CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	Guide explains ho	w to complete this form.	Filer ID (Ethics Commission Filers) N/A	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	Ms/Mrs/mr First Mr. Alex		MI	OFFICE USE ONLY	
	NICKNAME	LAST Onjanow	SUFFIX	Cape Royale UD	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO 421 Imperia	x; APT / SUITE #: 0 al Circle, Coldspring	7-5-2024		
Change of Address				. %	
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	PHONE NUMBER 653-3873	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST self	МІ	Receipt # Amount \$	
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
			331714	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	same	(NO PO BOX PLEASE); APT / SU	DITE #: CITY:	STATE; ZIP CODE	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER		The transfer of the second of	EXTENSION		
PHONE	()	same			
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before elec	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
	1 ,	/ 1 / 24	тнкоидн 6	30 / 24	
11 ELECTION	Month Day	Year Primary 24	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)		
	Directo) r	Director		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTION	CE OF POLITICAL CONTRIBUTIONS A		DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR EY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		NIA	
Additional Pages	GENERAL	COMMITTEE ADDRESS		NIA	
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
		GO TO P	PAGE 2		

	F/OFFICEHOLD 409-790-7387 936-653-2783	FORM C/OH
CAMPAIGN	I FINANCE REPORT	OVER SHEET PG 2
5 C/OH NAME Alex Onjanow		er ID (Ethics Commission Filers) N/A
7 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 8
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ \$
CONTRIBUTION BALANCE	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD 	\$ \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6
	Diago complete either ention halows	te or Officeholder
(1) Affidavit	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA	AL	
NOTARY STAMP/SEA		
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify	AL d before me by this the y which, witness my hand and seal of office.	
NOTARY STAMP/SEA	AL d before me by this the y which, witness my hand and seal of office.	day of
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administ (2) Unsworn Declarate	AL d before me by this the y which, witness my hand and seal of office. tering oath	day_ofTitle of officer administering o
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administ (2) Unsworn Declarate	AL d before me by this the y which, witness my hand and seal of office. tering oath	day_ofTitle of officer administering o
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administ (2) Unsworn Declarate	AL d before me by this the y which, witness my hand and seal of office. tering oath	day of Title of officer administering o
NOTARY STAMP/SEA Sworn to and subscribed 20, to certify Signature of officer administ (2) Unsworn Declarate	this the this the this the this the ywhich, witness my hand and seal of office. Tering oath Printed name of officer administering oath OR OR JUNIANOW, and my date of birth is IMPERIAL CIRCLE, COUSTING, TY	day of Title of officer administering o

