

# 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) <u>MR</u>	FIRST <u>Billy</u>	MI <u>J</u>	
	NICKNAME <u>Dung</u>	LAST <u>Hollingsworth</u>	SUFFIX <u>JR</u>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>515 FM 2823 Carlton TX 76436</u>			
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <u>(254)</u>	PHONE NUMBER <u>386-6615</u>	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS (MR) <u>MR</u>	FIRST <u>Billy</u>	MI <u>J</u>	
	NICKNAME <u>Dung</u>	LAST <u>Hollingsworth</u>	SUFFIX <u>Jr</u>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>515 FM 2823 Carlton TX 76436</u>			
	8 CAMPAIGN TREASURER PHONE	AREA CODE <u>(254)</u>	PHONE NUMBER <u>386-6615</u>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)			
10 PERIOD COVERED	Month Day Year      Month Day Year <u>Jan / 15 / 2024</u> THROUGH <u>Feb / 12 / 2024</u>			
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year <u>03 / 05 / 24</u>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>Sheriff</u>		
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> 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.			
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE		
		COMMITTEE NAME		
		COMMITTEE ADDRESS		
		COMMITTEE CAMPAIGN TREASURER NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS				

**OFFICE USE ONLY**

Date Received: **FILED FOR RECORD**  
at \_\_\_\_\_ o'clock \_\_\_\_\_ M

**FEB 12 2024**

*Rachel Lamb Geeslin*  
County Clerk, Hamilton Co., Texas

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Billy Hollingsworth 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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>0</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>350<sup>00</sup></u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>350<sup>00</sup></u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>650<sup>00</sup></u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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 \_\_\_\_\_ 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 Billy Hollingsworth, and my date of birth is 11-24-1957  
 My address is 515 Elm 2823, Centon, TX, 78806, Hamilton.  
(street) (city) (state) (zip code) (country)  
 Executed in Hamilton County, State of Texas, on the 12 day of February, 2024.  
(month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)