

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



COPY

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 / MRS / MR: Mr. FIRST: Brack MI: Allen NICKNAME: LAST: LaGrone SUFFIX:	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE: AT 10:00 O'CLOCK A M Carthage TX 75633	Date Received FILED FOR RECORD IN MY OFFICE JAN 29 2024
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: () PHONE NUMBER: EXTENSION: ELECTIONS ADMINISTRATOR, PANOLA COUNTY, TEXAS	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Brack MI: Allen BY: DEPUTY NICKNAME: LAST: LaGrone SUFFIX:	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE: Carthage TX 75633	
8 CAMPAIGN TREASURER PHONE	AREA CODE: () 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 Day Year THROUGH Month Day Year 1 / 1 / 24 THROUGH 1 / 25 / 24	
11 ELECTION	ELECTION DATE: Month Day Year 3 / 5 / 24	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): Constables Office Pct 243	OFFICE SOUGHT (if known): Constables Office Pct. 243
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.	
<input type="checkbox"/> Additional Pages	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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FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	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	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

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 Brack Allen Labrone, and my date of birth is 0
 My address is _____, Carthage, Tx, 75633, US.
 (street) (city) (state) (zip code) (country)
 Executed in Panda County, State of Texas, on the 29th day of January, 2024.
 (month) (year)
Brack Labrone
 Signature of Candidate/Officeholder (Declarant)