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this	form.
		· Complete only if "Report Type" on page 1 is marked "F	inal Report" ❖
1	C/OH N	IAME	2 Filer ID (Ethics Commission Filers)
А	lex Onja	now	N/A
3	SIGNA	TURE	
	designa	expect any further political contributions or political expenditures in connection with ting a report as a final report terminates my campaign treasurer appointment. I also gn contributions or make any campaign expenditures without a campaign treasurer	o understand that may not accept any
4	-	WHO IS NOT AN OFFICEHOLDER Iplete A & B below only if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or income earned	from political contributions.
		I have unexpended contributions or unexpended interest or income earned from p may not convert unexpended political contributions or unexpended interest or in personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political coffling this final report. Further, I understand that I must dispose of unexpended pointerest or income earned on political contributions in accordance with the required	come earned on political contributions to d contributions and that I may not retain ontributions longer than six years after litical contributions and unexpended
	B.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest or other inc	ome from political contributions.
	Average and the second	I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or opersonal use. I also understand that I must dispose of assets purchased with political contributions or interest or opersonal use. I also understand that I must dispose of assets purchased with political contributions or interest or other income that I must dispose of assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or other income that I must dispose of assets purchased with political contributions.	ther income from political contributions to
			Signature of Candidate
5		EHOLDER I am aware that I remain subject to filing requirements applicable to an officeholder when the subject to filing requirements applicable to an officeholder when the subject to filing requirements applicable to an officeholder when the subject to filing requirements applicable to an officeholder when the subject to filing requirements applicable to an officeholder when the subject to filing requirements applicable to an officeholder when the subject to filing requirements applicable to an officeholder when the subject to filing requirements applicable to an officeholder when the subject to filing requirements applicable to an officeholder when the subject to filing requirements applicable to an officeholder when the subject to filing requirements applicable to an officeholder when the subject to filing requirements applicable to an officeholder when the subject to filing requirements applicable to an officeholder when the subject to filing requirements applicable to an officeholder when the subject to filing requirements applicable to an officeholder when the subject to subje	
***************************************		file. I am also aware that I will be required to file reports of unexpended contributions an officeholder, I retain political contributions, interest or other income from political political contributions or interest or other income from political contributions.	contributions or assets purchased with
l			Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers)				2 Total pages filed:	
The C/OH Instruction Guide explains how to complete		complete this form.	N/A	2 2	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI Mr. Richard D.		_	OFFICE USE ONLY	
NAME	NICKNAME	LAST	SUFFIX	Date Received	
	MONTANE	Masterson	301111	Cape Royale UD	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE, ZIP CODE 101 Sunny Hill Dr., Coldspring, TX 77331			7-5-2024	
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(281)	382-3050	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$	
TREASURER NAME		self		Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS	same				
(Residence or Business)					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	<u> </u>	
TREASURER PHONE	(281) same 382-3050				
9 REPORT TYPE	Jenuary 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)				
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	1 / 1 / 24 THROUGH 6 / 30 / 24				
11 ELECTION	11 ELECTION ELECTION DATEELECTION TYPE				
	Month Day	Year Primary	Runoff Other Description		
	5 /4 /	24 General	Special		
12 OFFICE	OFFICE HELD (If any)	•	13 OFFICE SOUGHT (if known)	
	Director		Director		
14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO THE CANDIDATE'S OF OFFICEHOLDER'S KNO POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE (
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL	OMMITTEE ADDRESS			
Additional Pages	GENERAL				
	SPECIFIC C	OMMITTEE CAMPAIGN TRE	ASURER NAME		
	С	OMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		20.50	DAGE 0		
I		GOTO	PAGE 2		

	E / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 2
15 C/OH NAME Richard Masterson			16 Filer ID (Ethics Commission Filers) N/A
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE		N S NA
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS	, \$ N/A
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	AL EXPENDITURE.	* NIA
	4. TOTAL POLITICAL EXPENS	DITURES	* NA
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY \$ NA
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT C LAST DAY OF THE REPORTIN	OF ALL OUTSTANDING LOANS AS O	FTHE \$ NA
(1) Affidavit	Please com HEATHER L. MCCANN Notary Public, State of Texas Comm. Expires 04-11-2027 Notary ID 131970054	Signature of Co	andidate or Officeholder
NOTARY STAMP/SEA	L		
Swom to and subscribed 20 , to certify to mature of officer administration	which, witness my hand and seal of office. Heatr	Maskesson this the	Backreepen Title of officer administering oath
(2) Unsworn Declarat		OR	
	2		S
My address is	(street)		(ototo) /=in or d=) /=t=?
Executed in	(street) County, State of		(state) (zip code) (country), 20 (year)
		Signature of Cand	idate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	DEGIGNATION OF TIMALINE ON	
	The Instruction Guide explains how to com	plete this form.
	- Complete only if "Report Type" on page 1 is m	narked "Final Report" ••
	1 C/OH NAME Richard Masterson	2 Filer ID (Ethics Commission Filers) N/A
3		
3	SIGNATURE	
	I do not expect any further political contributions or political expenditures in conn designating a report as a final report terminates my campaign treasurer appointn campaign contributions or make any campaign expenditures without a campaign	nent. I also understand that I may not accept any
4	FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.	
	A. CAMPAIGN FUNDS	
	Check only one:	
	I do not have unexpended contributions or unexpended interest or incompanies.	me earned from political contributions.
	I have unexpended contributions or unexpended interest or income earn may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on filling this final report. Further, I understand that I must dispose of unexpended interest or income earned on political contributions in accordance with the	erest or income earned on political contributions to unexpended contributions and that I may not retain political contributions longer than six years after pended political contributions and unexpended
	B. ASSETS	
	Check only one:	
	I do not retain assets purchased with political contributions or interest of	r other income from political contributions.
	I do retain assets purchased with political contributions or interest or off that I may not convert assets purchased with political contributions or in personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	iterest or other income from political contributions to
		Signature of Candidate
5	OFFICEHOLDER Omplete this section only if you are an officeholder	
	I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended of an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ontributions if, after filing the last required report as m political contributions, or assets purchased with ears.
		Signature of Officeholder

