

# 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: <span style="font-size: 2em; color: blue;">2</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">MR</span> FIRST <span style="font-size: 1.5em; color: blue;">James</span> MI <span style="font-size: 1.5em; color: blue;">E</span> NICKNAME LAST <span style="font-size: 1.5em; color: blue;">Connor</span> SUFFIX <span style="font-size: 1.5em; color: blue;">III</span>	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS (NO PO BOX) APT / SUITE # CITY STATE ZIP CODE <div style="background-color: black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <span style="font-size: 1.2em; color: blue;">Kendall, TX 76060</span>	Date Received <span style="font-size: 2em; color: blue;">4/25/25</span>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; width: 100%; height: 20px;"></div>	Date Hand-delivered or Date Postmarked <span style="font-size: 1.5em; color: blue;">HD 4/25/25</span>	
6 CAMPAIGN TREASURER NAME	MS / MRS <span style="border: 1px solid blue; border-radius: 50%; padding: 2px;">MR</span> FIRST <span style="font-size: 1.5em; color: blue;">James</span> MI <span style="font-size: 1.5em; color: blue;">E</span> NICKNAME LAST <span style="font-size: 1.5em; color: blue;">Connor</span> SUFFIX <span style="font-size: 1.5em; color: blue;">III</span>	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # CITY STATE ZIP CODE <div style="background-color: black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <span style="font-size: 1.2em; color: blue;">Kendall, TX 76060</span>	Date Processed	Date Imaged
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; width: 100%; height: 20px;"></div>	<span style="font-size: 1.5em; color: blue;">4/25/25</span>	<span style="font-size: 1.5em; color: blue;">4/25/25</span>
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" 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 <span style="font-size: 1.5em; color: blue;">4 / 2 / 25</span> <span style="font-size: 1.5em; color: blue;">THROUGH</span> <span style="font-size: 1.5em; color: blue;">4 / 25 / 25</span>		
11 ELECTION	ELECTION DATE Month Day Year <span style="font-size: 1.5em; color: blue;">5 / 3 / 25</span>	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) <span style="font-size: 1.5em; color: blue;">N/A</span>	13 OFFICE SOUGHT (if known) <span style="font-size: 1.5em; color: blue;">City Council Place 5</span>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <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.		
	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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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
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15 C/OH NAME <i>James Connor</i>		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)	\$	<i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<i>0</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	<i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$	<i>0</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<i>0</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<i>0</i>

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.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL



Sworn to and subscribed before me by *James Connor* this the *25th* day of *April*, 20*25*, to certify which, witness my hand and seal of office.

*[Signature]* Signature of officer administering oath  
*Bobbie Jo Taylor* Printed name of officer administering oath  
*City Secretary* Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

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