

# 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:        |   |
| 3 CANDIDATE / OFFICEHOLDER NAME                                | MS / MRS / MR  | FIRST                                 | MI                          | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>Filed For Record</b><br><br><b>JAN 11 2024</b><br><br>Nolan County Clerk<br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt #      Amount \$<br><br>Date Processed<br><br>Date Imaged |
|  | Mrs.   | Angie                                 |                             |   |
| NICKNAME   | LAST   | SUFFIX                                |                             |   |
| Collier  | Collier  |                                       |                             |   |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS                     | ADDRESS / PO BOX;  | APT / SUITE #;                        | CITY; STATE; ZIP CODE       |   |
| Change of Address  | 1208 Grand Ave Sweetwater, TX 79556  |                                       |                             |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE                               | AREA CODE  | PHONE NUMBER                          | EXTENSION                   |   |
|  | ( 325 )  | 669-7172                              |                             |   |
| 6 CAMPAIGN TREASURER NAME                                      | MS / MRS / MR  | FIRST                                 | MI                          |   |
|  | Mr.  | Laramie                               | S                           |   |
| NICKNAME   | LAST   | SUFFIX                                |                             |   |
| Collier  | Collier  |                                       |                             |   |
| 7 CAMPAIGN TREASURER ADDRESS                                   | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;  |                                       |                             | CITY; STATE; ZIP CODE   |
| (Residence or Business)  | 1208 Grand Ave Sweetwater, TX 79556  |                                       |                             |   |
| 8 CAMPAIGN TREASURER PHONE                                     | AREA CODE  | PHONE NUMBER                          | EXTENSION                   |   |
|  | ( 325 )  | 669-7418                              |                             |   |
| 9 REPORT TYPE  | <input checked="" 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)<br><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) |                                       |                             |   |
| 10 PERIOD COVERED  | Month  | Day                                   | Year                        | Month Day Year  |
|  | 6  | 30                                    | 23                          | THROUGH 12 / 31 / 23  |
| 11 ELECTION  | ELECTION DATE  |                                       | ELECTION TYPE               |   |
|  | Month  | Day                                   | Year                        | Primary      Runoff <input checked="" type="checkbox"/> Other Description<br>General      Special <u>6 month report for open account</u>  |
| 12 OFFICE  | OFFICE HELD (if any)   |                                       | 13 OFFICE SOUGHT (if known) |   |
|  | Justice of the Peace   |                                       |                             |   |
| 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   | COMMITTEE NAME                        |                             |   |
|  | GENERAL  | COMMITTEE ADDRESS                     |                             |   |
|  | SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME     |                             |   |
|  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS  |                             |   |

**GO TO PAGE 2**

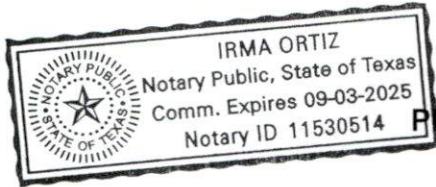
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                      |   |   |
|--------------------------------------|---|---|
| <b>15 C/OH NAME</b><br>Angie Collier |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>        | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$  |
|                                      | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$  |
| <b>EXPENDITURE TOTALS</b>            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$  |
|                                      | 4. TOTAL POLITICAL EXPENDITURES   | \$  |
| <b>CONTRIBUTION BALANCE</b>          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 16.95                                      |
| <b>OUTSTANDING LOAN TOTALS</b>       | 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.

Angie Collier  
Signature of Candidate or Officeholder



Please complete either option below:

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Angie Collier this the 11 day of January, 2024, to certify which, witness my hand and seal of office.

Irma Ortiz Signature of officer administering oath  
IRMA Ortiz Printed name of officer administering oath  
Admin Asst. 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)