

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 / MRS / MR: _____ FIRST: <u>Kalee</u> MI: <u>J</u> NICKNAME: _____ LAST: <u>Flippin</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>PO Box 317</u> <u>Hrattford TX 79084</u>	Date Received <u>FILED LAURA ROGERS COUNTY & DISTRICT CLERK DATE 1-10-24 TIME 1011 SHERMAN COUNTY TEXAS BY <u>Leah</u></u>	
<input type="checkbox"/> Change of Address	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(719)</u> PHONE NUMBER: <u>661-0123</u> EXTENSION: _____	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: _____ FIRST: <u>Kalee</u> MI: <u>J</u> NICKNAME: _____ LAST: <u>Flippin</u> SUFFIX: _____	7 CAMPAIGN TREASURER ADDRESS	Receipt # _____ Amount \$ _____
<input type="checkbox"/> Additional Pages	8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>603 S. Fulton</u> <u>Hrattford TX 79084</u>	Date Processed _____
9 REPORT TYPE	AREA CODE: <u>(719)</u> PHONE NUMBER: <u>661-0123</u> EXTENSION: _____	10 PERIOD COVERED	Date Imaged _____
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	Month Day Year <u>11 / 29 / 23</u> THROUGH <u>12 / 31 / 23</u>	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	11 ELECTION	<input type="checkbox"/> Exceeded Modified Reporting Limit
<input type="checkbox"/> Final Report (Attach C/OH - FR)	<input type="checkbox"/> Runoff	ELECTION DATE: Month Day Year <u>3 / 5 / 24</u>	<input type="checkbox"/> Other Description _____
<input type="checkbox"/> General	<input type="checkbox"/> Special	12 OFFICE	13 OFFICE SOUGHT (if known)
<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	OFFICE HELD (if any) <u>Tax Assessor/Collector</u>	<u>Tax Assessor/Collector</u>
<input type="checkbox"/> Other Description	<input type="checkbox"/> General	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"/> GENERAL	COMMITTEE TYPE	COMMITTEE NAME	
<input type="checkbox"/> SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>Kale J Flippin</u>		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.

Kale Flippin

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 Kale Flippin, and my date of birth is 8/12/1994.
 My address is 603 S Fulton, Stratford, TX, 79084, USA.
(street) (city) (state) (zip code) (country)

Executed in Sherman County, State of Texas, on the 16th day of January, 2024.
(month) (year)

Kale Flippin
Signature of Candidate/Officeholder (Declarant)