

# 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:				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / (MR) <input checked="" type="checkbox"/> FIRST <span style="float:right">MI <span style="font-size: 1.5em;">P</span></span> ..... <i>Domingo</i> ..... NICKNAME LAST SUFFIX ..... <i>Escobedo</i> .....	<div style="text-align: center; border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FILED</div> <p style="text-align: center;">Date Received <i>At 9:45 O'Clock A.M.</i></p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">JAN 16 2024</p> <p style="text-align: center; font-size: 1.2em;"><i>Alecia Lopez, Deputy</i></p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">JANIE MACIAS</p> <p style="text-align: center; font-size: 1.2em;">County/District Clerk, Crane Co., Texas</p> <p style="text-align: center; font-size: 0.8em;">Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount \$</td> </tr> <tr> <td style="border: none;">Date Processed</td> <td style="border: none;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed	Date Imaged
Receipt #	Amount \$						
Date Processed	Date Imaged						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( [REDACTED] ) [REDACTED]						
6 CAMPAIGN TREASURER NAME	MS / MRS / (MR) <input checked="" type="checkbox"/> FIRST <span style="float:right">MI <span style="font-size: 1.5em;">P</span></span> ..... <i>Domingo</i> ..... NICKNAME LAST SUFFIX ..... <i>Escobedo</i> .....						
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED]						
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( [REDACTED] ) [REDACTED]						
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder 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	<table style="width:100%; border: none;"> <tr> <td style="text-align: center; font-size: 0.8em;">Month    Day    Year</td> <td style="text-align: center; font-size: 0.8em;">THROUGH</td> <td style="text-align: center; font-size: 0.8em;">Month    Day    Year</td> </tr> <tr> <td style="text-align: center; font-size: 1.5em;"><i>11 / 12 / 23</i></td> <td></td> <td style="text-align: center; font-size: 1.5em;"><i>3 / 5 / 2024</i></td> </tr> </table>	Month    Day    Year	THROUGH	Month    Day    Year	<i>11 / 12 / 23</i>		<i>3 / 5 / 2024</i>
Month    Day    Year	THROUGH	Month    Day    Year					
<i>11 / 12 / 23</i>		<i>3 / 5 / 2024</i>					
11 ELECTION	<table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">                     ELECTION DATE                      Month    Day    Year  <i>3 / 5 / 2024</i> </td> <td style="width:70%; border: none;">                     ELECTION TYPE  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input type="checkbox"/> General    <input type="checkbox"/> Special                 </td> </tr> </table>	ELECTION DATE Month    Day    Year <i>3 / 5 / 2024</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
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12 OFFICE	OFFICE HELD (if any)    OFFICE SOUGHT (if known) <i>Commissioner Pct. 3</i> <i>Commissioner Pct 3</i>						
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width:100%; border: none;"> <tr> <td style="width:20%; border: none; vertical-align: top;"> <input type="checkbox"/> GENERAL   <input type="checkbox"/> SPECIFIC                 </td> <td style="border: none;">                     COMMITTEE TYPE    COMMITTEE NAME                      _____                      COMMITTEE ADDRESS                      _____                      COMMITTEE CAMPAIGN TREASURER NAME                      _____                      COMMITTEE CAMPAIGN TREASURER ADDRESS                      _____                 </td> </tr> </table>	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE    COMMITTEE NAME _____ COMMITTEE ADDRESS _____ COMMITTEE CAMPAIGN TREASURER NAME _____ COMMITTEE CAMPAIGN TREASURER ADDRESS _____				
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GO TO PAGE 2							



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

<b>15 C/OH NAME</b> <i>Domingo Escobedo</i>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - 0 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 113.45
	4. TOTAL POLITICAL EXPENDITURES	\$ 113.45
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	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.

*Domingo Escobedo*

Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



Sworn to and subscribed before me by Domingo Escobedo this the 16 day of Jan.

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

Micah Lozano Micah Lozano Admin. Assistant  
Signature of officer administering oath Printed name of officer administering oath 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)