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 (ommission Filers)	2 Total pages file	ed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MR.	FIRST CHRIS		мі М	OFFICE USE ONLY		
NAME	NICKNAME	last DILLON		SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	_	CITY; STATE; STROP, TEXAS	ZIP CODE 78602	4/25/2025		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (512)	PHONE NUMBER	EXTENSIO	DN	Date Hand-delivered	or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR MR.	FIRST CLAY		MI	Date Processed	Amount ¢	
NAME	NICKNAME	LAST KIBBY		SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE Bastrop, Texas 78602						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (512)						
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 X 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month Day Year Month Day Year 4 / 4 / 2025 THROUGH 4 / 25 / 2025						
11 ELECTION	Month Day Year Primary Runoff Description Special Special ELECTION TYPE Other Description Descriptio						
12 OFFICE	OFFICE HELD (if any) Bastrop ISD Trustee, Place 5 Bastrop ISD Trustee, Place 5						
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPOR THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES COMMITTEE TYPE COMMITTEE NAME					DER'S KNOWLEDGE OR	
Additional Pages	GENERAL COMMITTEE ADDRESS						
- Landing Fagor	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS				
GO TO PAGE 2							

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FORM C/OH COVER SHEET PG 2

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15 C/OH NAME CHRIS M D	16 Filer ID (Ethics Commission Filers)						
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00					
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00					
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00					
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAGOR OF REPORTING PERIOD	ST DAY \$ 0.00					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 0.00					
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information							
re	quired to be reported by me under Title 15, Election Code.						
		C. ILLON _					
Signature of Candidate or Officeholder							
Please complete either option below:							
(1) Affidavit							
NOTARY STAMP/SEA	L						
Swom to and subscribed before me by this the day of, 20, to certify							
which, witness my hand ar	d seal of office.						
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath					
OR							
(2) Unsworn Declarati	on						
My name is <u>Chris M</u>	. <u>Dillon</u> , and my date of birth is	My address is					
(street) (city) (state) (zip code) (country) Executed in Bastrop County, State of Texas , on the 25th day of April 2025							
Executed in Bastrop County, State of Texas, on the 25th day of April (month) 2025 (year)							
	Signature of Candi	date/Officeholder (Declarant)					
	Signature of Candi	dato, o inceriorder (Decidiani)					

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