

**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 Filer)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME			MS / MRS / MR Tracie	MI
NICKNAME			LAST Shelton	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS			ADDRESS / PO BOX	APT / SUITE #
Change of Address			CITY	STATE: ZIP CODE
5 CANDIDATE/ OFFICEHOLDER PHONE			AREA CODE	PHONE NUMBER
6 CAMPAIGN TREASURER NAME			EXTENSION	MI
MS / MRS / MR Nan			NICKNAME	LAST Richie
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)			APT / SUITE #:	CITY:
STATE: ZIP CODE			EXTENSION	Date Hand-delivered or Date Postmarked
8 CAMPAIGN TREASURER PHONE			AREA CODE	PHONE NUMBER
9 REPORT TYPE			EXTENSION	Date Processed
<input checked="" 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 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)			Date Imaged	
10 PERIOD COVERED			Month Day Year	Month Day Year
07 / 15 / 25			THROUGH	01 / 15 / 26
11 ELECTION			ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description / / / General Special	
12 OFFICE			OFFICE HELD (if any)	
Board Trustee SMD2			13 OFFICE SOUGHT (if known)	
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
GO TO PAGE 2				

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME		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	\$ 3138.75
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1500.00

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.

Tracie Shelton

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

Tracie Shelton

08/07

My name is _____, and my date of birth is _____.

My address is _____, 119 Shelia Dr, San Antonio, TX, 78209 Bexar

(street) (city) (state) (zip code) (country)

Executed in _____ Bexar County, State of _____ Texas, on the 15 day of Jan, 20 26.

Signature of Candidate/Officeholder (Declarant)