

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

FIRST

MI

MR

MICHAEL

N

NICKNAME

LAST

SUFFIX

BATTAGLINO

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5001 CYPRESS AVE
WICHITA FALLS, TX 76308-2904

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

400-5223

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR

MICHAEL

W

NICKNAME

LAST

SUFFIX

BOYLE

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

2817 ELMWOOD AVE, WICHITA FALLS, TX 76308

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

867-2924

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

9

29

23

THROUGH

Month

Day

Year

10

29

23

11 ELECTION

ELECTION DATE

Month

Day

Year

11

7

23

Primary

Runoff

Other
Description

☒ General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City council District 4

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Mr. Michael N. Battaglino

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)	\$ 50.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,550.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 83.74
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,484.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,478.75
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.

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 Michael N Battaglino, and my date of birth is [REDACTED].
My address is 5001 Cypress Ave, Wichita Falls, TX, 76308, USA.
(street) (city) (state) (zip code) (country)
Executed in Wichita County, State of Texas, on the 30 day of October, 2023.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Mr. Michael Battaglino****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,400.56
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,700.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 this form.		1 Total pages Schedule A1:
2 FILER NAME Michael N Battaglino		3 Filer ID (Ethics Commission Filers)
4 Date 10/03/2023	5 Full name of contributor out-of-state PAC (ID#: _____) David Coleman	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code [REDACTED], Wichita Falls, TX 76308		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: _____) J. I. Ginnings	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/06/2023	Full name of contributor out-of-state PAC (ID#: _____) James Peter Heiman	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [REDACTED], Wichita Falls, TX 76302		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/13/2023	Full name of contributor out-of-state PAC (ID#: _____) Wilson Swanson	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code [REDACTED], Wichita Falls, TX 76309		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 this form.				1 Total pages Schedule A1:	
2 FILER NAME Michael N Battaglino				3 Filer ID (Ethics Commission Filers)	
4 Date 10/12/2023		5 Full name of contributor out-of-state PAC (ID#: _____) Cody Magana		7 Amount of contribution (\$) 1,000.00	
		6 Contributor address; City; State; Zip Code [REDACTED], Wichita Falls, TX 76310			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 10/13/2023		Full name of contributor out-of-state PAC (ID#: _____) Gary Mehan		Amount of contribution (\$) 1,000.00	
		Contributor address; City; State; Zip Code [REDACTED], Wichita Falls, TX 76308			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10/14/2023		Full name of contributor out-of-state PAC (ID#: _____) Travis Sales		Amount of contribution (\$) 100.00	
		Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76301			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10/18/2023		Full name of contributor out-of-state PAC (ID#: _____) George William Clay IV		Amount of contribution (\$) 500.00	
		Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76302			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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 this form.

1 Total pages Schedule A1:**2** FILER NAME**Michael N Battaglino****3** Filer ID (Ethics Commission Filers)**4** Date**10/22/2023****5** Full name of contributor

out-of-state PAC (ID#: _____)

Lacey Morgan**7** Amount of contribution (\$)**350.00****6** Contributor address;

City;

State;

Zip Code

[REDACTED], Wichita Falls, TX 76301

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

10/22/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Larry Ayres

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

[REDACTED], Wichita Falls, TX 76308

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/2023

Full name of contributor

out-of-state PAC (ID#: _____)

Carla Rogers

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

[REDACTED], Iowa Park, TX 76367

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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		2 FILER NAME Michael N. Battaglino		3 Filer ID (Ethics Commission Filers)	
4 Date 10/03/2023		5 Payee name Michael Battaglino			
6 Amount (\$) 881.16		7 Payee address; City; State; Zip Code 5001 Cypress Ave, Wichita Falls, TX 76308			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description First Graphic Services Inv #333480		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/04/2023		Payee name Sawyer Printing			
Amount (\$) 131.85		Payee address; City; State; Zip Code 2012 Kell W Blvd, Wichita Falls, TX 76301			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Door hangers		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/13/2023		Payee name TNT Signs & Graphics			
Amount (\$) 1,255.70		Payee address; City; State; Zip Code 6301 Southwest Pkwy, Wichita Falls, TX 76310			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Banners		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Michael N. Battaglino		3 Filer ID (Ethics Commission Filers)	
4 Date 10/16/2023		5 Payee name Michael Battaglino			
6 Amount (\$) 500.00		7 Payee address; City; State; Zip Code 5001 Cypress Ave, Wichita Falls, TX 76308			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment		(b) Description Lindmark Billboards		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/27/2023		Payee name Sawyer Printing			
Amount (\$) 131.85		Payee address; City; State; Zip Code 2012 Kell W Blvd, Wichita Falls, TX 76301			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Rack Cards		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/29/2023		Payee name Michael Battaglino			
Amount (\$) 500.00		Payee address; City; State; Zip Code 5001 Cypress Ave, Wichita Falls, TX 76308			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payments		Description Lindmark Billboards		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Michael N Battaglino	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 10/11/2023	6 Payee name Lindmark Billboards	
7 Amount (\$) 1,000.00	8 Payee address; City; State; Zip Code PO Box 646015, Dallas, TX 75264-6015	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Billboards
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/16/2023	Payee name Junior League of Wichita Falls	
Amount (\$) 250.00	Payee address; City; State; Zip Code 2302 Midwestern Pkwy, Wichita Falls, TX 76308	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Christmas Magic
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2		2 FILER NAME Michael N Battaglini		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$	
5 Date 10/19/2023		6 Payee name Whooann Creative			
7 Amount (\$) 450.00		8 Payee address; City; State; Zip Code 3 Bayberry Ct, Wichita Falls, TX 76310			
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
10 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Campaign Marketing	
		(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name Office sought Office held			
Amount (\$)		Payee name			
TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td>Mr.</td> <td>Jeffrey</td> <td>L</td> <td></td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td style="font-size: small;">LAST</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td>Browning</td> <td></td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI		Mr.	Jeffrey	L		NICKNAME	LAST	SUFFIX			Browning			<div style="border: 2px solid red; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> RECEIVED CITY CLERK'S OFFICE </div> <div style="text-align: right; margin-top: 10px;"> Date Received Date Hand Delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged </div> <div style="text-align: right; margin-top: 10px;"> Time 8:46 PM By MR </div>
MS / MRS / MR	FIRST	MI																	
Mr.	Jeffrey	L																	
NICKNAME	LAST	SUFFIX																	
	Browning																		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; font-size: small;">ADDRESS / PO BOX</td> <td style="width:15%; font-size: small;">APT / SUITE #</td> <td style="width:15%; font-size: small;">CITY</td> <td style="width:15%; font-size: small;">STATE</td> <td style="width:30%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">6 Waverly Place Wichita Falls, TX 76301</td> </tr> </table>		ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE	6 Waverly Place Wichita Falls, TX 76301											
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MS / MRS / MR	FIRST	MI																	
Mrs	Cierra	M																	
NICKNAME	LAST	SUFFIX																	
	Martin																		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; font-size: small;">STREET ADDRESS (NO PO BOX PLEASE)</td> <td style="width:15%; font-size: small;">APT / SUITE #</td> <td style="width:15%; font-size: small;">CITY</td> <td style="width:15%; font-size: small;">STATE</td> <td style="width:15%; font-size: small;">ZIP CODE</td> </tr> <tr> <td colspan="5">1600 Travis Street Wichita Falls, TX 76301</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE)	APT / SUITE #	CITY	STATE	ZIP CODE	1600 Travis Street Wichita Falls, TX 76301										
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<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)																
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; text-align: center;"> <small>Month Day Year</small> 1 / 1 / 23 </td> <td style="width:10%; text-align: center;">THROUGH</td> <td style="width:25%; text-align: center;"> <small>Month Day Year</small> 10 / 31 / 23 </td> <td style="width:40%;"></td> </tr> </table>			<small>Month Day Year</small> 1 / 1 / 23	THROUGH	<small>Month Day Year</small> 10 / 31 / 23													
<small>Month Day Year</small> 1 / 1 / 23	THROUGH	<small>Month Day Year</small> 10 / 31 / 23																	
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; font-size: small;">ELECTION DATE</td> <td style="width:65%; font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;"> <small>Month Day Year</small> 11 / 7 / 23 </td> <td> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;"> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General </td> <td style="width:33%; text-align: center;"> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </td> <td style="width:33%; text-align: center;"> <input type="checkbox"/> Other Description </td> </tr> </table> </td> </tr> </table>			ELECTION DATE	ELECTION TYPE	<small>Month Day Year</small> 11 / 7 / 23	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;"> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General </td> <td style="width:33%; text-align: center;"> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </td> <td style="width:33%; text-align: center;"> <input type="checkbox"/> Other Description </td> </tr> </table>	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other Description									
ELECTION DATE	ELECTION TYPE																		
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<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="checkbox"/> Runoff <input type="checkbox"/> Special	<input type="checkbox"/> Other Description																	
12 OFFICE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">OFFICE HELD (if any)</td> <td style="width:50%; font-size: small;">OFFICE SOUGHT (if known)</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>			OFFICE HELD (if any)	OFFICE SOUGHT (if known)														
OFFICE HELD (if any)	OFFICE SOUGHT (if known)																		
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="font-size: x-small; border: 1px solid black; padding: 2px;"> 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. </div> <table style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width:20%; font-size: small;">COMMITTEE TYPE</td> <td style="font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td style="text-align: center;">GENERAL</td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">SPECIFIC</td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black; height: 20px;"></td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL		SPECIFIC											
COMMITTEE TYPE	COMMITTEE NAME																		
GENERAL																			
SPECIFIC																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

