

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

07 OCT 2024 PM 2:28

|   |  |  |   |
|---|--|--|---|
| The C/OH Instruction Guide explains how to complete this form.                                  |  | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed: <span style="font-size: 1.5em; color: blue;">2</span>  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR<br>FIRST<br><i>Clarence</i><br>NICKNAME<br>LAST<br><i>Warren</i>   | MI<br><i>T</i><br>SUFFIX   | <b>OFFICE USE ONLY</b><br>Date Received<br><span style="font-size: 2em; color: blue; margin-left: 100px;">DR</span> |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><i>PO Box 295 Amarillo TX 79105</i>  |  |   |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE PHONE NUMBER EXTENSION<br><i>(806) 290 8458</i>  |  | Date Hand-delivered or Date Postmarked  |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR<br>FIRST<br><i>Jason</i><br>NICKNAME<br>LAST<br><i>Paylesony</i>   | MI<br>SUFFIX   | Receipt #<br>Amount \$<br>Date Processed<br>Date Imaged   |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><i>1144 Shasta Amarillo TX 79110</i>  |  |   |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE PHONE NUMBER EXTENSION<br><i>(806) 477 8598</i>  |  |   |
| <b>9 REPORT TYPE</b>  | <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)<br><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) |  |   |
| <b>10 PERIOD COVERED</b>  | Month Day Year     THROUGH     Month Day Year<br><i>7 / 1 / 24     10 / 6 / 24</i>   |  |   |
| <b>11 ELECTION</b>  | ELECTION DATE<br>Month Day Year<br><i>11 / 5 / 24</i>  | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |   |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)   | <b>13 OFFICE SOUGHT (if known)</b><br><i>Tax Assessor - Collector</i>  |   |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><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.  |  |   |
| <input type="checkbox"/> GENERAL<br><input type="checkbox"/> SPECIFIC                           | COMMITTEE TYPE   | 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**

|                                |   |   |
|--------------------------------|---|---|
| <b>15 C/OH NAME</b>            |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>  | 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  |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0  |
|                                | 4. TOTAL POLITICAL EXPENDITURES   | \$ 0  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 61.72                                      |
| <b>OUTSTANDING LOAN TOTALS</b> | 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**

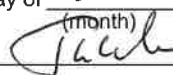
My name is Thomas Warner, and my date of birth is 2/4/1998 <sup>79802</sup>

My address is ~~\_\_\_\_\_~~ 1620 S Johnson Amarillo, TX, USA

(street)                      (city)                      (state)                      (zip code)                      (country)

Executed in Picher County, State of Texas, on the 7 day of October, 20 24.

(month)                      (year)

  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)