#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. м CANDIDATE / **OFFICEHOLDER** NAME SUFFIX ZIP CODE ADDRESS / PO BOX; 4 CANDIDATE / **OFFICEHOLDER** MAILING **ADDRESS** Change of Address

COMMITTEE CAMPAIGN TREASURER ADDRESS

FINANCE REPORT	ANCE REPORT	COVER S	HEET PG 1
de explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	iled:
MS / MRS / MR FIRST	ST MASTER STATE OF THE STATE OF	OFFICE	USE ONLY
MARKIA	G	Date Received	
Jenkins	SUFFIX	Filed	For Record
PO BOX 424 Tego. C	Olony TX. 7586	FER	asey Brown
AREA CODE PHONE NUMBER	EXTENSION	Date Hand-delivere	ed or Date Postmarked
903 724 0191 MS / MRS / MR FIRST	() <sup>1</sup>	Receipt #	Amount \$
SUGAR	K	Date Processed	DUTSTANDIN
NICKNAME TAST	SUFFIX	Date Imaged	
STREET ADDRESS (NO PO BOX PLEASE); APT /	SUITE #: CITY;	STATE;	ZIP CODE
903 ) 578 0335 January 15 30th day before	e election Runoff	treasurer	after campaign appointment
July 15 8th day before	election Exceeded Modified Reporting Limit		lder Only) oort (Attach C/OH - FR)
Month Day Year	Month	Day Y	ear
01 /15 /2024	THROUGH 02	105/8	1024
ELECTION DATE  Month Day Year  Primar	Description		TOTARY STAMP
03/05/2024 Gener	al Special	set soler bedg	silve box o mewo
OFFICE HELD (if any)	PC+ 2 CO	nstable	WOX
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITULE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REC			
COMMITTEE TYPE   COMMITTEE NAME			(2) Unswern Dec
GENERAL COMMITTEE ADDRESS	SOLAN	KAN	M Recorded Will
SPECIFIC COMMITTEE CAMPAIGN T	REASURER NAME	2000	Stateurs VII
COMMITTEE CAMPAIGN	TREASURER ADDRESS	Language Contract	off sussessed

FORM C/OH

CANDIDATE/ **OFFICEHOLDER** 

CAMPAIGN TREASURER **ADDRESS** (Residence or Business)

8 CAMPAIGN **TREASURER** PHONE

10 PERIOD

COVERED

11 ELECTION

12 OFFICE

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

9 REPORT TYPE

PHONE 6 CAMPAIGN TREASURER NAME

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

				·
15 C/OH NAME		,	<b>16</b> Fil	ller ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, LOAN	ZED POLITICAL CONTRIBUTION S. OR GUARANTEES OF LOANS B MADE ELECTRONICALLY)	•	\$ —
		AL CONTRIBUTIONS EDGES, LOANS, OR GUARANT	EES OF LOANS)	\$ 50 00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZ	ED POLITICAL EXPENDITURE.		s <u> </u>
	4. TOTAL POLITICA	AL EXPENDITURES		\$ 1295.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF REPORTING F	CONTRIBUTIONS MAINTAINED	) AS OF THE LAST DAY	
OUTSTANDING LOAN TOTALS		L AMOUNT OF ALL OUTSTANDII E REPORTING PERIOD	NG LOANS AS OF THE	\$
40 01051ATUDE 1 ~		/ that the accompany	·	
			ing report is true and t	correct and includes all information
req	uired to be reported by me und	der Title 15, Election Code.		and the second s
			Signature of Candidate	e or Officeholder .
	Pleas	se complete either o <sub>l</sub>	otion below:	
			<del>,                                    </del>	
(1) Affidavit				
•	•			
NOTARY STAMP/SEAL				•
Swom to and subscribed	nafora ma hv		this the	day of
	•		uns ute	
20, to certify	vhich, witness my hand and se	al of office.		
Signature of officer administer	ing oath Printe	ed name of officer administering oa	th	Title of officer administering oath
		OR		
(2) Unawara Daglaratia	<u> </u>		÷*	
(2) Unsworn Declaration	<b>{ 1</b>			
My name is MARKIN	Jenkins	, and my	date of birth is 0/-	-21-70
My address is $Po$	OX 424	Ten C	ploof TX	7586 U.S
•	(street)	(0	city) (state)	(zip code) (country)
Executed in Andreso	County, State of	exas on the 5th	day of Feb	2024
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	(mopth)	(year)
		$\underline{\smile}_{[1]}$	ansigher	
		<b>3</b> 9	nature of Candidate/Off	ficeholder (Declarant)

#### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

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

ii die reque	sted information is not applica		icidue tilis	paye in the	report.
The	Instruction Guide explains how	w to complete thi	s form.		1 Total pages Schedule A1:
2 FILER NAME	(N . ——	tins		•	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	Out-of-state PA	C (ID#:		7 Amount of contribution (\$)
• ~	VersaleAN Log	ANS			
	6 Contributor address;	City;	State:		an an
1-27-24	170 Box 684 FI	KhAR+ TX	75839	7	50 %
8 Principal occu	ipation / Job title (See Instructions)		I .	ver (See Instruc	tions)
Date	Full name of contributor	out-of-state PA	C (ID#		Amount of contribution (\$)
	Contributor address;	City;	State: 2	Zip Code	
Principal occup	 pation / Job title (See Instructions)		Employ	er (See Instruc	tions)
Date -	Full name of contributor	oul-of-state PA			Amount of contribution (\$)
	Contributor address;	City;		Zip Code	
Principal occup	pation / Job title (See Instructions)		Employ	er (See Instruc	tions)
Date	Full name of contributor	out-of-state PAG	C (ID#:	)	Amount of contribution (\$)
	Contributor address;	City;	State; Z	(ip Code	
Principal occup	pation / Job title (See Instructions)		Employ	er (See Instruc	lions)
·			T		
	ATTACH ADDIT	TIONAL COPIES			

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME  20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50 XX
. 2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <del>-</del>
. 3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s —
4.	SCHEDULE E: LOANS	s —
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1295.64
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s —
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s -
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <del>-</del>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <u>_</u>
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s —
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <b>-</b>

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politic	al Committee	Legal Services	nonas caparise	Salaries/W	pense /ages/Contract Labor	Other (enter a ca	strict tegory not listed above)
Credit Card Payment		The Instruct	ion Guide explain:	s how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER N					3 Filer ID (E	thics Commission Filers)
a		MARVIN	/_lenkin	S		ŀ	
4 Date	5 Payee na						
1-17-24	WAL	MART					
6 Amount (\$)	7 Payee a	ddress;			City:	State;	Zip Code
28.06	1406	F milan	Mexia -	TX O	76667		
8			listed at the top of this s		(b) Description		
PURPOSE							
OF EXPENDITURE	Event	E	·•		meet & G	/	
DATE ENDITORIE	· —	//				•	
	(c)	Check if travel outsic	le of Texas. Complete Sc	hedule T.	Check if Aus	stin, TX, officeholder I	ving expense
9 Complete ONLY if direct		ate / Officehold	ler name		Office sought		Office held
expenditure to benefit C/OI		ARVIN _	Jenkins		Pct 2 Conste	abc ~	
Date	Payee na	me					
	<i></i>	<del></del>					
1-19-24	E	RNIC	William	5			
Amount (\$)	Payee ac	ldress;	<i>y</i> - <i>/</i> //////		City:	State:	Zip Code
					•		
Was 00	2/11	· (20)~	1. Auc	YA	45tice TX	75801	
700	Category	(See Categories lis	sted at the top of this sc	hedule)	Description	15001	
PURPOSE		•	· · · · · · · · · · · · · · · · · · ·				
OF	Da	/					,
EXPENDITURE	LUONA	Noif			Community 1	nract E	Hnt
•		Check if travel outsid	e of Texas. Complete Sch	nedule T.	Check if Aus	tin, TX, officeholder li	ving expense
Complete ONLY if direct		ate / Officehold	er name		Office sought		Office held
expenditure to benefit C/OF	$^{\prime}$ $\mathcal{M}$	ARIEN -	Jenkas		Pct 2 cons	Jahre	NA
0	Davas	11/0/11	JUJUIP		ICI a COB	אניקיי	
Date	Payee na	an <del>e</del>					
1-22 21/	سلم (ا	., <	in dn -	DAM:	/		
Amount (\$)	Payee ad	がとし、 dress:	ign cum	PANY	City;	State;	Zip Code
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011-0	500	. 1 11	1. 1 7	)	TV ~	Conl	
211.09	200	WI	HIN IA	PStine		X01	
	Category	(See Categories lis	ted at the top of this sci	nedule)	Description		
PURPOSE OF	4.1			}	ি ১	) , ,	
EXPENDITURE	Advertisi	ng expa	15C		YOST CARD	LAbels	
		Check if travel outside	e of Texas. Complete Sch	edule T.	Check if Aus	tin, TX. officeholder li	ving expense
Complete ONLY if direct	Candid	ate / Officeholo	ler name		Office sought		Office held
expenditure to benefit C/OF		الماما م	~		Pat a no	chle	1/4
	11///	זג אווע	OKIOS		101 x con	H4)4	/4//
	AT	TACH ADDITIO	DNAL COPIES (	OF THIS S	SCHEDULE AS NE	EDED	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to c	•	her (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME DENKINS	3	Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
1-22-24	LAST CHAnce Signs		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
90.96	338 S. MERIN BullADO	TX 75831	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•
PURPOSE OF	<b>a</b> )	2	
EXPENDITURE	Advortising Express	Donnes	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
experience to benefit cross	MAKVIN JONANS	Yct 2 constable	e N/t
Date	Payee name		
1-22-24	Brookslines		
Amount (\$)	Payee address;	City;	State; Zip Code
155.26		W TX 75801	2-11-12-11
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF	T	20-11-0	,
EXPENDITURE	Food Beverage Expense	meet & Gre	et
•	Check if travel outside of Texas. Complete Schedule T.		, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	MARVIN JENKIPS	YC+2 constalk	NA
Date	Payee name		-
1-29-24	Doors a Gardina	•	
Amount (\$)	Payee address;	City;	State; Zip Code
·		••	
410.27	12404 FLANKSON HOW TV	THE TX 7570	23
77 - 6:1	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF			
EXPENDITURE	Advertising Exprese	VARD SIGN	5
	Check if travel outside of Texas. Complete Schedule T.		officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	MARVIN Jenkins	YC+ 2 CUOSIA	br NA
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	)