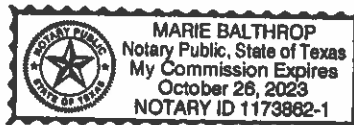
15 C/OH NAME Jeffrey L. Browning		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,730.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,350.00
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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Jeffrey L. Browning this the 25th day of October, 2023, to certify which, witness my hand and seal of office.

Marie Balthrop Marie Balthrop City Clerk / Notary
Signature of officer administering oath Printed name of officer administering oath 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)

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 checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,350.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,350.00
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 FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 this form.		1 Total pages Schedule A1:
2 FILER NAME Jeffrey L. Browning		3 Filer ID (Ethics Commission Filers)
4 Date 08/31/2023	5 Full name of contributor Kenneth Haney out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code [REDACTED] WF, TX 76308	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/21/2023	Full name of contributor Jeffrey Haney out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [REDACTED] WF, TX 76308	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2023	Full name of contributor Dewayne Bell out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [REDACTED], WF, TX 76308	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2023	Full name of contributor TREPAC/Texas REALTORS. out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code PO Box 2246, Austin, TX 78768	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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 this form.		1 Total pages Schedule A1: 1
2 FILER NAME Jeffrey L. Browning		3 Filer ID (Ethics Commission Filers)
4 Date 08/07/2023	5 Full name of contributor John Stafford out-of-state PAC (ID# _____) 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ WF, TX 76301	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor Marylyn Stafford out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____ WF, TX 76301	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2023	Full name of contributor Jeff Browning out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____ WF, TX 76301	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2023	Full name of contributor Robert Vinson out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____ WF, TX 76301	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1		2 FILER NAME Jeffrey L. Browning		3 Filer ID (Ethics Commission Filers)	
4 Date 08/16/2023		5 Payee name Action Printing			
6 Amount (\$) 2,960.00		7 Payee address; City; State; Zip Code 2407 82nd St., Lubbock, TX 79423			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Printing Expense		(b) Description Signs		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10/02/2023		Payee name Action Printing			
Amount (\$) 3,390.00		Payee address; City; State; Zip Code 2407 82nd St., Lubbock, TX 79423			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Printing Expense		Description Mailers		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 5								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Ms Cathy L <hr/> NICKNAME LAST SUFFIX Dodson		OFFICE USE ONLY <div style="writing-mode: vertical-rl; transform: rotate(180deg); color: red; font-weight: bold;">RECEIVED IN CITY CLERK'S OFFICE</div> Date Received DATE: 10/24/2023 TIME: 12:12 <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged <hr/>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3503 Glenwood Ave. Wichita Falls, TX 76308										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 595-3929										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Jeffrey W <hr/> NICKNAME LAST SUFFIX Taylor										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE First National Bank, 3801 Fairway Blvd. Wichita Falls TX 76310										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 687-3160										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	Month Day Year Month Day Year 9 / 29 / 23 THROUGH 10 / 24 / 23										
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 11 / 7 / 23 </div> <div style="flex: 2;"> ELECTION TYPE Primary Runoff Other Description <input checked="" type="checkbox"/> General Special </div> </div>										
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known) City Council District 3									
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.										
Additional Pages	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td rowspan="3" style="text-align: center;">GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td style="text-align: center;">SPECIFIC</td> <td></td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS	SPECIFIC	
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										
SPECIFIC											

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Cathy Dodson

16 Filer ID (Ethics Commission Filers)

931814457

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)

\$ 250.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 275.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2,066.95

CONTRIBUTION
BALANCE

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

\$ 1,450.00

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.

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 Cathy L. Dodson, and my date of birth is [REDACTED]

My address is 3503 Glenwood Ave., Wichita Falls, TX, 76308, USA

(street) (city) (state) (zip code) (country)

Executed in Wichita County, State of Texas, on the 24th day of October, 2023

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Cathy L. Dodson****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1. ■	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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 FUNDS	\$ 2,066.95
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 this form.		1 Total pages Schedule A1: 1
2 FILER NAME Cathy Dodson		3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Kevin Hunter	7 Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold; text-align: center;">250.00</div>
6 Contributor address; City; State; Zip Code [REDACTED], Wichita Falls, TX 76302		
8 Principal occupation / Job title (See Instructions) Oil & Gas		9 Employer (See Instructions) Self
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME Cathy Dodson		3 Filer ID (Ethics Commission Filers)	
4 Date 09/27/2023		5 Payee name Jessica Edwards			
6 Amount (\$) 1,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; 704 8th St.		City; Argyle	State; TX Zip Code 76226
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expenses		(b) Description Campaign Management		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10/09/2023		Payee name Wichita Falls Truck Center, LLC			
Amount (\$) 291.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; 2303 Old Jacksboro Hwy		City; Wichita Falls	State; TX Zip Code 76302
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date		Payee name			
Amount (\$) Reimbursement from political contributions intended		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FORM C/OH
COVER SHEET PG 1

Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME BEVERLY TAYLOR ELLIS		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)	\$ 1,598.23
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,598.23
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,680.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,680.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 268.05
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.

Beverly Ellis
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 BEVERLY TAYLOR ELLIS, and my date of birth is [REDACTED]

My address is 1605 PARKDALE DRIVE, WICHITA FALLS, TEXAS, 76306, USA

(street) (city) (state) (zip code) (country)

Executed in WICHITA County, State of TEXAS, on the 30TH day of OCTOBER, 2023

Beverly Ellis
Signature of Candidate/Officeholder (Declarant)

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

FIRST

MI

Mr

Kevin

N

NICKNAME

LAST

SUFFIX

Hunter

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1647 Hursh

Wichita Falls

TX

76302

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

781-1515

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr

David

H

NICKNAME

LAST

SUFFIX

Gray

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1050 Jan Lee Dr

Burkburnett

TX

76354

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(941)

807-1103

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

9

/

29

/

23

THROUGH

Month

Day

Year

10

/

28

/

23

11 ELECTION

ELECTION DATE

Month

Day

Year

11

/

7

/

23

ELECTION TYPE

Primary

Runoff

Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council District 4

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Kevin Hunter

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)

\$ 1,400.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 2,635.75

CONTRIBUTION
BALANCE

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

\$ 490.25

OUTSTANDING
LOAN TOTALS

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

\$ 0.00

18 SIGNATURE

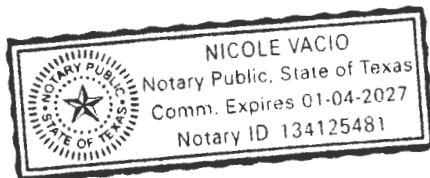
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

Kevin Hunter

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kevin Hunter this the 27th day of October.

