8 **2024** 4 CANDIDATE / ADDRESS / PO BOX; STATE: ZIP CODE ELECTIONS ADMINISTRATO **OFFICEHOLDER** POBOX 565, 101 Locke St MAILING **REFUGIO COUNTY, TEXAS ADDRESS** WOODSBORD Change of Address PHONE NUMBER AREA CODE EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** (361)543-6131 PHONE MS / MRS / MR MI 6 CAMPAIGN **TREASURER Date Processed** NAME NICKNAME SUFFIX Date Imaged WIGINTON STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: 7 CAMPAIGN STATE: ZIP CODE **TREASURER** WOODSBORD 78393 Locke St **ADDRESS** 101 (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** 543 -6130 PHONE (341)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 Day COVERED 09/27 THROUGH 10 2024 2024 ELECTION DATE ELECTION TYPE 11 ELECTION Runoff Other Day Description Special 13 OFFICE SOUGHT (if known) 12 OFFICE 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. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	COVER S	SHEET PG 3
19 FILER NAME	20 Filer ID (Ethics Cor	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ O
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ O
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS		\$ 🔘
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ (0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 10
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ (0)
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$ 0

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ O		
	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	\$ O		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ O		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 6		
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information				
rec	quired to be reported by me under Title 15, Election Code.			
Shows the 1				
Signature of Carididate or Officeholder				
Please complete either option below:				
(1) Affidavit				
(c) randown				
NOTARY STAMP/SEA	L			
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	Title of officer administering oath		
OR OR				
(2) Unsworn Declaration				
My name is Sheldon D Wiginton , and my date of birth is 10/20/1964				
My address is 10 Locke St, Po Box 5W, WOODSBORD TV, 78393 WA.				
(street) (city) (state) (zip code) ((country)				
Executed in Lefus County, State of 500, on the 20 day of Oroker, 2024.				
Thebre Wigner				
Signature of Candidate/Officeholder (Declarant)				