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	MS / MRS / MR FIRST Mr Joe		MI	OFFICE USE ONLY		
NAME	NICKNAME	LAST Markham	SUFFIX	Date Received PECEIVE		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE JAN 16 2024 1615 Pleasant Run Keller TX 76248 United States BY: A SU HOX					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (409) 781	PHONE NUMBER -4060	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER	MS / MRS / MR Mrs.	FIRST Danielle	мі Dani			
NAME	NICKNAME	LAST	SUFFIX	Date Processed		
		Markham		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1615 Pleasant 76248					
(Residence or Business)	Run Keller 70240					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (206) 491-7620					
A DEPORT TYPE	(200) 431	-1020				
9 REPORT TYPE	X 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 COVERED	Month	Day Year	Month	Day Year		
	07	01 /2023	THROUGH 12	/30 /2023		
11 ELECTION	ELECTION DATE ELECTION TYPE					
	Month Day	Year Primary	Runoff Other Description			
	/ /	General	Special			
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) City council					
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	S MAY HAVE BEEN MADE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer	ID (Ethics Con	mmission Filers)	
17 CONTRIBUTION TOTALS					
EXPENDITURE TOTALS	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$		
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$		
	4. TOTAL POLITICAL EXPENDITURES	\$			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 0		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE	\$ 3,	749.65	
	swear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code.	e and co	rrect and inclu	ides all information	
	Day 1	4/166			
	Signature of Ca	andidate (or Officeholde	er	
	Please complete either option below	v:			
(1) Affidavit					
NOTARY STAMP/SEA	AL.				
Sworn to and subscribed	before me by this the	***************************************	_ day of	,	
20, to certify	y which, witness my hand and seal of office.				
Signature of officer administ	ering oath Printed name of officer administering oath		Title of officer	administering oath	
	OR				
(2) Unsworn Declarat	ion				
My name is Joseph Mark	kham, and my date of birth is	12/17/1	982		
My address is 1615 Plea		7	6248,		
		state)	(zip code)	(country)	
Executed in Tarrant	County, State of Texas, on the 16 day of Januar	у	, 20_24		
	(mont)	h)	(year)		
	- Signature of Candi	date/Offic	eholder (Decl	arant)	
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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FIL	19 FILER NAME 20 Filer ID (Ethics Co.			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	4. X SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$	
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The requested into the applicable, De ree intolade and page in the report.						
The	1 Total pages Schedule E:					
2 FILER NAME			3 Filer ID (Ethics Commission Filers)			
Jose	eph Markham					
4 TOTAL OF UN	\$					
5 Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)			
7/11/2023	Joseph Markham	420.00				
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate			
Institution?	1615 Pleasant Run Kell	or Toyas 76248				
Y (N)	1615 Pleasant Run Keller, Texas 76248 11 Maturity date					
	on / Job title (See Instructions)	13 Employer (See Instructions)				
Firefigh	nter	City of Arlington				
14 Description of Coll X none	ateral	Check if personal fund account (See Instruct	ds were deposited into political tions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	40.0					
	18 Guarantor address; City;	State; Zip Code				
not applicable						
20 Principal Occupation (See Instructions) 21 Employer (See Instructions)						
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
		,				
			Interest rate			
Is lender a financial Institution?	Lender address; City;	State; Zip Code	merestrate			
Y N			Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Principal occupation / Job title (See Instructions)						
Description of Collateral		Check if personal fund	ds were deposited into political			
none		account (See Instruct				
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Consenter address: City	Chata: Zin Cada				
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupation (See Instructions)		Employer (See Instructions)				
ATTACH ADDITIONAL CODICE OF THIS COUEDING AS MEEDIN						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.						