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how t	to complete this form.	Filter ID (Ethics Commission Filers) N/A	2 Total pages file	^{ed:} 2
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MI MI Mr. Dale B.		OFFICE	USE ONLY	
NAME	NICKNAME	LAST Toronjo	SUFFIX	Cape Roy	ale UD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 50 Sunny Hil	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 0 Sunny Hill Dr., Coldspring, TX 77331			į
Change of Address	AREA CODE	PHONE NUMBER	EXTENSION		
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	653-3356	EATENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Self	MI	Receipt #	Amount \$
NAME		***************************************		Date Processed	
	NICKNAME	LAST	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (I	NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE,	ZIP CODE
TREASURER ADDRESS	same				
(Residence or Business)					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER					
PHONE	()	same			
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)				pointment
<u></u>	July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)				t (Attach C/OH - FR)
10 PERIOD Month Day Year Month			Day Year		
COVERED 1 / 1 / 24 THROUGH 6 / 30 / 24					
11 ELECTION ELECTION DATE		TE	ELECTION TYPE		
	Month Day Year Primary Runoff Other Description				
	5 / 4 /	24 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	n)	
	Direc	ctor	Director		
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
	GENERAL COMMITTEE ADDRESS				
Additional Pages	The second secon				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
	1				
		GO TO	PAGE 2		

	E / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 2				
15 C/OH NAME Dale B. Toronjo		16 Filer ID (Ethics Commission Filers) N/A				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	* NIA				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ NA				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ NA				
	4. TOTAL POLITICAL EXPENDITURES	\$ N M				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$ NA				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE \$ NA				
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	v:				
(1) Affidavit	HEATHER L. MCCANN Notary Public, State of Texas Comm. Expires 04-11-2027 Notary ID 131970054					
NOTARY STAMP/SEA	L					
Swom to and subscribed	before me by this the which, witness my hand and seal of office.	5th day of July				
20_24_, to certify	which, witness my hand and seal of office.					
Signature of officer administe	Trainer C Mount	Doorteeper				
	OR	Title of officer administering oath				
(2) Unsworn Declaration	on					
My name is	, and my date of birth is	·				
My address is						
		state) (zip code) (country)				
Executed in	County, State of , on the day of(mont	, 20 (year)				
	Signature of Candi	date/Officeholder (Declarant)				

CANDIDATE / OFFICEHOLDER REPORT:

	DES	SIGNATION OF FINAL REPORT	FORM C/OH - FR
		The Instruction Guide explains how to complet	e this form.
		•• Complete only if "Report Type" on page 1 is mark	ed "Final Report" ••
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)
D	aie B. T	oronjo	N/A
3	SIGNA	ATURE	·····
	designa	t expect any further political contributions or political expenditures in connecti- ating a report as a final report terminates my campaign treasurer appointment ign contributions or make any campaign expenditures without a campaign trea	. I also understand that I may not accept any
			Call and
			Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below only if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or income a	earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unex unexpended contributions or unexpended interest or income earned on politicity this final report. Further, I understand that I must dispose of unexpendinterest or income earned on political contributions in accordance with the results.	st or income earned on political contributions to pended contributions and that I may not retain tical contributions longer than six years after ded political contributions and unexpended
	B.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest or other	ner income from political contributions.
		I do retain assets purchased with political contributions or interest or other in that I may not convert assets purchased with political contributions or intere personal use. I also understand that I must dispose of assets purchased with requirements of Election Code, § 254.204.	st or other income from political contributions to
			Signature of Candidate
5		EHOLDER uplete this section only if you are an officeholder ••	
	V	I am aware that I remain subject to filing requirements applicable to an officehold file. I am also aware that I will be required to file reports of unexpended contributions officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	butions if, after filing the last required report as
		\leftarrow	Signature of Officeholder