

# 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: <div style="font-size: 2em; text-align: center;">2</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr David S	<b>OFFICE USE ONLY</b>	
	NICKNAME LAST SUFFIX Farrington		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  Houston TX, 77065		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 832 ) 651-6688		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Christy K	Date Received <div style="font-size: 1.5em; text-align: center;">10/7/24</div>	
	NICKNAME LAST SUFFIX Miller		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		Date Hand-delivered or Date Postmarked <div style="font-size: 1.5em; text-align: center;">10/7/24 By hand</div>	
8 CAMPAIGN TREASURER PHONE		Receipt # Amount \$ 001 0	
9 REPORT TYPE		Date Processed <div style="font-size: 1.5em; text-align: center;">10/7/24</div>	
10 PERIOD COVERED		Date Imaged <div style="font-size: 1.5em; text-align: center;">10/7/24</div>	
11 ELECTION		Date Imaged <div style="font-size: 1.5em; text-align: center;">10/7/24</div>	
12 OFFICE		13 OFFICE SOUGHT (if known) Commissioner Harris County ESD9	
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.	
COMMITTEE TYPE  <input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC		COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

# 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.

*David Farrington*

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

2024 to certify which, witness my hand and seal of office.

*[Signature]*

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

(street)

(city)

(state)

(zip code)

(country)

Executed in Harris County, State of Texas, on the 7 day of October 2024

*[Signature]*

Signature of Candidate/Officeholder (Declarant)