20 23, to certify which, witness my hand and seal of office.

Nicole Vacio

Nicole Vacio

Notary

Signature of officer administering oath

Printed name of officer administering oath

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)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Kevin N Hunter	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,400.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,635.75
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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 this form.		1 Total pages Schedule A1: 1
2 FILER NAME Kevin N Hunter		3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2023	5 Full name of contributor out-of-state PAC (ID#: Merthel Dee King #15763 6 Contributor address; City; State; Zip Code [REDACTED] WF TX 76308	7 Amount of contribution (\$) 400.00
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions)
Date 10/15/2023	Full name of contributor out-of-state PAC (ID#: Steve Holloway (cash) Contributor address; City; State; Zip Code unknown	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)
Date 10/17/2023	Full name of contributor out-of-state PAC (ID#: Kevin Hunter #7960 Contributor address; City; State; Zip Code [REDACTED] [REDACTED] WF TX 76302	Amount of contribution (\$) 700.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Kevin N Hunter	3 Filer ID (Ethics Commission Filers)
4 Date 10/04/2023	5 Payee name Canyon Outdoor Advertising	
6 Amount (\$) 640.00	7 Payee address; P.O.Box 773	City; State; Zip Code Canyon TX 79015
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Billboard
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/06/2023	Payee name Canyon Outdoor Advertising	
Amount (\$) 640.00	Payee address; P.O. Box 773	City; State; Zip Code Canyon TX 79015
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital Billboard
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/20/2023	Payee name Cumulus Media	
Amount (\$) 1,355.75	Payee address; 2 Jeannie Court	City; State; Zip Code Wichita Falls TX 76308
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Radio Spots
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

OFFICE USE ONLY

Date Received

RECEIVED IN
CITY CLERK'S OFFICE
DATE: 10/27/23
TIME: 1:07 pm
BY: [Signature]

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Stephen

T

NICKNAME

LAST

SUFFIX

Steve

Jackson

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1027 Crescent Lane

Wichita Falls

TX

76306

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

631-9910

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Maurice

J

NICKNAME

LAST

SUFFIX

Joe

Gauthier

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

4809 Whirlwind Dr.

Wichita Falls

TX

76310

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(505)

463-2884

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

8

1

23

THROUGH

Month

Day

Year

10

26

23

11 ELECTION

ELECTION DATE

Month

Day

Year

11

7

23

ELECTION TYPE

Primary

Runoff

Other
Description

☒ General

Special

12 OFFICE

OFFICE HELD (if any)

City Council District 5

13 OFFICE SOUGHT (if known)

City Council District 5

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Stephen T Jackson

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)	\$ 2,440.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,440.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,229.36
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,226.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 210.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

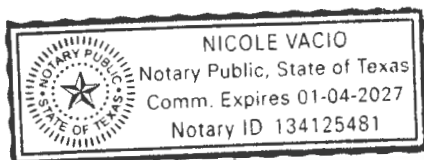
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Steve Jackson

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Steve Jackson* this the *27th* day of *October*.

20 *23* to certify which, witness my hand and seal of office.

Nicole Vacio

Nicole Vacio

Notary

Signature of officer administering oath

Printed name of officer administering oath

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)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Stephen T Jackson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,390.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,229.36
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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 this form.		1 Total pages Schedule A1: 3
2 FILER NAME Stephen T Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 08/02/2023	5 Full name of contributor out-of-state PAC (ID#: Ed & Linda Lane 6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76309	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor out-of-state PAC (ID#: Joe Hill Contributor address; City; State; Zip Code [REDACTED] Henrietta TX 763	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: Mike Yandell Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76310	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: Stella Yandell Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76310	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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 this form.		1 Total pages Schedule A1: 3
2 FILER NAME Stephen T Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2023	5 Full name of contributor out-of-state PAC (ID#: Kevin Hunter 6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76302	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: Maurice Gauthier Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76310	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/19/2023	Full name of contributor out-of-state PAC (ID#: Johnny McDowell Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76301	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/25/2023	Full name of contributor out-of-state PAC (ID#: Chad Carlton Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76309	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 this form.		1 Total pages Schedule A1: 3
2 FILER NAME Stephen T Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 09/11/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Patriot Strength 6 Contributor address; City; State; Zip Code 4020 Rhea Rd. Suite 8-A Wichita Falls TX 76306	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Scott Nelson Contributor address; City; State; Zip Code [REDACTED] . Wichita Falls TX 76306	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/18/2023	Full name of contributor out-of-state PAC (ID#: _____) American Thrift Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76301	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Gary Ellis Contributor address; City; State; Zip Code [REDACTED] . Wichita Falls TX 76305	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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		2 FILER NAME Stephen T Jackson		3 Filer ID (Ethics Commission Filers)	
4 Date 08/17/2023		5 Payee name Politicallylawnsigns.com			
6 Amount (\$) 939.40		7 Payee address; 916 Byrd Ave		City; Neenah	State; WI
				Zip Code 54956	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Lawn Signs		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Steve Jackson		Office sought City Council District 5	Office held City Council District 5
Date 08/10/2023		Payee name City Of Wichita Falls			
Amount (\$) 100.00		Payee address; PO Box 1431		City; Wichita Falls	State; TX
				Zip Code 76307	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other		Description Filing Fee		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Steve Jackson		Office sought City Council District 5	Office held City Council District 5
Date 09/18/2023		Payee name Wichita Falls Truck Center			
Amount (\$) 715.29		Payee address; 2303 Old Jacksboro Hwy		City; Wichita Falls	State; TX
				Zip Code 76302	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Banners		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Steve Jackson		Office sought City Council District 5	Office held City Council District 5

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Stephen T Jackson		3 Filer ID (Ethics Commission Filers)	
4 Date 10/16/2023		5 Payee name Wichita Falls Truck Center			
6 Amount (\$) 384.08		7 Payee address; 2303 old Jacksboro Hwy.		City; Wichita Falls	State; TX Zip Code 76302
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Banner & Door Hangers		
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 09/21/2023		Payee name Atwoods of Wichita Falls			
Amount (\$) 10.59		Payee address; 2047 Loop 11		City; Wichita Falls	State; TX Zip Code 76306
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description T-Post		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/24/2023		Payee name THEGO2GIRL			
Amount (\$) 80.00		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Interview		
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	FIRST	MI	OFFICE USE ONLY
	Mrs.	Carol		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX	Date Received
		Murray		
Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			Date Hand Delivered or Date Postmarked
	3203 Beech St. Wichit Falls, TX 76309			
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt Amount \$
	(214)	995-2744		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Date Processed
	Mr.	Jimmy	W	
7 CAMPAIGN TREASURER ADDRESS	NICKNAME	LAST	SUFFIX	Date Imaged
	Wayne	Pharries	Jr.	
(Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			
	7 Mayfair Ter. Unit A Wichita Falls, TX 76308			
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	(940)	867-9955		
9 REPORT TYPE	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month / Day / Year		Month / Day / Year	
	10 / 11 / 23		THROUGH 10 / 28 / 23	
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month / Day / Year	Primary / Runoff / General / Special	<input checked="" type="checkbox"/> Other Description Mayoral	
	11 / 7 / 23			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)	
			Mayor	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

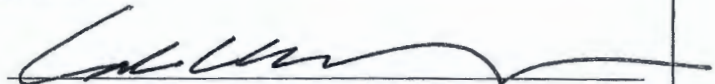
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Carol Murray		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,020.92
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 56.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1367.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 Carol Murray this the 26 day of October, 2023, to certify which, witness my hand and seal of office.

