CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	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 TAMBERLIN	MI	Raca lassis USE ONLY			
177 11716	NICKNAME TAMMY	LAST BIGGAR	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 400 CR 424	BONHAM TX 7	CITY; STATE; ZIP CODE 75418	and 3 RECT 2023 Angela Frezin, populy			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 819-9848	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR DR.	FIRST JAMES	МІ	Receipt # Amount \$ Date Processed			
	NICKNAME	Froelich, III D.C	SUFFIX D. FACO F	©1(3°2053 Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 2105 N. Cer	(NO PO BOX PLEASE); APT / S	·	STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	(903)	PHONE NUMBER 583-4812	EXTENSION				
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month 7	Day Year / 1 / 22	THROUGH 12	Day Year / 31 / 22			
11 ELECTION	Month Day	Year Primary 22 General	ELECTION TYPE Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CANI	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TRI	EASURER ADDRESS				
	·-	GO TO	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME TAMMY BIGGAR		16 Filer	ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HAN	\$ 0.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	NS)	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00					
	4. TOTAL POLITICAL EXPENDITURES		\$ 0.00				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY	\$ 2,063.52				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD						
1	wear, or affirm, under penalty of perjury, that the accompanying report is juired to be reported by me under Title 15, Election Code.	true and corr	rect and includes all information				
			<u> </u>				
	amul	11 h. m	~~1				
		pugg					
	Signature of	Candidate po	r Officeholder				
	. 111111,						
	NCHELE HILL Please complete either option below	ow:					
, ,	2434 69:	O 11.					
· · · · · · · · · · · · · · · · · · ·	201 M						
(1) Affidavit	S A to it is						
(1) Alliuavit	FORTE						
1,	70-10-2020						
NOTARY STAMP/SEAL	11111						
Sworn to and subscribed b	before me by TAMMV BIGGAT this th	. 13	·				
~~	before me by I Pariting City City unis in	ne	day of January,				
	which, witness my hand and seal of office.						
suchele Hel			Notary				
Signature of officer administeri	ring oath Printed name of officer administering oath		Title of officer administering oath				
	OR						
(2) Unsworn Declaratio	on						
My name is	, and my date of birth	h is	·				
My address is							
	(street) (city)	(state) (z	zip code) (country)				
Executed in	County, State of , on the day of		_, 20				
	OIII)	onth)	(year)				
	Signature of Car	ndidate/Office	holder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	mmission Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		;	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	TRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	1,422.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	ITRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

		EXPENDITUR	E CATEG	ORIES F	OR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services	Expense	Office Over Polling Exp Printing Ex Salaries/W	pense fages/Contract Labor	Transport Travel In Travel Ou	District at Of District	g Expense nent & Related Expense y not listed above)
	I	The Instruction Gui	ide explain	s now to c	omplete this form.	1		
1 Total pages Schedule F2:	2 FILER N	BIGGAR				3 Filer ID) (Ethics C	ommission Filers)
4 TOTAL OF UNITER	IIZED UNI	PAID INCURRE	D OBLIC	SATION	S	\$		
5 Date 09/01/2009	6 Payee n	ame R FAMILY		V- 1-3 400 AL		L		
7 Amount (\$)	8 Payee a	iddress;	****		City;		State;	Zip Code
1,422.00	400 CR	4246			BONHAM		TX	75418
9 TYPE OF EXPENDITURE	ГР	olitical		Non-Pol	itical			
10	(a) Category	(See Categories listed at t	the top of this	schedule)	(b) Description			
PURPOSE OF Expenditure	Contribu	ution			campaign exp	penses		
	(c)	Check if travel outside of Texa	s. Complete Sc	hedule T.	Check if Aus	tin, TX, officet	nolder living e	expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		idate / Officeholder	name	Of	ffice sought		Office he	ld
Date	Payee n	ame						
Amount (\$)	Payee a	ddress;			City;		State;	Zip Code
TYPE OF EXPENDITURE	P	Diitical		Non-Pol	itical	. <u>-</u> .		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at t	he top of this s	schedule)	Description			
		Check if travel outside of Texa	as. Complete S	chedule T.	Check if Au	stin, TX, office	holder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	idate / Officeholder	name	Of	fice sought		Office he	ld	
	44.							
	ATTAC	ADDITIONAL CO	OPIES OF	THIS S	CHEDULE AS NEI	EDED		