

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 MS. | FIRST BRITTANY | MI A | OFFICE USE ONLY Date Received FILED FOR RECORD FEB 08 2024 ASHLEY RODRIGUEZ DAWSON COUNTY ELECTION ADMINISTRATOR | | |
| | NICKNAME | LAST LOVINGTON | SUFFIX | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: | APT / SUITE #: | CITY: | | STATE: | ZIP CODE |
| <input type="checkbox"/> Change of Address | 100 NORTH 7TH #416 | | LAMESA | | TX | 79331 |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE (806) | PHONE NUMBER 928-6064 | EXTENSION | Date Hand-delivered or Date Postmarked | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MS. | FIRST BRITTANY | MI A | Receipt # | Amount \$ | |
| | NICKNAME | LAST LOVINGTON | SUFFIX | Date Processed | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> | STREET ADDRESS (NO PO BOX PLEASE); | | APT / SUITE #: | CITY: | STATE: | ZIP CODE |
| | 100 NORTH 7TH #416 | | | LAMESA | TX | 79331 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (806) | PHONE NUMBER 928-6064 | EXTENSION | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | | <input checked="" type="checkbox"/> 30th day before election | | <input type="checkbox"/> Runoff | |
| | <input type="checkbox"/> July 15 | | <input type="checkbox"/> 8th day before election | | <input type="checkbox"/> Exceeded Modified Reporting Limit | |
| | | | | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | |
| | | | | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month | Day | Year | Month | Day | Year |
| | 01/ | 15 | 24 | THROUGH | 02/ | 05 / 24 |
| 11 ELECTION | ELECTION DATE | | | ELECTION TYPE | | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description |
| | 03 | 05 | 24 | <input type="checkbox"/> General | <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> 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 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 | 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

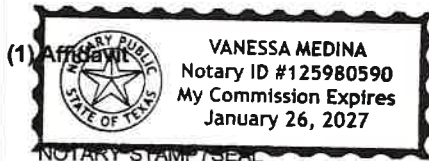
| | | |
|-------------------------|---|--|
| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

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.

Brittany Lorington

Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by Brittany Lorington this the 8th day of February, 2024, to certify which, witness my hand and seal of office.

Vanessa Medina Signature of officer administering oath
Vanessa Medina Printed name of officer administering oath
Notary 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)