

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

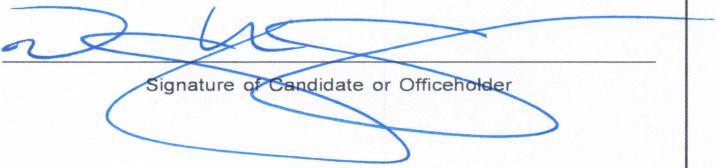
The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
<b>3 CANDIDATE / OFFICEHOLDER NAME</b> MS / MRS / MR <u>Doug</u> FIRST NICKNAME <u>Meisinger</u> LAST SUFFIX			<b>OFFICE USE ONLY</b> Date Received <u>4-5-24 9:30am</u> <u>NRH</u>	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> ADDRESS / PO BOX: <u>707 Bradford</u> CITY: <u>Kemah, TX 77545</u> <small>Change of Address</small>			STATE; ZIP CODE	
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b> AREA CODE <u>(281)</u> PHONE NUMBER <u>832-0176</u>			EXTENSION	
<b>6 CAMPAIGN TREASURER NAME</b> MS / MRS / MR <u>Doug</u> FIRST NICKNAME <u>Meisinger</u> LAST SUFFIX			Date Hand-delivered or Date Postmarked <u>HD 4-5-24</u> Receipt # <u> </u> Amount \$ <u> </u> Date Processed <u>4-5-24</u> Date Imaged <u>4-5-24</u>	
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: <u>707 Bradford</u> <u>Kemah, TX 77545</u>			STATE;	ZIP CODE
<b>8 CAMPAIGN TREASURER PHONE</b> AREA CODE <u>(281)</u> PHONE NUMBER <u>832-0176</u>			EXTENSION	
<b>9 REPORT TYPE</b>			<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)	
<b>10 PERIOD COVERED</b> Month <u>1</u> Day <u>1</u> Year <u>24</u> THROUGH			Month <u>4</u>	Day <u>4</u> Year <u>24</u>
<b>11 ELECTION</b> ELECTION DATE Month <u>5</u> Day <u>4</u> Year <u>24</u>			ELECTION TYPE Primary <u>General</u> Runoff Special Other Description _____	
<b>12 OFFICE</b> OFFICE HELD (if any) <u>City Council Pos 3</u>			<b>13 OFFICE SOUGHT (if known)</b>	
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b> <small>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.</small>				
COMMITTEE TYPE COMMITTEE NAME <small>GENERAL</small> COMMITTEE ADDRESS <small>SPECIFIC</small> COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				
<b>GO TO PAGE 2</b>				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

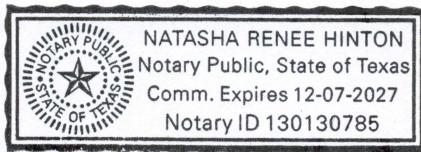
15 C/OH NAME	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS		
1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
2.	<b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS		
3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 717. 00
4.	<b>TOTAL POLITICAL EXPENDITURES</b>	\$
CONTRIBUTION BALANCE		
5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		
6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 Doug Meisinger this the 5th day of April,  
20 24, 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

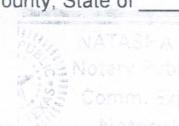
(2) Unsworn Declaration

My name is \_\_\_\_\_, 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/Officeholder (Declarant)