Kaylee Choate Kaylee Choate Notary
Signature of officer administering oath Printed name of officer administering oath 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)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Carol Murray		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 950.0
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 70.92
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6.6
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 FUNDS	\$ 50.0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 this form.		1 Total pages Schedule A1: 1
2 FILER NAME Carol Murray		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2023	5 Full name of contributor out-of-state PAC (ID#: Douglas McCulloch, Bridge Creek Commons LLC 6 Contributor address; City; State; Zip Code 4111 Southwest Parkway Ste. 600, Wichita Falls, TX 76308	7 Amount of contribution (\$) 700.0
8 Principal occupation / Job title (See Instructions) Real Estate Developer, Builder		9 Employer (See Instructions) Self
Date 10/12/2023	Full name of contributor out-of-state PAC (ID#: James V. Caldwell Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76309	Amount of contribution (\$) 100.0
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/11/2023	Full name of contributor out-of-state PAC (ID#: Suzanne Trelegan Contributor address; City; State; Zip Code [REDACTED], Dallas, TX 75238	Amount of contribution (\$) 50.0
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 10/23/2023	Full name of contributor out-of-state PAC (ID#: Janice Sons Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.0
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Carol Murray		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 70.92	
5 Date 10/14/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherrie Childers 7 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76305	8 Amount of Contribution \$ 29.97	9 In-kind contribution description Refreshments for campaign event <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Consultant		11 Employer (FOR NON-JUDICIAL) (See Instructions) SJC Consulting	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherrie Childers Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76305	Amount of Contribution \$ 40.95	In-kind contribution description Refreshments for campaign event <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Consultant		Employer (FOR NON-JUDICIAL) (See Instructions) SJC Consulting	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Carol Murray	3 Filer ID (Ethics Commission Filers)
---------------------------------	------------------------------	---------------------------------------

4 Date 10/13/2023	5 Payee name Anedot
----------------------	------------------------

6 Amount (\$) 2.3	7 Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor, Dallas, TX 75201
----------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description Online contribution fee
	(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
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Date 10/23/2023	Payee name Anedot
--------------------	----------------------

Amount (\$) 4.3	Payee address; City; State; Zip Code 1920 McKinney Ave 7th floor, Dallas, TX 75201
--------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Online contribution fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME Carol Murray	3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2023	5 Payee name Astone Photography	
6 Amount (\$) 50.0 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 20 Margie St. Wichita Falls, TX 76308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Graphic Design Work
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FIRST

MI

Mr

Samuel

S

NICKNAME

LAST

SUFFIX

Sam

Pak

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

2918 Kyle Cove

Wichita Falls TX

76308

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

867-9396

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr

Warren

NICKNAME

LAST

SUFFIX

Ayers

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1404 Tanglewood Dr

Wichita Falls

TX

76309

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

781-7322

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

10

10

23

THROUGH

Month

Day

Year

10

30

23

11 ELECTION

ELECTION DATE

Month

Day

Year

11

7

23

ELECTION TYPE

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council District 4

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

Received in City Clerk's Office
Date 10/30/2023
By: [Signature] Time: 1:43

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Registered

Receipt # Amount \$

Date Processed

Date Imaged

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,285.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,109.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 175.08
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.

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 Samuel Pak, and my date of birth is [REDACTED]

My address is 2918 Kyle Cove, Wichita Falls, TX, 76308, USA

(street) (city) (state) (zip code) (country)

Executed in Wichita County, State of Texas, on the 30th day of October, 2023

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.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,285.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,109.92
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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 this form.		1 Total pages Schedule A1:
2 FILER NAME Samuel Pak		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2023	5 Full name of contributor out-of-state PAC (ID#: Wayne Fudge 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/20/2023	Full name of contributor out-of-state PAC (ID#: Matthew Michaels Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div> Santa Monica CA 90405	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Atty.		Employer (See Instructions)
Date 10/19/2023	Full name of contributor out-of-state PAC (ID#: Bob Hampton Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div>	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Treasurer		Employer (See Instructions) Wichita County
Date 10/20/2023	Full name of contributor out-of-state PAC (ID#: Robert Barrow Contributor address; City; State; Zip Code <div style="background-color: black; width: 100%; height: 1.2em; margin-top: 5px;"></div> Wichita Falls TX 76302	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Wichita
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 this form.		1 Total pages Schedule A1:
2 FILER NAME Samuel Pak		3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2023	5 Full name of contributor out-of-state PAC (ID#: John Gillespie 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) District Attorney		9 Employer (See Instructions) Wichita County
Date 10/24/2023	Full name of contributor out-of-state PAC (ID#: Hoegger Communications Contributor address; City; State; Zip Code 901 Indiana Ave Wichita Falls TX 76301	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Owner of advertising firm		Employer (See Instructions) Hoegger Communications
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Samuel Pak		3 Filer ID (Ethics Commission Filers)	
4 Date 10/17/2023		5 Payee name Hotter N Hell			
6 Amount (\$) 200.00		7 Payee address; 104 Scott St		City; Wichita Falls TX	State; TX
				Zip Code 76307	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Ride lead car		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/30/2023		Payee name Facebook			
Amount (\$) 160.00		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Boost Videos		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 10/24/2023		Payee name BroCro Creative			
Amount (\$) 2,055.00		Payee address; 607 East Scott Ave		City; Wichita Falls TX	State; Zip Code TX 76301
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Mail out		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Campaign Account

