

# 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:

<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR: _____ FIRST: <u>  Maria  </u> MI: <u>  G  </u> NICKNAME: <u>  Lupita  </u> LAST: <u>  Pineda  </u> SUFFIX: _____	<b>OFFICE USE ONLY</b>
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<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <input type="checkbox"/> Change of Address <u>  209 W. 13th St. Muleshoe, TX 79347  </u>	Date Received: _____
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<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE: <u>  (432)  </u> PHONE NUMBER: <u>  266-3398  </u> EXTENSION: _____	Date Hand-delivered or Date Postmarked: _____
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<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR: _____ FIRST: <u>  Maria  </u> MI: <u>  G  </u> NICKNAME: <u>  Lupita  </u> LAST: <u>  Pineda  </u> SUFFIX: _____	Receipt #: _____ Amount \$: _____ Date Processed: _____ Date Imaged: _____
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<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <u>  209 W. 13th St. Muleshoe, TX 79347  </u>
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<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE: <u>  (432)  </u> PHONE NUMBER: <u>  266-3398  </u> EXTENSION: _____
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<b>9 REPORT TYPE</b>	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)
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<b>10 PERIOD COVERED</b>	Month: _____ Day: _____ Year: _____      THROUGH      Month: _____ Day: _____ Year: _____ <u>  1 / 1 / 2023  </u> <u>  12 / 31 / 2023  </u>
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<b>11 ELECTION</b>	ELECTION DATE: Month: _____ Day: _____ Year: _____ <u>  3 / 5 / 2024  </u>	ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
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<b>12 OFFICE</b> OFFICE HELD (if any): <u>  District Clerk  </u>	<b>13 OFFICE SOUGHT</b> (if known): _____
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<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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"/> Additional Pages  <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">COMMITTEE TYPE</td><td>COMMITTEE NAME</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>COMMITTEE ADDRESS</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>COMMITTEE CAMPAIGN TREASURER NAME</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td></tr> <tr><td> </td><td> </td></tr> </table>	COMMITTEE TYPE	COMMITTEE NAME				COMMITTEE ADDRESS				COMMITTEE CAMPAIGN TREASURER NAME				COMMITTEE CAMPAIGN TREASURER ADDRESS		
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**FILED FOR RECORD**  
 16th DAY OF Jan YR 2024  
 AT 11 HR 41 MIN A M  
 IRENE ESPINOZA, COUNTY CLERK  
 BAILEY COUNTY, TEXAS

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

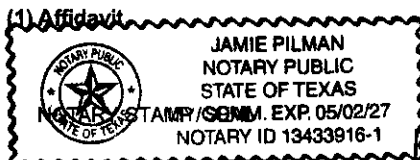
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>Maria G. Pineda</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.

*Lupita Pineda*  
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by *Lupita Pineda* this the *16<sup>th</sup>* day of *January*, 20*24*, to certify which, witness my hand and seal of office.  
*Jamie Pilman* *Jamie Pilman* *Notary*  
 Signature of officer administering oath Printed name of officer administering oath 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)