CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 3	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI	OFFICE USE ONLY	
NAME	Mrs. Cecilia		Date Received	
	NICKNAME LAST	SUFFIX		
4 CANDIDATE/	ADDRESS / PO BOX: APT / SUITE #:		RECEIVED	
OFFICEHOLDER	600 Hale Street Uc		IAM 1 O gnes O L	
MAILING ADDRESS	GOO HAVE OTTER CO	LITO, IX LOUTS	JAN 12 2024 f. (1)	
Change of Address			ULANO CU: FUEDEONS	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
OFFICEHOLDER	(Date Hallo-delivered of Date Postillaring	
PHONE	The same same same same same same same sam		Receipt # Amount \$	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	. MI		
NAME	Mrs, Cecilia	SUFFIX	Date Processed	
		,	Date Imaged	
- CAMPAICNI	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		STATE: ZIP CODE	
7 CAMPAIGN TREASURER				
ADDRESS	600 Hale Street	umo, ix 100	43	
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
	 			
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)			
	July 15 Sth day before ele	Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year	Month	Day Year	
	9/19/2023	THROUGH 12	/31/2023	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description		
	3/5/2024 General	Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known		
	Llano County Clerk	2 Mano Cour	nty Clerk	
14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL CONSENT. CANDIDATE'S OR OFFICENCE OF THE CANDIDATE'S OR OF			DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME	1.^		
	COMMITTEE ADDRESS	1 H		
Additional Pages	GENERAL			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME			
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

07 1101 7 11 01	TI IIV II TO E INE! OIL!			
15 C/OH NAME	neclintock	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		
	2. 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	\$ O,00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ 0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* O . OO		
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information		
Clcilia McClintock Signature of Candidate or Officeholder				
Please complete either option below:				
(1) Affidavit	TRACY M. TATSCH Notary Public STATE OF TEXAS ID # 7746790 My Comm. Expires 03/06/2026			
NOTARY STAMP/SEA Sworn to and subscribed	Carilia mcalintack	11th day of funuery.		
20 d. 4 , to certify which, witness my hand and seal of office. Thuy m. T. D. Tracy M. Tatch hotary				
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declarati	on			
My name is	, and my date of birth is			
My address is _				
	(street) (city) (st	ate) (zip code) (country)		
Executed in	County, State of, on theday of(month)	, 20 (year)		
	Signature of Candida	ate/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	9 FILER NAME 20 Filer ID (Ethics Co		mmission Filers)	
	Cecilia mccintock			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 10.00
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ <i>O</i> .00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ <i>0</i> ,00	
4.	X	SCHEDULE E: LOANS		\$ O.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ D.00
6.	X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7.	X	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ D.00
9.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 0.00
10.	X	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0.00
11.	X	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ O. OO
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0.00

CANDIDATE / OFFICEHOLDER REPORT OF UNEXPENDED CONTRIBUTIONS

FORM C/OH-UC COVER SHEET PG 1

The C/OH-UC	Instruction Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	
2 CANDIDATE /	MS/MRS/MR FIRST MI	OFFICE USE ONLY	
OFFICEHOLDER		OFFICE USE ONLY	
NAME	NICKNAME LAST SUFFIX	Date Received RFC	
	THOMPINE DOT	1414 4 0 000	,
	mcclintock	JAN 12 2024 p 40	J ·
3 CANDIDATE /	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE	LLANDED. D.	
OFFICEHOLDER ADDRESS	600 Hale Street Llano, TX 78643	Date Hand-delivered or Date Rostmarked	-
change of address		Receipt # Amount \$	
4 REPORT TYPE	Annual Final Disposition	Date Processed	
5 PERIOD	Month Day Year Month Day Year	Date Imaged	
COVERED	9/19/a023 THROUGH 12/31/a023	рате пладео	
6 TOTALS	TOTAL AMOUNT OF UNEXPENDED POLITICAL CONTRIBUTIONS AS OF DECEMBER 31 OF THE PREVIOUS YEAR.	\$ 0.00	
	TOTAL AMOUNT OF INTEREST AND OTHER INCOME EARNED ON UNEXPENDED POLITICAL CONTRIBUTIONS DURING THE PREVIOUS YEAR.	\$ 0.00	
7 SIGNATURE Isw	rear, or affirm, under penalty of perjury, that the accompanying report	is true and correct and includ	es all
info	rmation required to be reported by me under Title 15, Election Code.		
Clair McClintock Signature of Candidate/Officeholder			
TRACY Richard Sepmple to either option below: Notary Public STATE OF TEXAS ID # 7746790 My Comm. Expires 03/06/2026 Swom to and subscribed before me by Lecilia McLintock this the 11th day of January.			
20 24 to certify w	rhich, witness my hand and seal of office.		
Tracy M. Tatsch notary			
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	e) (zip code) (country)	
Executed in	County, State of, on the day of(month)	, 20 (year)	
	Signature of Candidate	e/Officeholder (Declarant)	

C/OH REP EXPENDIT	ORT OF UNEXPENDED CONTRIBU	TIONS:	FORM C/OH-UC PG 2
8 C/OHNAME Cecil	ia mcclintock		9 Filer ID (Ethics Commission Filers)
10 Date	11 Payee name 12 Payee address; City; State; Zip Code		13 Amount (\$)
	nditure (See instructions regarding type of information required.) ravel outside of Texas. Complete Schedule T.		re a contribution Yes a, officeholder, or No
Date	Payee name N JA Payee address; City; State; Zip Code	`	Amount (\$)
	ure (See instructions regarding type of information required.) ravel outside of Texas. Complete Schedule T.		e a contribution Yes e, officeholder, or No
Date	Payee name N A Payee address; City; State; Zip Code		Amount (\$)
	ure (See instructions regarding type of information required.) ravel outside of Texas. Complete Schedule T.		e a contribution Yes , officeholder, or No
Date	Payee name N A Payee address; City; State; Zip Code		Amount (\$)
<u> </u>	ure (See instructions regarding type of information required.) ravel outside of Texas. Complete Schedule T.		e a contribution Yes s, officeholder, or No
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED			