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:

OFFICE USE ONLY
Date Received: FILED 10:19 o'clock A M
FEB 15 2024
SABRA SRADER
ELECTION ADMINISTRATOR
WISE COUNTY, TEXAS
By: Deputy
Date Hand-delivered or Date Postmarked
Receipt # | Amount $
Date Processed
Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME
MS / MRS (MR) | FIRST: Monte | MI: S.
NICKNAME | LAST: Shaw | SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
☐ Change of Address
ADDRESS / PO BOX: PO Box 1203 | APT / SUITE #: | CITY: Decatur | STATE: TX | ZIP CODE: 76234

5 CANDIDATE/ OFFICEHOLDER PHONE
AREA CODE: (940) | PHONE NUMBER: 393-1126 | EXTENSION

6 CAMPAIGN TREASURER NAME
MS / MRS / MR | FIRST: B.W. | MI
NICKNAME: Bill | LAST: Adams | SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)
STREET ADDRESS (NO PO BOX PLEASE): 572 County Road 2215 | APT / SUITE #: | CITY: Decatur | STATE: TX | ZIP CODE: 76234

8 CAMPAIGN TREASURER PHONE
AREA CODE: (940) | PHONE NUMBER: 393-2314 | 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: 01 / 26 / 2024 THROUGH 02 / 24 / 2024

11 ELECTION
ELECTION DATE: Month / Day / Year: 03 / 05 / 2024
ELECTION TYPE: ☒ Primary ☐ Runoff ☐ Other Description ☐ General ☐ Special

12 OFFICE
OFFICE HELD (if any): Tax Assessor/Collector
13 OFFICE SOUGHT (if known): Tax Assessor/Collector

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: ☐ GENERAL ☐ SPECIFIC
COMMITTEE NAME
COMMITTEE ADDRESS
COMMITTEE CAMPAIGN TREASURER NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	Monte S. Shaw	**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)	$	300
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$	0
	4. **TOTAL POLITICAL EXPENDITURES**	$	750
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$	0

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.

Monte S Shaw

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

AMANDA KNOX
Notary Public
STATE OF TEXAS
ID# 13420440-3
My Comm. Exp. Feb. 15, 2027

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Monte S Shaw this the 16 day of Feb, 20 24, to certify which, witness my hand and seal of office.

Amanda Knox — Amanda Knox — EA Chief Deputy

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____ (month), 20_____ (year).

_____
Signature of Candidate/Officeholder (Declarant)