CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains hov	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	4	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Trenton	D	OFFICE USE ONLY		
17 3312	NICKNAME	LAST H//	SUFFIX	Date Received	(23 il)	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	Mimow Br 1+L TY 76176	CITY; STATE; ZIP CODE	Received 13/2 Received 13/2	Z.	
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	307-6542	EXTENSION	Date Hand-delivered or [
6 CAMPAIGN TREASURER	MS / MRS / MR	Town	Ď.	Receipt # A	Amount S	
NAME	NICKNAME	LAST	SUFFIX	Date Fincessed		
	Trut	Iμn		Date Imaged		
7 CAMPAIGN		(NO PO BOX PLEASE); APT / SL	UITE #; CITY;	STATE; Z	ZIP CODE	
TREASURER ADDRESS	5824 MIN	now Dr				
(Residence or Business)	Ft wa	-th TY 76/79				
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER						
PHONE	(((()	307-6542				
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after ca treasurer appoint (Officeholder Onl	tment	
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Atta	ach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year	Month	Day Year		
OUVERLES	1,	101/23	THROUGH	15 /23		
11 ELECTION	ELECTION DA		ELECTION TYPE			
	Month Day	Year Primary	Runoff Other Description			
	5/6/	23 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	chwl Boart 1	ا, ب	
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TREA	ASHDED ADDRESS			
		COMMITTEE CAMPAIGN (RE)	ACCULA ADDITECT			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Treat	JhN	16 Filer I	D (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	4	\$ 2000	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 2000	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ B	
	4. TOTAL POLITICAL EXPENDITURES			\$ 6	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	\$ 2100	
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	\$ Ø	
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 Ca	indidate or	Officeholder '	
		Please complete either option below	v:		
(1) Affidavit	Common.	JEREMY FARRAR Notary Public, State of Texas Comm. Expires 07-02-2025 Notary ID 133191008			
NOTARY STAMP/SEAL					
Sworn to and subscribed before me by					
20 23 to certify	which, witn	ess my hand and seal of office. Teremy Farrar Mem	bu Se	rvice Rossespatiative	
Ignature of officer administer	ring oath	Printed name of officer administering oath		itle of officer administering oath	
THE REAL PROPERTY.		OR			
(2) Unsworn Declaration	on				
My name is		, and my date of birth is			
My address is					
, 440,000 10		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	tate) (z	ip code) (country)	
Executed in	(County, State of, on the day of(month	, ,	, 20 (year)	
		Signature of Candid	ate/Officeh	older (Declarant)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

		,						
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:						
2 FILER NAME	Trent Hill	3 Filer ID (Ethics Commissi	on Filers)					
4 Date	5 Full name of contributor out-of-state PAC (ID#:	de	(\$)					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Se IP								
Date	Full name of contributor	Amount of contribution	(\$)					
	Contributor address; City; State; Zip Cod							
Principal occupation / Job title (See Instructions) Employer (See Instructions)								
Date	Full name of contributor		(\$)					
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)						
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution	(\$)					
	Contributor address; City; State; Zip Cod	le						
Principal occup	pation / Job title (See Instructions) Employer (See	e Instructions)						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.								

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Co		
21	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2000	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	