

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) <p style="text-align: center; font-size: 1.2em;">N/A</p>	2 Total pages filed: <p style="text-align: center; font-size: 1.2em;">2</p>																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; font-size: 0.8em;">FIRST</td> <td style="width:20%; font-size: 0.8em;">MI</td> </tr> <tr> <td>Dr.</td> <td>Camron</td> <td>M.</td> </tr> <tr> <td style="border-top: 1px dashed black; font-size: 0.8em;">NICKNAME</td> <td style="border-top: 1px dashed black; font-size: 0.8em;">LAST</td> <td style="border-top: 1px dashed black; font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td></td> <td>Cochran</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Dr.	Camron	M.	NICKNAME	LAST	SUFFIX		Cochran		<div style="text-align: center; border: 2px solid blue; padding: 5px; font-weight: bold; font-size: 1.5em; color: blue;">RECEIVED</div> <p style="text-align: center; color: red; font-weight: bold;">APR 26 2024</p> <p style="text-align: center; color: red;">@ 9:09 a.m.</p> <p style="text-align: center; color: blue;">City of Killeen</p> <p style="text-align: center; color: blue;">By: Laura J. Calcote</p> <p style="text-align: center; color: blue;">City Secretary</p> <p style="text-align: center; color: blue; font-size: 1.2em;">emailed</p>							
MS / MRS / MR	FIRST	MI																			
Dr.	Camron	M.																			
NICKNAME	LAST	SUFFIX																			
	Cochran																				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">ADDRESS / PO BOX:</td> <td style="font-size: 0.8em;">APT / SUITE #:</td> <td style="font-size: 0.8em;">CITY:</td> <td style="font-size: 0.8em;">STATE:</td> <td style="font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="background-color: black; height: 20px;"></td> </tr> </table>	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE															
ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE																	
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">AREA CODE</td> <td style="font-size: 0.8em;">PHONE NUMBER</td> <td style="font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td colspan="3" style="background-color: black; height: 20px;"></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION																	
AREA CODE	PHONE NUMBER	EXTENSION																			
6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">MS / MRS / MR</td> <td style="width:40%; font-size: 0.8em;">FIRST</td> <td style="width:20%; font-size: 0.8em;">MI</td> </tr> <tr> <td>Mrs.</td> <td>Sheri</td> <td></td> </tr> <tr> <td style="border-top: 1px dashed black; font-size: 0.8em;">NICKNAME</td> <td style="border-top: 1px dashed black; font-size: 0.8em;">LAST</td> <td style="border-top: 1px dashed black; font-size: 0.8em;">SUFFIX</td> </tr> <tr> <td></td> <td>Clifton</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	Mrs.	Sheri		NICKNAME	LAST	SUFFIX		Clifton									
MS / MRS / MR	FIRST	MI																			
Mrs.	Sheri																				
NICKNAME	LAST	SUFFIX																			
	Clifton																				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">STREET ADDRESS (NO PO BOX PLEASE):</td> <td style="font-size: 0.8em;">APT / SUITE #:</td> <td style="font-size: 0.8em;">CITY:</td> <td style="font-size: 0.8em;">STATE:</td> <td style="font-size: 0.8em;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="background-color: black; height: 20px;"></td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE													
STREET ADDRESS (NO PO BOX PLEASE):	APT / SUITE #:	CITY:	STATE:	ZIP CODE																	
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">AREA CODE</td> <td style="font-size: 0.8em;">PHONE NUMBER</td> <td style="font-size: 0.8em;">EXTENSION</td> </tr> <tr> <td>(602)</td> <td>432-7510</td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(602)	432-7510													
AREA CODE	PHONE NUMBER	EXTENSION																			
(602)	432-7510																				
9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> Final Report (Attach C/OH - FR)										
<input type="checkbox"/> January 15	<input 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 checked="" type="checkbox"/> Final Report (Attach C/OH - FR)																		
10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 0.8em;">Month</td> <td style="font-size: 0.8em;">Day</td> <td style="font-size: 0.8em;">Year</td> <td style="font-size: 0.8em;">THROUGH</td> <td style="font-size: 0.8em;">Month</td> <td style="font-size: 0.8em;">Day</td> <td style="font-size: 0.8em;">Year</td> </tr> <tr> <td>3</td> <td>2</td> <td>24</td> <td></td> <td>4</td> <td>26</td> <td>24</td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	3	2	24		4	26	24				
Month	Day	Year	THROUGH	Month	Day	Year															
3	2	24		4	26	24															
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: 0.8em;">ELECTION DATE</td> <td colspan="3" style="font-size: 0.8em;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 0.8em;">Month</td> <td style="font-size: 0.8em;">Day</td> <td style="font-size: 0.8em;">Year</td> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td>5</td> <td>4</td> <td>24</td> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>			ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	5	4	24	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
ELECTION DATE			ELECTION TYPE																		
Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description																
5	4	24	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special																	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <p style="text-align: center; font-size: 1.2em;">At-Large Killeen City Council</p>																			
14 NOTICE FROM POLITICAL COMMITTEE(S)	<p style="font-size: 0.8em;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: 0.8em;">COMMITTEE TYPE</td> <td style="font-size: 0.8em;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>Committee to Elect Camron Cochran</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td style="background-color: black; height: 20px;"></td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>Sheri Clifton</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td></td> <td style="background-color: black; height: 20px;"></td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	Committee to Elect Camron Cochran	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				COMMITTEE CAMPAIGN TREASURER NAME		Sheri Clifton		COMMITTEE CAMPAIGN TREASURER ADDRESS				
COMMITTEE TYPE	COMMITTEE NAME																				
<input type="checkbox"/> GENERAL	Committee to Elect Camron Cochran																				
<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS																				
	COMMITTEE CAMPAIGN TREASURER NAME																				
	Sheri Clifton																				
	COMMITTEE CAMPAIGN TREASURER ADDRESS																				
GO TO PAGE 2																					

**CANDIDATE / OFFICEHOLDER REPORT:
DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

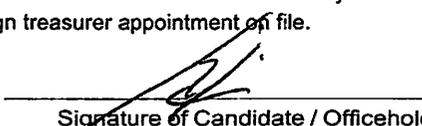
1 C/OH NAME

Camron M. Cochran

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder. ****

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

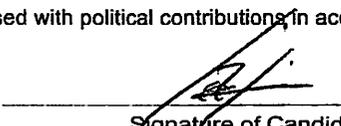
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.


Signature of Candidate

5 OFFICEHOLDER

**** Complete this section only if you are an officeholder ****

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder