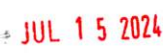


CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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 | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">MS / <u>MRS</u> / MR</td> <td style="width:20%;">FIRST <u>Sarah</u></td> <td style="width:20%;">MI <u>B</u></td> </tr> <tr> <td>NICKNAME</td> <td>LAST <u>Berry</u></td> <td>SUFFIX</td> </tr> </table> | | MS / <u>MRS</u> / MR | FIRST <u>Sarah</u> | MI <u>B</u> | NICKNAME | LAST <u>Berry</u> | SUFFIX | <div style="border: 1px solid black; padding: 5px;"> OFFICE USE ONLY Date Received  Date Hand-delivered to Office Date Postmarked Receipt # Amount \$ Date Processed Date Imaged </div> | | |
| MS / <u>MRS</u> / MR | FIRST <u>Sarah</u> | MI <u>B</u> | | | | | | | | | |
| NICKNAME | LAST <u>Berry</u> | SUFFIX | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX; <u>480 Hyde Park Dr.</u></td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:20%;">CITY; <u>Chandler Tx</u></td> <td style="width:10%;">STATE;</td> <td style="width:30%;">ZIP CODE <u>75758</u></td> </tr> </table> | | ADDRESS / PO BOX; <u>480 Hyde Park Dr.</u> | APT / SUITE #; | CITY; <u>Chandler Tx</u> | STATE; | ZIP CODE <u>75758</u> | | | | |
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| 5 CANDIDATE / OFFICEHOLDER PHONE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AREA CODE <u>(903)</u></td> <td style="width:40%;">PHONE NUMBER <u>343-2669</u></td> <td style="width:40%;">EXTENSION</td> </tr> </table> | | AREA CODE <u>(903)</u> | PHONE NUMBER <u>343-2669</u> | EXTENSION | | | | | | |
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| 6 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">MS / <u>MRS</u> / MR</td> <td style="width:20%;">FIRST <u>Sarah</u></td> <td style="width:20%;">MI <u>B</u></td> </tr> <tr> <td>NICKNAME</td> <td>LAST <u>Berry</u></td> <td>SUFFIX</td> </tr> </table> | | MS / <u>MRS</u> / MR | FIRST <u>Sarah</u> | MI <u>B</u> | NICKNAME | LAST <u>Berry</u> | SUFFIX | | | |
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| NICKNAME | LAST <u>Berry</u> | SUFFIX | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">STREET ADDRESS (NO PO BOX PLEASE); <u>480 Hyde Park Dr.</u></td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:20%;">CITY; <u>Chandler</u></td> <td style="width:10%;">STATE; <u>Tx</u></td> <td style="width:20%;">ZIP CODE <u>75758</u></td> </tr> </table> | | | STREET ADDRESS (NO PO BOX PLEASE); <u>480 Hyde Park Dr.</u> | APT / SUITE #; | CITY; <u>Chandler</u> | STATE; <u>Tx</u> | ZIP CODE <u>75758</u> | | | |
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| 9 REPORT TYPE | <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | <input 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) | <input checked="" 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) |
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| 10 PERIOD COVERED | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Month <u>04</u></td> <td style="width:10%;">Day <u>24</u></td> <td style="width:20%;">Year <u>2024</u></td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:20%;">Month <u>06</u></td> <td style="width:10%;">Day <u>30</u></td> <td style="width:20%;">Year <u>2024</u></td> </tr> </table> | | | Month <u>04</u> | Day <u>24</u> | Year <u>2024</u> | THROUGH | Month <u>06</u> | Day <u>30</u> | Year <u>2024</u> | |
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| 11 ELECTION | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ELECTION DATE Month Day Year <u>5 / 4 / 2024</u></td> <td style="width:70%;">ELECTION TYPE</td> </tr> <tr> <td></td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table> | | | ELECTION DATE Month Day Year <u>5 / 4 / 2024</u> | ELECTION TYPE | | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | |
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| 12 OFFICE | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">OFFICE HELD (if any)</td> <td style="width:50%;">13 OFFICE SOUGHT (if known) <u>City Council</u></td> </tr> </table> | | | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <u>City Council</u> | | | | | | |
| OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <u>City Council</u> | | | | | | | | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | <p style="font-size: small;">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.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td style="width:80%;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | | |
| <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | | | |
| <input type="checkbox"/> 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

15 C/OH NAME

Sarah Berry

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

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

\$ 0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION
BALANCE

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

\$ 0

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

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 _____ this the _____ day of _____,
20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Sarah Berry, and my date of birth is 6-23-1989.

My address is 480 Hyde Park (street), Chandler (city), Tx (state), 75758 (zip code), _____ (country).

Executed in Henderson County, State of Texas, on the _____ day of July, 2024.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|--------------------|
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 0 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0 |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |