2 i A	me fine superior of the	- vu r	
	E / OFFICEHOLDER FINANCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction Gui	ide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 2
OFFICEHOLDER	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME	SUFFIX D	ate Filed 10/28/24
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY: STATE: ZIP CODE F 702 CC TX 78401	Rebecca Huerta
	AREA CODE PHONE NUMBER (30() HHL - HH	EXTENSION	Ceity-Secretarymarked
TREASURER NAME	MS LINRS / MR. FIRST WAN'S NICKNAME CLAST	MI	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	4234 Green Gwe	CC TX 7841	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	extension	
9 REPORT TYPE	January 15 30th day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year Q/27/24	THROUGH 10	Day Year A
11 ELECTION	Month Day Year Primary	Description	
12 OFFICE	OFFICE HELD (If any)	OFFICE SOUGHT (if known	runcil District 1
POLITICAL COMMITTEE(S)	HIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION HE CANDIDATE / OFFICEHOLDERS. THESE EXPENDITUR ONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED COMMITTEE TYPE COMMITTEE NAME	ES MAY HAVE BEEN MADE WITHOUT THE CAND	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
· **	GENERAL COMMITTEE ADDRESS	X	
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TR	REASURER NAME	
	COMMETTE POR MPAIGN-TI	REASURER ADDRESS	- 4
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CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR \$ **TOTALS** CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS \$ A COANS, OR GUARANTEES OF LOANS, EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS \$. 19.4 TOTAL POLITICAL EXPENDITURES 4. \$ CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ BALANCE OF REPORTING PERIOD OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS. I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. and the second substitute of Signature of Candidate or Officeholder AAAAAA ... MARIAH H MANNINO ID# 13368975.7 SMIT OF JEXAS Please complete either option below: My Comm. Exp. 04-06-2026 and the second second second (1) Affidavit The second of the second NOTARY STAMP/SEAL Certify which, witness my hand and sear of officer administering oath Title of officer administering oath Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration The second second , and my date of birth is ____ My name is __ My address is ______, ____,

and the same substitution of

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Executed in _____ County, State of _____ , on the _____ day of _____ (month)

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(country)

__, 20____ (year)

(city) (state) (zip code)

Signature of Candidate/Officeholder (Declarant)