APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

	See	1 Total pages filed:		
2	CANDIDATE NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
		MRS. MARISSA SEPULVEDA	Filer ID # 10 10 10 10 10 10 10 10 10 10 10 10 10	
		NICKNAME LAST SUFFIX	Date recorded	
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1337 FM 1430 Rio G/Ande City TX 78582	Date Hand-delivered of Postmer (as *	
			12/1/2	
4	CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Amount\$	
		(950) 735-7333	Date Processed	
5	OFFICE HELD (if any)		Date Imaged	
6	OFFICE SOUGHT (if known)	County Commissioner Pot#3		
7	CAMPAIGN TREASURER NAME	MARIA TUR HE HEMANDER	LAST SUFFIX	
8	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS; APT/SUITE #; CITY;	STATE; ZIP CODE	
(residence or business)		78582	
9	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
		950) 978 - 8477		
10 CANDIDATE SIGNATURE I am aware of the Nepotism Law, Chapter 573 of the Texas Gover		as Government Code.		
I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.				
I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.			ode on contributions	
			11/28/23	
	Signature of Candidate Date Signed			
		GO TO PAGE 2		

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MRS / MR 3 CANDIDATE / Mt OFFICE USE ONLY **OFFICEHOLDER** NAME NICKNAME SUFFIX CANDIDATE/ ADDRESS / PO BOX; STATE; ZIP CODE OFFICEHOLDER MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Amount \$ Receipt # 6 CAMPAIGN 8606 TREASURER Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE CAMPAIGN TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN **EXTENSION TREASURER** PHONE 9 REPORT TYPE 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Month Day Year Description General 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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 **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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	TOTAL UNITEMIZED POLITICAL C PLEDGES, LOANS, OR GUARANTI CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	\$ 6	
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		\$ 750.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	KPENDITURE.	\$ Ø	
	4. TOTAL POLITICAL EXPENDITU	RES	\$ 750.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LAS	T DAY \$ Ø	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF AL LAST DAY OF THE REPORTING PE		* THE \$ 5	
	wear, or affirm, under penalty of perjury, that		and correct and includes all information	
ree	quired to be reported by me under Title 15, Electi	on Code.		
		1		
	<u>.</u>	1		
		Signature of Ca	ndidate or Officeholder	
	Please complete	e either option below	r:	
(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 administer	ring oath Printed name of officer a	dministering oath	Title of officer administering oath	
图 初 员 医内皮性	OR		9 - B. Married 504 (p. 10)	
(2) Unsworn Declarati	on (,	
My name is Marss A sphed - , and my date of birth is May 4, 1974.				
My address is / U3	3/FM 1430	MID Grande,	2,1882	
	(street)	(city) (s	tate) (zip code) (country)	
Executed in	County, State of,	on the day of(month) , 20 (year)	
		Signature of Candid	ate/Officeholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	mmission Filers)			
MARISSA SEPULVEDA				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTION	JTIONS	\$		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLIT	TICAL CONTRIBUTIONS	\$ 750.00		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. SCHEDULE E: LOANS		\$		
5. SCHEDULE F1: POLITICAL EXPENDITURES MAD	DE FROM POLITICAL CONTRIBUTIONS	\$		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	3	\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS N	\$			
8. SCHEDULE F4: EXPENDITURES MADE BY CREE	DIT CARD	\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MAD	E FROM PERSONAL FUNDS	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICA	L CONTRIBUTIONS TO A BUSINESS OF C/OH	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MA	ADE FROM POLITICAL CONTRIBUTIONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REF	\$			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

	·				
The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2	FILER NAME	SA SEPULVEDA		3 Filer ID (Ethics Commission Filers)	
4	Date		of-state PAC (ID#:)	7 Amount of contribution (\$)	
		6 Contributor address; Cit		-	
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
	Date	te Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	
		Contributor address; Cit			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)	
	Date	Full name of contributor	of-state PAC (ID#:)	Amount of contribution (\$)	
		Contributor address; City			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				etions)	
Date		Full name of contributor	of-state PAC (ID#:)	Amount of contribution (\$)	
		Contributor address; City			
Principal occupation / Job title (See Instructions)			Employer (See Instruc	Itions)	
	ATTACH ADDITIONAL CODIES OF THIS SCHEDIN E AS NEEDED				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.					
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAM	USSA SEPULVEDA		3 Filer ID (Ethics Commi	ission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ 750.00	•	
5 Date	Full name of contributor out-of-state PAC (ID#:	Zip Code	8 Amount of Contribution \$ 9	In-kind contribution description Candidate FLEE f Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	1.0	r (FOR NON-JUDICIAL)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDIC	CIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outside o	f Texas. Complete Schedule T.	
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)((See Instructions)	
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.