## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission File	7s) 2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)  CHPETS  NICKNAME	FIRST FORHER LAST	MI G. SUFFIX	OFFICE USE ONLY  Date Received AR 18 2024		
4 CANDIDATE/	ADDRESS / PO BOX;	AYALA  APT / SUITE #;	CITY: STATE; ZIP CODE	FILED		
OFFICEHOLDER MAILING ADDRESS  Change of Address			Tx. 78624	COUNTY CLERK-Gillespie Co., Texas		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$		
6 CAMPAIGN TREASURER NAME	MS MRS MR M DRY	LYNN T	PUSCHE SUFFIX	Date Processed		
	NICKNAME	RUSCHE	561112	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N		SUITE #; CITY;	STATE; ZIP CODE		
(Residence or Business)	TRED	ericks b	ula Tx, 786	24		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSÍON			
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before el	ection Exceeded Modifie Reporting Limit			
10 PERIOD COVERED	Month &	Day Year Z3	THROUGH 9	15 / 2024		
11 ELECTION	ELECTION DATE ELECTION TYPE					
	Month Day	Year Primary	Runoff Other Descripti	ion		
	03/05/	2024 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF)	53		
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.					
	COMMITTEE TYPE	COMMITTEE NAME	Henry III			
Additional Pages	GENERAL	COMMITTEE ADDRESS				
_	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRESS			
GO TO PAGE 2						

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Little M	iler ID (Ethics Commission Filers)				
( ",14	HETSTOPHER S. AYALA					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$				
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA     OF REPORTING PERIOD	\$ 500,00				
OUTSTANDING LOAN TOTALS	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						
re	equired to be reported by me under Title 15, Election Code.					
	Signature of Condide	to or Officeholder				
	Signature of Candida	tte of Officerloider				
7. 4	Please complete either option below:					
	, ious complete come speciments					
(1) Affidavit		S				
(1)7		15				
NOTARY STAMP/SEA	N.					
NOTART STAMP / SEA	nL .					
Sworn to and subscribed	d before me by this the	day of,				
20, to certify which, witness my hand and seal of office.						
		30-20				
Signature of officer administ	tering oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declarat	tion					
CHer	STOPYER G. AYALA , and my date of birth is 8	117/1968				
My name is and my date of birth is 3. TO 15.4 CALUES PIE						
(street) (city) (state) (zip code) (country)						
Carana Taras Ala Samanan 24						
Executed in County, State of FEX AS, on the day of County (month)						
( Vrhloshi / Chola						
	Signature of Candidate/	Officendider (Declarant)				
I .						