CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7							
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages file 2	d:	
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRs/MR Mr.	FIRST Timothy		2 ^{M1}	OFFICE (JSE ONLY	
	nickname Tim	McCallum 3		SUFFIX	Date Received	EIVEA	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5140 Standing Oak Lane Rockwall TX 75032 4			FEB 1 2 2024 By Lever			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 420-6060 5	EXTEN	SION	Date Hand-delivered o	or Date Postmarked Amount \$	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr.	Stanley		E 6	Date Processed	7.11.00.11.	
	NICKNAME Stan	Jeffus 🗹		SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (2606 Cypres)	no po box please); apt / su s Dr	uite#; cit Rock		STATE;	75087 8	
8 CAMPAIGN TREASURER PHONE	AREA CODE (214)	PHONE NUMBER 802-3226 9	EXTEN:	SION			
9 REPORT TYPE	X 10 nuary 15 July 15	30th day before e	ection E	unoff ceeded Modified eporting Limit	15th day afte treasurer app (Officeholder	pointment	
10 PERIOD COVERED	Month	Day Year	THROUGH	Month	Day Year		
11 ELECTION	ELECTION DATE Month Day Year 05 / 09 / 2023 ELECTION TYPE Other Description Special						
12 OFFICE	OFFICE HELD (if any) City Council	Place 1 12	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'S OF OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATE'S ON OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME						
Additional Pages							
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME 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 CON PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONIC	OF LOANS, OR	\$ 0.00 1				
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, OR		\$ 0.00 2				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPE	NDITURE.	\$ 0.00 3				
	4. TOTAL POLITICAL EXPENDITURE	S	\$ 0.00 4				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS NOT REPORTING PERIOD	ST DAY \$ 0.00 5					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL C LAST DAY OF THE REPORTING PERI		\$ 0.00 B				
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 Ca	ndidate or Officeholder				
Please complete either option below:							
(1) Affidavit	KRISTY DEANNE TEAGUE Notary Public, State of Texas Comm. Expires 05-13-2024 Notary ID 12650443-3						
NOTARY STAMP/SEA	before me by Timothy McCallus which, witness my hand and seal of office.						
Sworn to and subscribed	before me by Timothy McCallu	this the	12th day of February,				
20 24 , to certify	which, witness my hand and seal of office.						
Signature of officer administer	Jeane Misig DCHNNE	LAGUE	MOTHEY FUBLIC				
Signature of officer administe		inistering oath	Title of officer administering oath				
(2) Unavers Declarati	OR						
(2) Unsworn Declaration	on						
My name is		, and my date of birth is					
My address is							
	(street)	, , , , , , , , , , , , , , , , , , , ,	state) (zip code) (country)				
Executed in	County, State of , on	the day of (month	, 20 (year)				
		Signature of Candid	date/Officeholder (Declarant)				