

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: <i>2</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr</i>	FIRST <i>David</i>	MI <i>S</i>	OFFICE USE ONLY Date Received <i>10/7/24</i>		
	NICKNAME	LAST <i>Farrington</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>Houston TX, 77065</i>				Date Hand-delivered or Date Postmarked <i>10/7/24 B4hard</i>	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(832)</i>	PHONE NUMBER <i>651-6688</i>	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mrs</i>	FIRST <i>Christy</i>	MI <i>K</i>	Receipt # <i>001</i>	Amount \$ <i>0</i>	
	NICKNAME	LAST <i>Miller</i>	SUFFIX	Date Processed <i>10/7/24</i>	Date Imaged <i>10/7/24</i>	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; <i>Houston TX, 770656</i>				STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(281)</i>	PHONE NUMBER <i>381-1074</i>	EXTENSION			
9 REPORT TYPE	<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)		
10 PERIOD COVERED	Month <i>14</i>	Day <i>08</i>	Year <i>2024</i>	Month <i>10</i>	Day <i>06</i>	Year <i>2024</i>
11 ELECTION	ELECTION DATE Month Day Year <i>11 / 05 / 2024</i>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <i>General</i> <input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any) <i>Commissioner Harris County ESD9</i>			13 OFFICE SOUGHT (if known)		
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.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

David Farrington

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. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 741.69

4. TOTAL POLITICAL EXPENDITURES

\$ 741.69

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

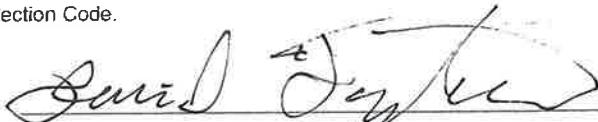
OUTSTANDING LOAN TOTALS

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 DAVID FARRINGTON this the 7 day of October.

20 24 to certify which, witness my hand and seal of office.

Melissa Wiggins
Signature of officer administering oath

Melissa Wiggins
Printed name of officer administering oath

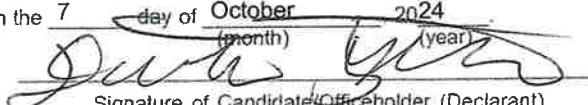
Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is David Scott Farrington and my date of birth is _____
My address is _____ Houston TX 77065 USA

Executed in Harris County, State of Texas, on the 7 day of October 2024
(street) (city) (state) (zip code) (country)



Signature of Candidate/Officeholder (Declarant)