CANDIDA CAMPAIG	FORM C/OH COVER SHEET PG 1					
The C/OH Instruction	2 Total pages filed:					
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR	Keith Pinkston	MI HA SUFFIX	OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE		EXTENSION	Date tunid-polivered of Date englinerked		
6 CAMPAIGN TREASURER NAME	NICKNAME	Tiffany Pinista	MI • Suffix	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	31511	(NO PO BOX PLEASE): APT/SL Debney Bo Veland	stom Rd	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 863 - 6109	EXTENSION	2		
9 REPORT TYPE	January 15 July 15	30th day before ele	ection Runoff Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month)	Day Year 724	Reporting Limit Month THROUGH 2	Day Year		
11 ELECTION	Month Day	Year	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)		PCT 3 - SSC	Commissioner		
14 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES I	CCEPTED OR POLITICAL EXPENDITURES MAN	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR EY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREAS COMMITTEE CAMPAIGN TREAS				
GO TO PAGE 2						

	FINANCE REPORT	_	FORM C/OH COVER SHEET PG 2			
15 C/OH NAME			16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$			
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	\$				
	4. TOTAL POLITICAL EXPEND	DITURES	\$			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAS	\$ 2,750			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT C LAST DAY OF THE REPORTING	DF ALL OUTSTANDING LOANS AS OF NG PERIOD	THE \$			
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						
Signature of officer administeri	oath Printed name of offi	icer administering oath	Title of officer administering oath			
		OR				
(2) Unsworn Declaration My name is	Schney Botten R (street) Texas		ate) (Zip code) (country) (year)			