

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

FIRST

MI

Skylar

NICKNAME

LAST

SUFFIX

O'Neal

4 CANDIDATE/
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS /MRS /MR

FIRST

MI

Stephen

NICKNAME

LAST

SUFFIX

O'Neal

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3880 Hulen St. #500, Fort Worth, TX 76107

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

()

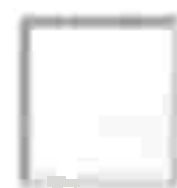
9 REPORT TYPE



January 15



30th day before election



Runoff



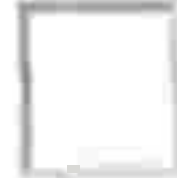
15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

7

/ 15

/ 25

THROUGH

Month

Day

Year

1

/ 15

/ 26

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /



Primary



Runoff



Other
Description



General



Special

12 OFFICE

OFFICE HELD (if any)

Director-TRWD

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.

COMMITTEE TYPE

COMMITTEE NAME



GENERAL

COMMITTEE ADDRESS



SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

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