

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

JUL 15 2024
HUNT COUNTY
VOTER REGISTRATION

**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: **2**

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS / MR: **MR** FIRST: **Eric** MI: **S**
NICKNAME: LAST: **Qualls** SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
ADDRESS / PO BOX: **1274 CR 1038** APT / SUITE #: CITY: **GREENVILLE TX** STATE: ZIP CODE: **75401**
Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
AREA CODE: **(903)** PHONE NUMBER: **274-6595** EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: **MRS** FIRST: **Staci** MI: **L**
NICKNAME: LAST: **Beadles** SUFFIX:

7 CAMPAIGN TREASURER ADDRESS
STREET ADDRESS (NO PO BOX PLEASE): **1274 CR 1038** APT / SUITE #: CITY: **GREENVILLE** STATE: **TX** ZIP CODE: **75401**
(Residence or Business)

8 CAMPAIGN TREASURER PHONE
AREA CODE: **(817)** PHONE NUMBER: **319-4184** EXTENSION:

9 REPORT TYPE

<input 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 checked="" 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
Month: **1** Day: **1** Year: **24** THROUGH Month: **7** Day: **15** Year: **24**

11 ELECTION
ELECTION DATE: Month: **11** Day: **5** Year: **24**
ELECTION TYPE: Primary Runoff Other Description
 General Special


12 OFFICE OFFICE HELD (if any): **13 OFFICE SOUGHT (if known):**
CONSTABLE PCT 3

14 NOTICE FROM POLITICAL COMMITTEE(S)
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.

Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	GENERAL	COMMITTEE ADDRESS
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received: **7/15 8:30A**



Date Hand-Delivered or Date Postmarked: **7/15 8:30 AM HG**

Receipt #	Amount \$
Date Processed	
Date Imaged	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Eric S. Qualls		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	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
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 LAST DAY OF REPORTING PERIOD	\$	0.00
OUTSTANDING LOAN TOTALS	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:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Eric Qualls this the 12th day of July, 2024, to certify which, witness my hand and seal of office.

Sierra Martin Signature of officer administering oath
Sierra Martin 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)