

# 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>4</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <b>MR</b> FIRST: <b>Adam</b> MI: <b>A</b> NICKNAME: _____      LAST: <b>Arendt</b> SUFFIX: _____	<b>OFFICE USE ONLY</b> Date Received: _____ Date Hand-delivered or Date Postmarked: _____ Receipt # _____ Amount \$ _____ Date Processed: _____ Date Imaged: _____	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <b>2651 CR 306</b> APT / SUITE #: _____      CITY: <b>GAINESVILLE TX</b> STATE: _____      ZIP CODE: <b>76240</b> Change of Address: _____		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <b>(940)</b> PHONE NUMBER: <b>736 1107</b> EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <b>MR</b> FIRST: <b>Adam</b> MI: <b>P</b> NICKNAME: _____      LAST: <b>Arendt</b> SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): <b>2651 CR 306</b> APT / SUITE #: _____      CITY: <b>GAINESVILLE TX</b> STATE: _____      ZIP CODE: <b>76240</b> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <b>(940)</b> PHONE NUMBER: <b>736 1107</b> EXTENSION: _____		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder 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)		
10 PERIOD COVERED	Month      Day      Year      THROUGH      Month      Day      Year <b>1 / 1 / 24</b> THROUGH <b>1 / 25 / 24</b>		
11 ELECTION	ELECTION DATE: Month      Day      Year <b>3 / 4 / 24</b>	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): <b>Commissioner Prec 3</b>	13 OFFICE SOUGHT (if known): _____	
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.		
Additional Pages	COMMITTEE TYPE: <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME: _____	COMMITTEE ADDRESS: _____
		COMMITTEE CAMPAIGN TREASURER NAME: _____	COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

FILED FOR RECORD  
4 FEB -5 AM 10:53  
PAM HARRISON  
COUNTY CLERK, COOKE CO TX

BY: \_\_\_\_\_ DEPUTY

**GO TO PAGE 2**

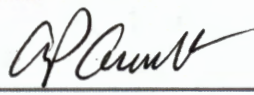


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Adam Arendt this the 5th day of February.

20 24, to certify which, witness my hand and seal of office.

Pam Harrison  
Signature of officer administering oath

Pam Harrison  
Printed name of officer administering oath

County Clerk  
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)

# 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 <i>Edom Cervant</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-10-24</i>	5 Full name of contributor <i>Jim Austin</i> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <i>100.00</i>
6 Contributor address; City; State; Zip Code [Redacted] <i>Chandler TX 75758</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1-7-24</i>	Full name of contributor <i>RD Cawyer</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Gainesville TX 76240</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1-10-24</i>	Full name of contributor <i>Tim Bullard</i> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code [Redacted] <i>Rosston TX 76263</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 700.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ <del>00.00</del>
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

Reset Form

Reset Page