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Pate Received For Record SUFFIX NICKNAME ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #; FFB 2 6 2024 **OFFICEHOLDER** MAILING Casey Brown **ADDRESS** Elections Administrator deputy Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ CAMPAIGN TREASURER Date Processed NAME SUFFIX NICKNAME Date Imaged CAMPAIGN TREASURER ADDRESS (Residence or Business) CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Year 10 PERIOD Month COVERED THROUGH 11 ELECTION Primary Runoff Other Month Day Description General Special OFFICE SOUGHT (if known) OFFICE HELD (if any). 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	1ARVIN JENKINS	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ —
tono a se se	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 300 00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ —
VIII QUE LE L'ANNO L'AN	4. TOTAL POLITICAL EXPENDITURES	\$ 1490 00
CONTRIBUTION BALANCE	, 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	Please complete either option below	The state of the s
(1) Affidavit		
	Are in the second	Assert I
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.	10 (C)
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is MARV	in Jenkins , and my date of birth is	01-21-70
My address is	Box 424 Tenn Colony . T.	X. 175% US
Executed in Andre	(street) (city) (s County, State of 77 , on the 2612 day of Feb	tate) (zip code) (country)
Executed in VIVE	M (month	(year)
	Signature of Candid	late/Officeholder (Declarant)

#### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete	te this form.	1 Total pages Schedule A1:
2 FILER NAME	MARVIN JOKINS		3 Filer ID (Ethics Commission Filers)
4 Date		ate PAC (ID#:)	7 Amount of contribution (\$)
2161.2024	Po Box 770 Pales	State; Zip Code	300
8 / Principal decu	setion / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	ate PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	ate PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	I ctions)
Date	Full name of contributor	ate PAC (ID#:)	Amount of contribution (\$) .
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SUBTOTALS - C/OH		ORM C/OH CHEET PG 3
19 FILER NAME	20 Filer ID (Ethics Cor	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 300 <u>w</u>
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		, <b>\$</b>
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 1490 00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
. 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	<b>\$</b>
16. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$
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#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense Travel In District Polling Expense Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee **Legal Services** Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date State: Zip Code 8 **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date State: Zip Code **PURPOSE EXPENDITURE** Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address: Zip Code City; State; Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH