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: (MR) FIRST: CHARLES MI: B.
NICKNAME: LAST: APPLEWHITE SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: 131 PR 4240 APT / SUITE #: CITY: RHOME, TX. STATE: ZIP CODE: 76078

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (817) PHONE NUMBER: 907-9402 EXTENSION:

6 CAMPAIGN TREASURER NAME
MS / MRS / MR: (MRS) FIRST: CHERYL MI: A.
NICKNAME: LAST: APPLEWHITE SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE): 131 PR 4240 APT / SUITE #: CITY: RHOME, TX. STATE: ZIP CODE: 76078

8 CAMPAIGN TREASURER PHONE
AREA CODE: (817) PHONE NUMBER: 907-9402 EXTENSION:

9 REPORT TYPE
☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED
Month / Day / Year: 01 / 01 / 2024 THROUGH Month / Day / Year: 01 / 25 / 2024

11 ELECTION
ELECTION DATE — Month / Day / Year: 03 / 05 / 2024
ELECTION TYPE: ☒ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): WISE COUNTY CONSTABLE PCT. 3
13 OFFICE SOUGHT (if known): WISE COUNTY CONSTABLE PCT. 3

14 NOTICE FROM POLITICAL COMMITTEE(S)
☐ Additional Pages

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: ☐ GENERAL ☐ SPECIFIC
COMMITTEE NAME:
COMMITTEE ADDRESS:
COMMITTEE CAMPAIGN TREASURER NAME:
COMMITTEE CAMPAIGN TREASURER ADDRESS:

OFFICE USE ONLY
FILED
Date Received: 12:44 o'clock PM
FEB 06 2024
SABRA SRADER
ELECTION ADMINISTRATOR
WISE COUNTY, TEXAS
By: Deputy
Date Hand-delivered or Date Postmarked:
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	CHARLES B. APPLEWHITE		**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
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 0
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 0
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 148.77
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 0

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.

Charles B Applewhite

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is CHARLES B. APPLEWHITE, and my date of birth is 12/24/1961.

My address is 131 PR 4240, RHOME, TX, 76078, US
(street) (city) (state) (zip code) (country)

Executed in WISE County, State of TEXAS, on the 16 day of FEB (month), 2024 (year)

Charles B Applewhite

Signature of Candidate/Officeholder (Declarant)