CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	мі Е.	OFFICE USE ONLY			
NAME	NICKNAME LAST MUZN	SUFFIX	at 11: 200'clock AM			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	well Tx 77836	DEC 1 8 2023 ANNA L. SCHIELACK COUNTY CLERK, BURLESON CO., TEX. By Deputy			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (979) 575-8922	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$			
6 CAMPAIGN TREASURER NAME	Ms/MRs/MR FIRST Mc. Alsert	мі D .	Date Processed			
IVAIVIL	NICKNAME LAST Faust	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 5018 CR. 140	UITE#; CITY; Caldwell	STATE; ZIP CODE 77836			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (979) 406 - 9126	EXTENSION				
9 REPORT TYPE	January 15 30th day before e	- Former dead Medified	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 8th day before ele	Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 7 / 15 / 23	THROUGH 12	Day Year / 14 / 23			
11 ELECTION	Month Day Year Primary 3 / 5 / 24 General	Runoff Olher Description Special				
12 OFFICE	Bucleson Co. Constable Pet.	13 OFFICE SOUGHT (if known	onstable Pet. 1			
14 NOTICE FROM POLITICAL COMMITTEE(S)	ACCEPTED OR POLITICAL EXPENDITURES N S MAY HAVE BEEN MADE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES,				
	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TRE	EASURER 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 F	ilers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$			
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	. EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES		\$ 385.50			
CONTRIBUTION BALANCE	i 3. IOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAT					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS C PERIOD	S \$			
	swear, or affirm, under penalty of perjury, the quired to be reported by me under Title 15, El		ue and correct and includes all in	formation		
	,	Λ				
		de 9 M/2	andidate or Officeholder			
		Signature of C	andidate or Officeholder	***************************************		
		// Signature of C	Straigate of Officeriolder			
		V				
	•					
Please complete either option below:						
	414					
	DANIELLE MIKULIN					
(1) Affidavit	A YOU MOTARY PURING STATE OF TEXAS !					
(1) Amdavit	Notary ID #13151338-9 Expires May 31, 2026					
	Expiles May 01 = 000					
NOTARY STAMP/SEA	AL .		~.	í		
1 / / / /		MUZNY this the	14th day of Nacen	1ber		
20 9 to certify	which, witness my hand and seal of office.	Δ Δ1/ 1: •	Nilan D. L.	1.0		
- Darilli M	Alle Danielle IV	<u>(IKulin</u>	Notary Publ	<u>1() </u>		
Signature of officer administ	ering oath Printed name of offi	cer administering oath	Title of officer administer	ring oath		
		OR				
(2) Unsworn Declarat	ion					
My name is		, and my date of birth	is			
My address is				*		
	(street)	(city)	(state) (zip code) (countr	у)		
Executed in	County, State of	, on the day of (mor	th) , 20 (year)			
		Signature of Can	didate/Officeholder (Declarant)			