75038166 Sampa							
Date on check	Date Deposited	Credits	Check #	Debit	Check #	To/ From	Notes
4/24/2023	4/25/2023	\$25.00	381			Samuel Pak	Contribution
6/14/2023	6/16/2023	\$300.00	3580			Warren Ayers	Contribution
6/28/2023	6/28/2023			\$35.35		Hardland Clarke	Order book of checks
6/6/2023	7/7/2023	\$200.00	7591			Jim Jennings	Contribution
7/24/2023	7/26/2023			\$20.00	1002	Michael Bauman	Sound Equipment rental
7/24/2023	8/2/2023			\$100.00	1001	City of WF	Filing fee
8/2/2023	8/2/2023	\$10.00	cash			Warren Ayers	Contribution
7/25/2023	8/2/2023	\$100.00	1021			Hon. Janice Sons	Contribution
8/2/2023	8/2/2023	\$100.00	cash			Mark Brewer	Contribution
7/28/2023	8/2/2023	\$300.00	387			Samuel Pak	Contribution
8/7/2023	8/7/2023			\$15.11	Card	Lowes	Purchase of poles
8/7/2023	8/7/2023			\$814.25	1004	BroCro Creative	Signs and Buttons
8/2/2023	8/14/2023	\$50.00	3845			Wayne Pharrries	Contribution
9/5/2023	9/5/2023			\$4.17	Card	Go Daddy	Domain name
9/13/2023	9/13/2023			\$54.33	Card	Go Daddy	Website
9/8/2023	9/13/2023	\$400.00	4192			Pam Hughes Pak	Contribution
9/12/2023	9/13/2023	\$500.00	392			Joshua Michaels	Contribution via Venmo (check by Samuel Pak)
9/11/2023	9/13/2023	\$1,000.00	3461			Smith Walker	Contribution
9/13/2023	9/13/2023	\$250.00	6056			Dr. Louis Wilson	Contribution
9/19/2023	9/19/2023			\$76.76	Card	Tractor Supply	Post Materials
9/19/2023	9/19/2023			\$54.11	Card	Tractor Supply	Post Materials
9/19/2023	9/19/2023			\$16.23	Card	Tractor Supply	Post Materials
9/22/2023	9/22/2023			\$3.24	Card	Harbor Freight	Post Materials
9/22/2023	9/22/2023			\$10.25	Card	Walmart	Tape for signs
9/21/2023	9/25/2023			\$1,374.78	1005	BroCro Creative	Signs
8/30/2023	9/28/2023	\$100.00	3231			Gary McLendon	Contribution
10/3/2023	10/3/2023			\$40.62	Card	Tractor Supply	Post Materials
10/3/2023	10/3/2023			\$0.86	Card	Tractor Supply	Post Materials
9/29/2023	10/3/2023	\$500.00				Danny Shine	Contribution
9/16/2023	10/4/2023	\$500.00				Tim Foley	Contribution (\$500 venmo took fee of \$9.60)
10/4/2023	10/4/2023			\$9.60		Venmo	fees
10/6/2023	10/6/2023			\$36.95	Card	Sticky Brand	Campaign Stickers
10/6/2023	10/6/2023			\$7.57	card	Go Daddy	Website fee
10/10/2023	10/10/2023			\$20.74	Card	Tractor Supply	Post Materials
Reported							
9/21/2023	10/17/2023			\$200.00	1006	Hotter N' Cooler	Advertising
10/20/2023	10/20/2023			\$25.00	Card	Facebook	Advertising
10/20/2023	10/20/2023			\$85.00		Facebook	Advertising
10/20/2023		\$200.00	394			Wayne Fudge	Contribution
10/20/2023		\$200.00	394			Matthew Michaels	Contribution
10/21/2023		\$50.00	394			Bob Hampton	Contribution
10/22/2023		\$50.00	17298			R & D Barrow	
10/20/2023		\$250.00	1357			John Gillespie	
10/22/2023		\$200.00				Hoegger Communications	Contribution
10/25/2023	10/24/2023		314	\$2,055.00	1007	BroCro Creative	Mail outs
10/30/2023	10/30/2023			\$50.00	Card	Facebook	Advertising
		Total Deposits			Total Expenses	Remaining Balance	
		\$5,285.00			\$5,109.92	\$175.08	

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 FIRST MI Mr Scott NICKNAME LAST SUFFIX Poenitzsch	<div style="border: 2px solid red; padding: 5px;"> OFFICE USE ONLY <div style="display: flex; justify-content: space-between;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED IN CITY CLERK'S OFFICE</div> <div> Date Received 10/30/2023 Time 3:00 PM By MB </div> </div> <div style="margin-top: 10px;"> Date Hand Delivered or Date Postmarked </div> <div style="margin-top: 10px;"> Receipt Amount \$ Date Processed Date Imaged </div> </div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 408B Morningside Dr Wichita Falls, TX 76301		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (217) 617-8046		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs Angels NICKNAME LAST SUFFIX Dove		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 1020 Yucca Burkburnett, TX 76354		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 867-2520		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year 10 / 5 / 23 THROUGH 10 / 29 / 23		
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 11 / 7 / 23 </div> <div style="flex: 2;"> ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mayor	
14 NOTICE FROM POLITICAL COMMITTEE(S) 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	
	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

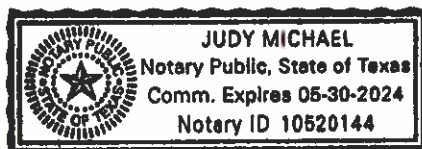
15 C/OH NAME Scott Poenitzsch		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 617.38
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

[Handwritten Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Scott Poenitzsch this the 30th day of October

20 23, to certify which, witness my hand and seal of office.

[Handwritten Signature]

Judy Michael

Notary Public

Signature of officer administering oath

Printed name of officer administering oath

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)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Scott Poenitzsch****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 800.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 617.38
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 FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 this form.		1 Total pages Schedule A1: 2
2 FILER NAME Scott Poenitzsch		3 Filer ID (Ethics Commission Filers)
4 Date 10/16/2023	5 Full name of contributor out-of-state PAC (ID# _____) Kevin Hunter 6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76302	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/19/2023	Full name of contributor out-of-state PAC (ID# _____) Robert Diltz Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Scott Poentzsch		3 Filer ID (Ethics Commission Filers)	
4 Date 10/16/2023		5 Payee name Go Daddy			
6 Amount (\$) 12.17		7 Payee address: 2155 E Go Daddy Way Tempe, AZ 85284 City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website		(b) Description Website		
	(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					
Date 10/21/2023		Payee name Empire Wraps			
Amount (\$) 25.00		Payee address: 417 Indiana Ave Wichita Falls TX 76301 City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Polling Signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10/24/2023		Payee name 48 Hour Print 48HourPrint.com			
Amount (\$) 430.21		Payee address: 8000 Haskell Ave. Van Nuys, CA 91406 City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Door Hanger signs		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Scott Poenitzsch		3 Filer ID (Ethics Commission Filers)	
4 Date 10/27/2023		5 Payee name Empire Wraps			
6 Amount (\$) 150.00		7 Payee address; City; State; Zip Code 417 Indiana Ave Wichita Falls, TX 76301			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Services		(b) Description Polling Signs		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

FIRST

MI

Mr.

Timothy

D

NICKNAME

LAST

SUFFIX

Tim

Short

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1732 Woodridge

Wichita Falls TX 76310

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

636-7306

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mr.

Robert

W

NICKNAME

LAST

SUFFIX

Bob

Payton

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

4015 Kingsbury Drive

Wichita Falls

TX

76309

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

782-6090

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

☒ 8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

10 / 8 / 23

THROUGH

10 / 30 / 23

11 ELECTION

ELECTION DATE

ELECTION TYPE

Month

Day

Year

Primary

Runoff

Other

Description

11 / 7 / 23

☒ General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Mayor, City of Wichita Falls

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Tim Short

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)

\$

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

\$ 10,163.55

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 10,126.50

CONTRIBUTION
BALANCE

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

\$ 2,133.44

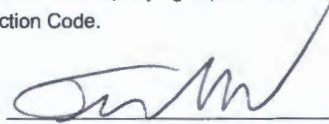
OUTSTANDING
LOAN TOTALS

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

\$

18 SIGNATURE

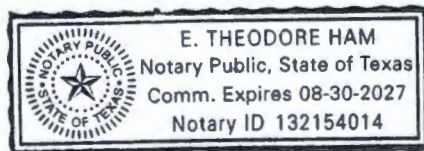
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder


Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Tim Short this the 30 day of October,
2023, to certify which, witness my hand and seal of office.



Theodore Ham

Deputy City Clerk

Signature of officer administering oath

Printed name of officer administering oath

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)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

Tim Short

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,163.55
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6.40
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,126.50
6.	■ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 36,014.98
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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 this form.

1 Total pages Schedule A1: **5****2 FILER NAME**

Tim Short

3 Filer ID (Ethics Commission Filers)**4 Date**

10/13/2023

5 Full name of contributor

R. M. Fidelie

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

Wichita Falls TX 76309

7 Amount of contribution (\$)**500.00****8 Principal occupation / Job title (See Instructions)**

Retired

9 Employer (See Instructions)**Date**

10/13/2023

Full name of contributor

Woodrow W. Gossom Jr.

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)**250.00****Principal occupation / Job title (See Instructions)**

Retired

Employer (See Instructions)**Date**

10/13/2023

Full name of contributor

Anonymous

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)**100.00****Principal occupation / Job title (See Instructions)****Employer (See Instructions)****Date**

10/14/2023

Full name of contributor

Kenny Bryant

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Wichita Falls TX 76301

Amount of contribution (\$)**100.00****Principal occupation / Job title (See Instructions)**

Businessperson

Employer (See Instructions)**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

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 this form.

