

**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 (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST <i>Sequoise</i> NICKNAME <i>Bivers</i>	MI	OFFICE USE ONLY Date <i>1/31/2024</i> FILED FOR RECORD IN MY OFFICE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: <i>Carthage, TX 75633</i>			APT / SUITE #: CITY: STATE: ZIP CODE <i>AT</i>
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (<i> </i>)	PHONE NUMBER	EXTENSION	Date Hand <i>RETTA MASON</i> <input checked="" type="checkbox"/> ELECTIONS ADMINISTRATOR, PANOLA COUNTY, TEXAS
6 CAMPAIGN TREASURER NAME	MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR	FIRST <i>Sequoise</i> NICKNAME <i>Givens</i>	MI	BY <i>RETTA MASON</i> Receipt # <i>1131</i> Amount \$ <i>0.00</i> DEPUTY
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY,			STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (<i> </i>)	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month <i>1</i> Day <i>1</i> Year <i>24</i> <i>3/3/24</i>	Month <i>1</i> Day <i>1</i> Year <i>24</i> <i>3/3/24</i>	THROUGH	Month <i>1</i> Day <i>22</i> Year <i>2024</i> <i>1/22/2024</i>
11 ELECTION	ELECTION DATE <i>3/3/24</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) <i>JP Precinct 14</i>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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 OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

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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 EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>(Signature)</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>(Signature)</i>
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>(Signature)</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>(Signature)</i>
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>(Signature)</i>
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>(Signature)</i>

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.

Signs DGP-C

Signature of Candidate or 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 Sequoise Givens, and my date of birth is 10/10/00.

My address is _____ Carthage TX 75633 Panola

(street) (city) (state) (zip code) (country)
Executed in Panola County, State of Texas, on the 2 day of Feb, 2024.

the 1 day of Aug (month) 19 (year)
Deviens ACMP-C

Signature of Candidate/Officeholder (Declarant)