## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:				
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST Kirk	МІ	OFFICE USE ONLY				
TVAVIL .	NICKNAME LAST Roccaforte	SUFFIX	REC'D JUL 7 2023				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		city; state; zip code Texas 77611	1:31 PM				
Change of Address			Chung Macces				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER 735-5750	EXTENSION	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$				
TREASURER NAME	Aaron	F	Date Processed				
	NICKNAME LAST	SUFFIX	Date Imaged				
	Roccaforte	Date imaged					
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S		STATE; ZIP CODE				
ADDRESS	315 Susan Ave Bridge City, Texas 77611						
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 409 ) 474-1316	EXTENSION					
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)						
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)				
10 PERIOD	Month Day Year	6 Month	Day Year				
COVERED	6 / 14 / 23	THROUGH 6	/ 30 / 23				
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description						
	3 / 5 / 24 General	Special					
12 OFFICE	OFFICE HELD (if any) Orange Co. Commissioner Pct.	. #3 OFFICE SOUGHT (If known	mmissioner Pct. #3				
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE   COMMITTEE NAME						
Additional Pages	GENERAL COMMITTEE ADDRESS						
	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			16 Filer ID (F	thics Commission Filers)			
Kirk Roccaforte			TO FREI ID (E	unics Commission Friers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (     PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR     CONTRIBUTIONS MADE ELECTRONICALLY)		TEES OF LOANS, OR	\$	0.00		
		OLITICAL CONTRIBU HAN PLEDGES, LOANS	TIONS , OR GUARANTEES OF LOANS)	\$	0.00		
EXPENDITURE TOTALS	3. TOTAL UN	. UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00		
	4. TOTAL PO	OLITICAL EXPENDIT	JRES	\$	0.00		
CONTRIBUTION BALANCE	1	LITICAL CONTRIBUTION	NS MAINTAINED AS OF THE LAS	ST DAY \$	0.00		
OUTSTANDING LOAN TOTALS		INCIPAL AMOUNT OF A OF THE REPORTING F	LL OUTSTANDING LOANS AS OF PERIOD	THE \$	0.00		
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information							
	equired to be reported by						
			Signature of Ca	ndidate or Oni	cenoider		
		Please comple	te either option below	<i>r</i> :			
(1) Affidavit							
NOTARY STAMP/SEA	AL						
Sworn to and subscribed	l hafara ma hy		this the	day	of,		
20, to certify			uno ure	uay	٠٠		
	y writer, withess my hand	d and sear of office.					
Signature of officer administ	ering oath	Printed name of officer	administering oath	Title	of officer administering oath		
	•	0	R				
(2) Unsworn Declarat	ion						
My name is Line	Locafe		, and my date of birth is	12/28/	/1952		
My address is 200	Circle PR		_, Bridge City , I	72. 220	11, 454.		
	(street	•	The second secon	state) (zip co	,		
Executed in _ ORan	G County, Star	te of Texas	on the 7 day of (month)	, 20	<u>23</u> . (year)		
			Signature of Candid	late/Officeholde	er (Declarant)		