

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH  
COVER SHEET PG 1

The SC C/OH Instruction Guide explains how to complete this form.

1 Filer ID  
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE  
NAME

MS / ~~MRS~~ / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

## OFFICE USE ONLY

Date Received

FILED at 1:32 P  
1-16, 2024

PAM BEAM, Clerk

Court, Mason County, Texas

By Cindy Koshman

4 CANDIDATE  
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

☐ Change of Address

10116 E. State Hwy, 29 Apt TX 76820

5 CANDIDATE  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 345-2046

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

Same as Above

Date Processed

Date Imaged

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(972) 345-2046

9 REPORT TYPE

☒ January 15 ☐ 30th day before convention / election ☐ Runoff  
☐ July 15 ☐ 8th day before convention / election ☐ Final report (Attach SC C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year

11 / 11 / 2023 THROUGH 01 / 10 / 2024

11 CONVENTION /  
ELECTION  
DATE

Month Day Year

03 / 05 / 2024

12 OFFICE SOUGHT

Mason  
County Chair

☐ STATE CHAIR

☒ COUNTY CHAIR

13 POLITICAL  
PARTY

COUNTY (If Applicable)

Republican

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF 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

GO TO PAGE 2

# STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT

FORM SC C/OH  
COVER SHEET PG 2

15 CANDIDATE NAME <u>Wanda C. Rueffer</u>		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>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>0</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>0</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.

Wanda Rueffer  
Signature of Candidate

Please complete either option below:



Sworn to and subscribed before me by Wanda Rueffer this the 16<sup>th</sup> day of January, 2024, to certify which, witness my hand and seal of office.  
Stephanie Simonton Stephanie Simonton Notary Public  
 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 \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)

\_\_\_\_\_  
Signature of Candidate (Declarant)