

Official Filing Authority of Harris County Isabel Longoria Elections Administrator

Campaign Finance Report

FileNo:

202255

Received By Clerk: 01/18/2022

File Date: January 15, 2022

Office: County Judge

Candidate: Bolanos, Hector

Treasurer: Bolanos, Diana P.

Category: Contributions And Expenditures (COH/JCOH)

Elections Administrator Harris County, TX

Delivered By: Electronically Filed

Type: COR

Harris County No Fee

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed 2		
3 CANDIDATE/ OFFICEHOLDER	MS/MRS/MR	PIRST Hector	WI	OFFICEUSEONLY		
NAME	NICKNAME	LAST	SUFFIX	Date Received		
	H.Q. Bolano	s Bolanos				
4 CANDIDATE! OFFICEHOLDER MAILING ADDRESS	P.O. Box 51		city, State, ZIP CODE OCKIEY TX 77447	\mathbf{O} ,		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832) 8	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST Diana	P.			
NAME	NICKNAME	LAST	SUFFIX	Date Processed		
	: Bolanos			Date Imaged		
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE), APT / S	SUITE #. CITY,	STATE, ZIP CODE		
TREASURER	P.O. Box 51 Hockley TX 77447					
ADDRESS	r.O. Dox	•	Hockiey	17 ///		
(Residence or Business)						
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(832) 814-3489					
	(002)					
9 REPORT TYPE	X January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month	Day Year	Month	Day Year		
COVERED	12 07 2021 THROUGH 01 / 15 / 2022					
11 ELECTION	1 ELECTION ELECTION DATE ELECTION TYPE					
	Month Day Year Primery Runoff Cither					
	03 01 2022 General Special					
	2022					
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)					
	None Harris County Judge					
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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 CANDIDATES OR OFFICEHOLDERS 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					
		COMMITTEE CAMPAIGN II	PENOUREN NUURESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

<u> </u>						
15 C/OH NAME Hec	16 Filer ID (Ethics Commission Filers)					
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELE		* O			
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS	\$ 0			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	\$0				
	4. TOTAL POLITICAL EXPEN	DITURES	\$0			
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	ITIONS MAINTAINED AS OF THE LA	AST DAY \$0			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT (LAST DAY OF THE REPORTIN	OF ALL OUTSTANDING LOANS AS ONG PERIOD	of the \$0			
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and period and includes all information required to be reported by me under Title 15, Election Code.						
160	quired to be reported by the dilder time 15,	Election Code.				
		Signature of C	Candidate or Officeholder			
	,	Signature of C	Sandradate of Officeriolder			
•						
	Please comp	plete either option belo	w:			
	- AMPRICA		•			
(1) Affidavit	Notary ID 131310400	025				
NOTARY STAMP/SEA						
Sworn to and subscribed	before me by Hcctur a	Bolanus this the	e 15th day of January.			
20.22 to certify	which, witness my hand and seal of office.		, ,			
	Dry/ 13	vyan le	Notary Public			
Signature of officer administe	ering oath Printed name of o	fficer administering oath	Title of officer administering oath			
		OR	Les Tolon of the second			
(2) Unsworn Declarati	on		-			
My name is		, and my date of birth	is			
My address is		··				
	(street)	,	(state) (zip code) (country)			
Executed in	County, State of	, on the day of (mor	, 20, (year)			
		Signature of Cand	didate/Officeholder (Declarant)			