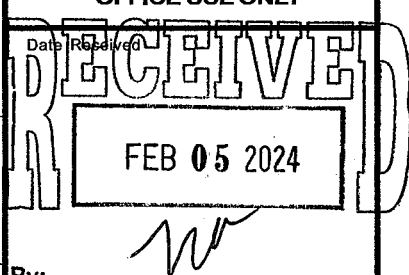


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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:   |                                 |  |                                  |  |  |  |
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR      FIRST      MI<br><div style="text-align: center; font-size: 1.2em;"><b>Chris</b></div> <hr style="border-top: 1px dotted black;"/> NICKNAME      LAST      SUFFIX<br><div style="text-align: center; font-size: 1.2em;"><b>Liesmann</b></div>   | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>OFFICE USE ONLY</b><br/> <br/>                     Date Received<br/>                     By: _____<br/>                     Date Hand-delivered or Date Postmarked                 </div> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:50%; padding: 2px;">Receipt #</td> <td style="width:50%; padding: 2px;">Amount \$</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Processed</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Date Imaged</td> </tr> </table> |  | Receipt #                       | Amount \$  | Date Processed                   |  | Date Imaged  |  |
| Receipt #   | Amount \$  |   |  |                                 |  |                                  |  |  |  |
| Date Processed  |  |   |  |                                 |  |                                  |  |  |  |
| Date Imaged   |  |   |  |                                 |  |                                  |  |  |  |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><small>Change of Address</small> | ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><div style="font-size: 1.2em;"><b>463 Old Marble Falls Rd<br/>Round Mountain, TX 78663</b></div>   |   |  |                                 |  |                                  |  |  |  |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br>( 512 )      689-7109  |   |  |                                 |  |                                  |  |  |  |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR      FIRST      MI<br><div style="text-align: center; font-size: 1.2em;"><b>Tammy</b></div> <hr style="border-top: 1px dotted black;"/> NICKNAME      LAST      SUFFIX<br><div style="text-align: center; font-size: 1.2em;"><b>Liesmann</b></div>   |   |  |                                 |  |                                  |  |  |  |
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br><small>(Residence or Business)</small>         | STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE<br><div style="font-size: 1.2em;"><b>463 Old Marble Falls Rd<br/>Round Mountain, TX 78663</b></div>  |   |  |                                 |  |                                  |  |  |  |
| <b>8 CAMPAIGN TREASURER PHONE</b>   | AREA CODE      PHONE NUMBER      EXTENSION<br>( 512 )      689-7106  |   |  |                                 |  |                                  |  |  |  |
| <b>9 REPORT TYPE</b>  | <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | <input type="checkbox"/> January 15   | <input checked="" 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) |
| <input type="checkbox"/> January 15   | <input checked="" 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)   |                                 |  |                                  |  |  |  |
| <b>10 PERIOD COVERED</b>  | <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month      Day      Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month      Day      Year</td> </tr> <tr> <td style="text-align: center;">1      /      16      /      24</td> <td></td> <td style="text-align: center;">2      /      5      /      24</td> </tr> </table>   | Month      Day      Year  | THROUGH  | Month      Day      Year        | 1      /      16      /      24  |                                  | 2      /      5      /      24                   |  |  |
| Month      Day      Year  | THROUGH  | Month      Day      Year  |  |                                 |  |                                  |  |  |  |
| 1      /      16      /      24   |  | 2      /      5      /      24  |  |                                 |  |                                  |  |  |  |
| <b>11 ELECTION</b>  | <table style="width:100%; border: none;"> <tr> <td style="width:30%; border-bottom: 1px solid black;">                     ELECTION DATE<br/>                     Month      Day      Year<br/>                     5      /      4      /      24                 </td> <td style="width:70%; border-bottom: 1px solid black;">                     ELECTION TYPE<br/> <input checked="" type="checkbox"/> Primary      Runoff      Other Description<br/> <input type="checkbox"/> General      Special                 </td> </tr> </table>                                     | ELECTION DATE<br>Month      Day      Year<br>5      /      4      /      24   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary      Runoff      Other Description<br><input type="checkbox"/> General      Special |                                 |  |                                  |  |  |  |
| ELECTION DATE<br>Month      Day      Year<br>5      /      4      /      24           | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary      Runoff      Other Description<br><input type="checkbox"/> General      Special   |   |  |                                 |  |                                  |  |  |  |
| <b>12 OFFICE</b>  | OFFICE HELD (if any)<br><div style="font-size: 1.2em;"><b>Commissioner Pct #3</b></div>  | <b>13 OFFICE SOUGHT (if known)</b><br><div style="font-size: 1.2em;"><b>Commissioner Pct #3</b></div>   |  |                                 |  |                                  |  |  |  |
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  | 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.  |   |  |                                 |  |                                  |  |  |  |
| COMMITTEE TYPE<br><br>GENERAL<br><br>SPECIFIC<br><br>Additional Pages                 | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS   |   |  |                                 |  |                                  |  |  |  |

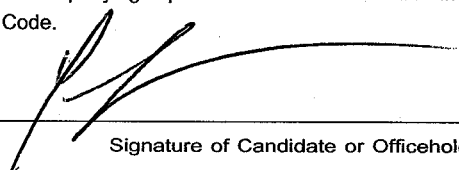
**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

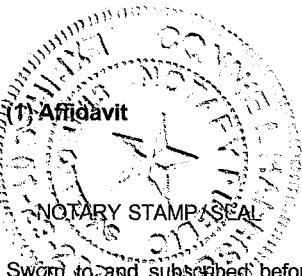
FORM C/OH  
COVER SHEET PG 2

|                                       |   |   |      |
|---------------------------------------|---|---|------|
| <b>15 C/OH NAME</b><br>Chris Liesmann |   | <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) | \$  | 0.00 |
|                                       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$  | 0.00 |
| <b>EXPENDITURE TOTALS</b>             | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  | 0.00 |
|                                       | 4. TOTAL POLITICAL EXPENDITURES   | \$  | 0.00 |
| <b>CONTRIBUTION BALANCE</b>           | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$  | 0.00 |
| <b>OUTSTANDING LOAN TOTALS</b>        | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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 required to be reported by me under Title 15, Election Code.

  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

**Please complete either option below:**



Sworn to and subscribed before me by Chris Liesmann this the 5 day of February 2024 to certify which, witness my hand and seal of office.

Connie L Harrison Printed name of officer administering oath  
Connie L Harrison Signature of officer administering oath  
Notary Public 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)