1 Total pages Schedule A1: **5****2** FILER NAME

Tim Short

3 Filer ID (Ethics Commission Filers)**4** Date

10/23/2023

5 Full name of contributor

Brian Hooker

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State; Zip Code

Wichita Falls TX 76310

7 Amount of contribution (\$)**500.00****8** Principal occupation / Job title (See Instructions)

Small Businessperson

9 Employer (See Instructions)

Date

10/25/2023

Full name of contributor

RJ Wachsman Homes

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

2405 Kemp Blvd Wichita Falls, TX 76309

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Small Businessman

Employer (See Instructions)

Date

10/27/2023

Full name of contributor

Clinton Tittsworth

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Wichita Falls TX 76310

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10/27/2023

Full name of contributor

Cyndi Schenk

out-of-state PAC (ID#: _____)

Contributor address;

City;

State; Zip Code

Wichita Falls TX 76308

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Small Businessperson

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 this form.		1 Total pages Schedule A1: 5
2 FILER NAME Tim Short		3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Joseph and Taylor Wachsmen 6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76310	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Small Businessperson		9 Employer (See Instructions)
Date 10/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Anonymous Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Joseph Ross Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76308	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)
Date 01/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Daniel Waggoner Contributor address; City; State; Zip Code [REDACTED] Hillsboro TX 76645	Amount of contribution (\$) 21.15
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) *Amending to correct 6/30/2023 report. Donor paid electronic processing fees.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 this form.		1 Total pages Schedule A1: 5
2 FILER NAME Tim Short		3 Filer ID (Ethics Commission Filers)
4 Date 02/05/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Ronald Albus <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76308	7 Amount of contribution (\$) 2.40
8 Principal occupation / Job title (See Instructions) Small Businessperson		9 Employer (See Instructions) *Amending to correct 6/30/2023 report. Donor paid electronic processing fees.
Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

Revised 8/17/2020

**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
Credit Card PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Tim Short	3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2023	5 Payee name Hoegger Communications	
6 Amount (\$) 4,495.00	7 Payee address; City; State; Zip Code 901 Indiana Ave., Suite 100 Wichita Falls TX 76301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/24/2023	Payee name Hoegger Communications	
Amount (\$) 5,000.00	Payee address; City; State; Zip Code 901 Indiana Ave., Suite 100 Wichita Falls TX 76301	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign materials and services
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/27/2023	Payee name R.J. Wachsman Homes	
Amount (\$) 500.00	Payee address; City; State; Zip Code 2405 Kemp Blvd. Wichita Falls TX 76309	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Contribution Refund
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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

Credit Card Payment

Event Expense

Fees

Food/Beverage Expense

Gift/Awards/Memorials Expense

Legal Services

Loan Repayment/Reimbursement

Office Overhead/Rental Expense

Polling Expense

Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

Travel In District

Travel Out Of District

Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Tim Short		3 Filer ID (Ethics Commission Filers)								
4 Date 10/28/2023	5 Payee name Anedot										
6 Amount (\$) 131.50	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 79112										
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description Electronic contribution processing fees 10/8/2023 - 10/28/2023								
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense										
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH											
<table style="width:100%;"> <tr> <td style="width:25%;">Date</td> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> <tr> <td colspan="4" style="height: 40px;"></td> </tr> </table>				Date	Candidate / Officeholder name	Office sought	Office held				
Date	Candidate / Officeholder name	Office sought	Office held								
<table style="width:100%;"> <tr> <td style="width:25%;">Date</td> <td style="width:50%;">Payee name</td> <td style="width:25%;">City;</td> <td style="width:25%;">State; Zip Code</td> </tr> <tr> <td colspan="4" style="height: 40px;"></td> </tr> </table>				Date	Payee name	City;	State; Zip Code				
Date	Payee name	City;	State; Zip Code								
<table style="width:100%;"> <tr> <td style="width:25%;">Amount (\$)</td> <td style="width:50%;">Payee address;</td> <td style="width:25%;">City;</td> <td style="width:25%;">State; Zip Code</td> </tr> <tr> <td colspan="4" style="height: 40px;"></td> </tr> </table>				Amount (\$)	Payee address;	City;	State; Zip Code				
Amount (\$)	Payee address;	City;	State; Zip Code								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description								
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense										
Complete <u>ONLY</u> if direct expenditure to benefit C/OH											
<table style="width:100%;"> <tr> <td style="width:25%;">Date</td> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> <tr> <td colspan="4" style="height: 40px;"></td> </tr> </table>				Date	Candidate / Officeholder name	Office sought	Office held				
Date	Candidate / Officeholder name	Office sought	Office held								
<table style="width:100%;"> <tr> <td style="width:25%;">Date</td> <td style="width:50%;">Payee name</td> <td style="width:25%;">City;</td> <td style="width:25%;">State; Zip Code</td> </tr> <tr> <td colspan="4" style="height: 40px;"></td> </tr> </table>				Date	Payee name	City;	State; Zip Code				
Date	Payee name	City;	State; Zip Code								
<table style="width:100%;"> <tr> <td style="width:25%;">Amount (\$)</td> <td style="width:50%;">Payee address;</td> <td style="width:25%;">City;</td> <td style="width:25%;">State; Zip Code</td> </tr> <tr> <td colspan="4" style="height: 40px;"></td> </tr> </table>				Amount (\$)	Payee address;	City;	State; Zip Code				
Amount (\$)	Payee address;	City;	State; Zip Code								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description								
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense										
Complete <u>ONLY</u> if direct expenditure to benefit C/OH											
<table style="width:100%;"> <tr> <td style="width:25%;">Date</td> <td style="width:50%;">Candidate / Officeholder name</td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held</td> </tr> <tr> <td colspan="4" style="height: 40px;"></td> </tr> </table>				Date	Candidate / Officeholder name	Office sought	Office held				
Date	Candidate / Officeholder name	Office sought	Office held								

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS**SCHEDULE F2**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Tim Short	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 10/27/2023	6 Payee name Mike Stevens	
7 Amount (\$) 12,277.00	8 Payee address; City; State; Zip Code 6923 Indiana Ave, Box 292 Lubbock TX 79413	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Materials and services
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/27/2023	Payee name Hoegger Communications	
Amount (\$) 23,737.98	Payee address; City; State; Zip Code 901 Indiana Ave., Suite 100 Wichita Falls TX 76301	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 14		OFFICE USE ONLY		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received	RECEIVED IN CITY CLERK'S OFFICE DATE: 6/12/24 TIME: 2:05 PM	
	NICKNAME	LAST	SUFFIX	Date Hand delivered or Date Postmarked		
4 ORIGINAL REPORT TYPE	Mr.	Timothy	D.	Receipt #		Amount \$
<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election	Tim	Short		Date Processed		Date Imaged
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	10	08	23	THROUGH	10	30 / 23

6 EXPLANATION OF CORRECTION

See attached explanation of correction.

7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

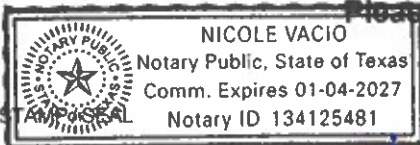
- ☐ Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.
- ☐ Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

[Signature]

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Tim Short this the 15th day of June.

20 24, to certify which, witness my hand and seal of office.

[Signature]

[Signature]

[Signature]

Signature of officer administering oath

Printed name of officer administering oath

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)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

Form COR-C/OH

Attachment

- (1) Cover Sheet, Page 1:
 - a. Box 9: Changed dates of the reporting period;
- (2) Cover Sheet, Page 2, Box 16:
 - a. Line 2: Amount updated based on changes to Schedule A1 as noted below, amount updated to include itemized entries on Schedule A2,
 - b. Line 4: Amount updated based on changes to Schedule F1 as noted below, amount updated to include itemized entries on Schedule F2, and
 - c. Line 5: Amount updated due to change in dates of the reporting period;
- (3) Page 3: Box 20:
 - a. Line 1: Amount updated based on changes to Schedule A1 as noted below, and
 - b. Line 5: Amount updated based on changes to Schedule F1 as noted below;
- (4) Schedule A1: Moved 10/2/23 contribution from 30 day before election report;
- (5) Schedule A2: Deleted unitemized contribution (duplicate entry);
- (6) Schedule F1: Changed date of expenditure and updated dates in description of same expenditure, moved two expenditures from 30 day before the election report, changed category of one expenditure, changed description of one expenditure; and
- (7) Schedule F2: Added category and description of one expenditure, changed date of one expenditure.

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		2 Total pages filed: 12	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.		FIRST Timothy	MI D.	OFFICE USE ONLY Date Received
	NICKNAME Tim		LAST Short	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1732 Woodridge Wichita Falls, TX 76310			ZIP CODE	
	Date Hand-delivered or Date Postmarked				
	Receipt #		Amount		
	Date Processed				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		FIRST Robert	MI W	Date Imaged
	NICKNAME Bob		LAST Payton	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4015 Kingsbury Drive		APT / SUITE #;	CITY; Wichita Falls	STATE; TX
					ZIP CODE 76309
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
	(940)	782-6090			
8 REPORT TYPE	<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 type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month	Day	Year	Month	Day
		09/29/2023	THROUGH		10/28/2023
10 ELECTION	ELECTION DATE Month Day Year 11/07/2023		ELECTION TYPE		
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) Mayor, City of Wichita Falls	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 12

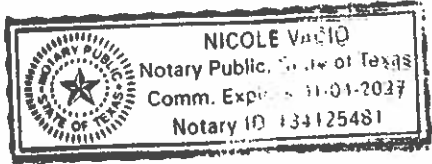
13 C / OH NAME	Short, Timothy D. (Mr.)	14 Filer ID
----------------	-------------------------	-------------


15 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

16 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)	\$ 10,419.95
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 50,356.48
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,514.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tim Short, this the 12th day of June, 2024, to certify which, witness my hand and seal of office.



Signature of officer administering

Nicole Vacio

Printed name of officer administering

notary

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 12

18 FILER NAME Short, Timothy D. (Mr.)	19 Filer ID
---	--------------------

20 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
NAME OF SCHEDULE		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,413.55
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6.40
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 14,341.50
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 36,014.98
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 1/4 Rpt: 4/12

2 FILER NAME

Short, Timothy D. (Mr.)

3 Filer ID

4 Date

09/29/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Albus, Ronald

6 Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76308

7 Amount of Contribution (\$)

\$2.40

8 Principal occupation / Job title (See Instructions)

Small Businessperson

9 Employer (See Instructions)

See memo page

Date

10/13/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anonymous

Contributor address; City; State; Zip Code

Amount of Contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/27/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Anonymous

Contributor address; City; State; Zip Code

Amount of Contribution (\$)

\$40.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/14/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bryant, Kenny

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76301

Amount of Contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Businessperson

Employer (See Instructions)

Date

10/18/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Clay IV, George

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76301

Amount of Contribution (\$)

\$2,500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 2/4 Rpt: 5/12

2 FILER NAME

Short, Timothy D. (Mr.)

3 Filer ID

4 Date
10/13/2023

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Fidelie, R. M.

7 Amount of Contribution (\$) \$500.00

6 Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76309

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
10/23/2023

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Frank, Alisha

Amount of Contribution (\$) \$2,500.00

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76302

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)

Date
10/13/2023

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Gossom Jr., Woodrow W.

Amount of Contribution (\$) \$250.00

Contributor address; City; State; Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
10/02/2023

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Harvey, Dale

Amount of Contribution (\$) \$250.00

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76308

Principal occupation / Job title (See Instructions)
Small Businessperson

Employer (See Instructions)

Date
10/23/2023

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Hooker, Brian

Amount of Contribution (\$) \$500.00

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76310

Principal occupation / Job title (See Instructions)
Small Businessperson

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 3/4 Rpt: 6/12

2 FILER NAME

Short, Timothy D. (Mr.)

3 Filer ID

4 Date

10/19/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Johnson, Mr. & Mrs. Joe

7 Amount of Contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

Wichita Falls, TX 76308

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

10/19/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kimbell, Stan

Amount of Contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

Wichita Falls, TX 76308

Principal occupation / Job title (See Instructions)

Businessperson

Employer (See Instructions)

Date

10/25/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

RJ Wachsman Homes

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

2405 Kemp Blvd

Wichita Falls, TX 76309

Principal occupation / Job title (See Instructions)

Small Businessman

Employer (See Instructions)

Date

10/28/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ross, Joseph

Amount of Contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

Wichita Falls, TX 76308

Principal occupation / Job title (See Instructions)

Unknown

Employer (See Instructions)

Date

10/27/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Schenk, Cyndi

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

Wichita Falls, TX 76308

Principal occupation / Job title (See Instructions)

Small Businessperson

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 4/4 Rpt: 7/12

2 FILER NAME

Short, Timothy D. (Mr.)

3 Filer ID

4 Date

10/27/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Tittsworth, Clinton

7 Amount of Contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76310

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

10/27/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wachsman, Joseph and Taylor

Amount of Contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76310

Principal occupation / Job title (See Instructions)

Small Businessperson

Employer (See Instructions)

Date

09/29/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Waggoner, Daniel

Amount of Contribution (\$)

\$21.15

Contributor address; City; State; Zip Code

[REDACTED]

Hillsboro, TX 76645

Principal occupation / Job title (See Instructions)

Rancher

Employer (See Instructions)

See memo page

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
Sch: 1/1 Rpt: 8/12

2 FILER NAME

Short, Timothy D. (Mr.)

3 Filer ID

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

10/27/2023

6 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Payton, Robert & Lori

8 Amount of contribution (\$)

\$6.40

9 In-kind contribution description

Software Subscription

7 Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76309

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)

Consultant

11 Employer (FOR NON-JUDICIAL) (See instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 9/12	2 FILER NAME Short, Timothy D. (Mr.)	3 Filer ID
4 Date 10/14/2023	5 Payee name Anedot	
6 Amount (\$) \$131.50	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 79112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic contribution processing fees 10/14/23 - 10/28/23
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/18/2023	Candidate/Officeholder name Office sought Office held	
Payee name Hoegger Communications		
Amount (\$) \$4,495.00	Payee address; City; State; Zip Code 901 Indiana Ave., Suite 100 Wichita Falls, TX 76301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/24/2023	Candidate/Officeholder name Office sought Office held	
Payee name Hoegger Communications		
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 901 Indiana Ave., Suite 100 Wichita Falls, TX 76301	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign materials and services
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 10/12		2 FILER NAME Short, Timothy D. (Mr.)		3 Filer ID
4 Date 09/29/2023		5 Payee name Prosperity Bank		
6 Amount (\$) \$10.00		7 Payee address; City; State; Zip Code 2525 Kell Blvd. Wichita Falls, TX 76308		
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Bank Svc Charges
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 10/27/2023		Payee name R.J. Wachsmann Homes		
Amount (\$) \$500.00		Payee address; City; State; Zip Code 2405 Kemp Blvd. Wichita Falls, TX 76309		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Refund
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		
Date 10/06/2023		Payee name Stevens, Mike		
Amount (\$) \$4,205.00		Payee address; City; State; Zip Code 6923 Indiana Ave, Box 292 Lubbock, TX 79413		
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign materials and services
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name Office sought Office held		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(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
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 11/12	2 FILER NAME Short, Timothy D. (Mr.)	3 Filer ID
---	---	------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
---	----

5 Date 10/27/2023	6 Payee name Hoegger Communications
----------------------	--

7 Amount (\$) \$23,737.98	8 Payee address; City; State; Zip Code 901 Indiana Ave., Suite 100 Wichita Falls, TX 76301
------------------------------	--

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
-----------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign materials and services
---------------------------	---	--

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
--	-----------------------------	---------------	-------------

Date 09/29/2023	Payee name Stevens, Mike
--------------------	-----------------------------

Amount (\$) \$12,277.00	Payee address; City; State; Zip Code 6923 Indiana Ave, Box 292 Lubbock, TX 79413
----------------------------	--

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
---------------------	--

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign materials and services
------------------------	---	--

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
---	-----------------------------	---------------	-------------

--	--	--	--

TEXT ANNOTATION

Sch: 1/1 Rpt: 12/12

FILER NAME

Short, Timothy D. (Mr.)

Filer ID

Schedule

A1

Information entered by filer as a memo:

Daniel Waggoner: Amending to correct 6/30/23 report. Donor paid electronic processing fees of \$21.15 on 01/27/2023.
Ronald Albus: Amending to correct 6/30/23 report. Donor paid electronic processing fees of \$2.40 on 02/05/2023.

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

FIRST

MI

MR

THOMAS

H

NICKNAME

LAST

SUFFIX

TOM

TAYLOR

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

TOM TAYLOR CAMPAIGN, P.O. BOX 2093,
WICHITA FALLS TX 76307-2093

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

447-0373

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR

TREY

NICKNAME

LAST

SUFFIX

SRALLA

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

401 N. SCOTT AVE, WICHITA FALLS TX 76306

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

322-4121

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

9

29

23

THROUGH

Month

Day

Year

10

30

23

11 ELECTION

ELECTION DATE

Month

Day

Year

11

7

20

ELECTION TYPE

Primary

Runoff

Other

Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

DISTRICT 5 CITY COUNCIL

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
THOMAS H. (TOM) TAYLOR

16 Filer ID (Ethics Commission Filers)

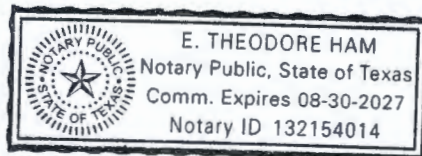
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,953.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,430.30
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.

Thomas H. Taylor
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Tom Taylor this the 30 day of October, 2023, to certify which, witness my hand and seal of office.
[Signature] Theodore Ham Deputy city clerk
Signature of officer administering oath Printed name of officer administering oath 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)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****THOMAS H. (TOM) TAYLOR****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,850.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,953.42
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,953.42
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,295.99
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.50

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 this form.

1 Total pages Schedule A1: **2****2** FILER NAME**THOMAS H. (TOM) TAYLOR****3** Filer ID (Ethics Commission Filers)**4** Date**10/30/2023****5** Full name of contributor

out-of-state PAC (ID# _____)

SEE ATTACHED SPREAD SHEET**7** Amount of contribution (\$)**2,850.00****6** Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID# _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

TOM TAYLOR - CITY COUNCIL DISTRICT 5
SCHEDULE A1, PAGE 2, MONETARY POLITICAL CONTRIBUTIONS
8 DAY REPORT - OCTOBER 30, 2023

DONOR & ADDRESS	DATE	METHOD	AMOUNT	RUNNING TOTAL
GEORGE CLAY, BOWIE TX, [REDACTED]	29-Sep-23	CHECK	\$ 1,000.00	\$ 1,000.00
JIM HEIMAN, [REDACTED] [REDACTED], WF TX 76302	28-Sep-23	CHECK	\$ 100.00	\$ 1,100.00
JOSH THOMPSON, [REDACTED] [REDACTED] WF TX 76306	1-Oct-23	CHECK	\$ 100.00	\$ 1,200.00
CHAD BROWNLOW, [REDACTED] [REDACTED], VERNON TX 76384	3-Oct-23	CHECK	\$ 100.00	\$ 1,300.00
TERRY & GINGER GARBACZ, [REDACTED], WF TX 76308	16-Oct-23	CHECK	\$ 100.00	\$ 1,400.00
CLARENCE & MRS HIGHTOWER, [REDACTED] [REDACTED], WF TX 76306	18-Oct-23	CASH	\$ 100.00	\$ 1,500.00
JOHN WARD, [REDACTED] [REDACTED], WF TX 76306	24-Oct-23	CASH	\$ 100.00	\$ 1,600.00
POLICE OFFICERS ASSOC, 3411 MCNIEL STE 302, WF TX 76308	24-Oct-23	CHECK	\$ 750.00	\$ 2,350.00
DEBBIE GUSTAFSON, WF TX	24-Oct-23	CHASHIER'S CHECK	\$ 500.00	\$ 2,850.00
		TOTAL	\$	2,850.00

**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
Credit Card PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME THOMAS H. (TOM) TAYLOR	3 Filer ID (Ethics Commission Filers)
4 Date 10/05/2023	5 Payee name MARCOM PRODUCTS	
6 Amount (\$) 1,941.53	7 Payee address; City; State; Zip Code 600 OHIO ST, WICHITA FALLS TX 76301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description PRINTING & MAIL OUT EXPENSES
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/27/2023	Payee name MARCOM PRODUCTS	
Amount (\$) 2,011.89	Payee address; City; State; Zip Code 600 OHIO ST, WICHITA FALLS TX 76301	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description 3RD MAIL OUT & 2500 RACK CARDS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME THOMAS H. (TOM) TAYLOR	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
5 Date 10/05/2023	6 Payee name MARCOM PRODUCTS	
7 Amount (\$) 1,941.53	8 Payee address; City; State; Zip Code 600 OHIO WICHITA FALLS TX 76301	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description PRINTING & MAIL OUT COSTS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/27/2023	Payee name MARCOM PRODUCTS	
Amount (\$) 2,011.89	Payee address; City; State; Zip Code 600 OHIO ST, WICHITA FALLS TX 76301	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description 3RD MAIL OUT & 2500 RACK CARDS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME THOMAS H. (TOM) TAYLOR		3 Filer ID (Ethics Commission Filers)	
4 Date 09/29/2023		5 Payee name TONY ROBERTS			
6 Amount (\$) 150.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description INSTALL 28 T POSTS FOR ROAD SIGNS		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10/05/2023		Payee name MARCOM PRODUCTS			
Amount (\$) 2,595.99 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 600 OHIO ST, WICHITA FALLS TX 76301			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description 10,000 RACK CARDS, MAILING SERVICE AND POSTAGE		
	Check if travel outside of Texas. Complete Schedule T. <input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10/07/2023		Payee name TONY ROBERTS			
Amount (\$) 50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code P.O. BOX 781 WICHITA FALLS TX 76307			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description INSTALL 4 T POSTS FOR ROAD SIGNS		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule K: **1**

2 FILER NAME

THOMAS H. (TOM) TAYLOR

3 Filer ID (Ethics Commission Filers)

4 Date

09/30/2023

5 Name of person from whom amount is received

UNION SQUARE CREDIT UNION

6 Address of person from whom amount is received; City; State; Zip Code

WICHITA FALLS TX

8 Amount (\$)

0.50

7 Purpose for which amount is received

INTEREST ON ACCOUNT

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

Date

Name of person from whom amount is received

Amount (\$)

Address of person from whom amount is received; City; State; Zip Code

Purpose for which amount is received

Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED