

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 MR NICKNAME | | | FIRST MICHAEL LAST BATTAGLINO MI N SUFFIX | | |
| | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: 5001 CYPRESS AVE APT / SUITE #: CITY: WICHITA FALLS, TX 76308-2904 | | | STATE: ZIP CODE | | |
| Change of Address | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (940) PHONE NUMBER 400-5223 | | | EXTENSION | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MR NICKNAME | | | FIRST MICHAEL LAST BOYLE MI W SUFFIX | | |
| | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 2817 ELMWOOD AVE, WICHITA FALLS, TX 76308 | | | STATE: ZIP CODE | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (940) PHONE NUMBER 867-2924 | | | EXTENSION | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> July 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"/> 8th day before election | <input checked="" type="checkbox"/> | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month 9 | Day 29 | Year 23 | Month 10 | Day 29 | Year 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) 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 GENERAL SPECIFIC | COMMITTEE NAME | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | | 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 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 |
| EXPENDITURE TOTALS | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 4,550.00 |
| CONTRIBUTION BALANCE | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 83.74 |
| OUTSTANDING LOAN TOTALS | 4. TOTAL POLITICAL EXPENDITURES \$ 3,484.30 |
| | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,478.75 |
| | 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 _____.
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, 20 23.
(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 David Coleman | out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) 250.00 |
| | 6 Contributor address; [REDACTED] | 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 J. I. Ginnings | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 200.00 |
| | Contributor address; [REDACTED] | 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 James Peter Heiman | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 100.00 |
| | Contributor address; [REDACTED] | 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 Wilson Swanson | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 250.00 |
| | Contributor address; [REDACTED] | 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 Cody Magana | out-of-state PAC (ID#:) | 7 Amount of contribution (\$) 1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date 10/13/2023 | Full name of contributor Gary Mehan | out-of-state PAC (ID#:) | Amount of contribution (\$) 1,000.00 |
| Contributor address;, Wichita Falls, TX 76308 | | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/14/2023 | Full name of contributor Travis Sales | out-of-state PAC (ID#:) | Amount of contribution (\$) 100.00 |
| Contributor address;, Wichita Falls, TX 76301 | | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/18/2023 | Full name of contributor George William Clay IV | out-of-state PAC (ID#:) | Amount of contribution (\$) 500.00 |
| Contributor address;, Wichita Falls, TX 76302 | | 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. | | | |

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 Lacey Morgan | out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) 350.00 |
| 6 Contributor address; [REDACTED], Wichita Falls, TX 76301 | | City; State; Zip Code | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date 10/22/2023 | Full name of contributor Larry Ayres | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 250.00 |
| Contributor address; [REDACTED], Wichita Falls, TX 76308 | | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/26/2023 | Full name of contributor Carla Rogers | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 500.00 |
| Contributor address; [REDACTED], Iowa Park, TX 76367 | | 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. | | | |

**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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|--|--|--|-----------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Michael N. Battaglino | 3 Filer ID (Ethics Commission Filers) | |
| 2 | | | |
| 4 Date 10/03/2023 | 5 Payee name Michael Battaglino | | |
| 6 Amount (\$) 881.16 | 7 Payee address; 5001 Cypress Ave, Wichita Falls, TX 76308 | City: _____ State: _____ Zip Code | |
| 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 | Candidate / Officeholder name | Office sought | Office held |
| Date 10/04/2023 | Payee name Sawyer Printing | | |
| Amount (\$) 131.85 | Payee address; 2012 Kell W Blvd, Wichita Falls, TX 76301 | City: _____ | State: _____ Zip Code |
| 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 | Candidate / Officeholder name | Office sought | Office held |
| Date 10/13/2023 | Payee name TNT Signs & Graphics | | |
| Amount (\$) 1,255.70 | Payee address; 6301 Southwest Pkwy, Wichita Falls, TX 76310 | City: _____ | State: _____ Zip Code |
| 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 | 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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|----------------------------|--|---------------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME Michael N. Battaglino | 3 Filer ID (Ethics Commission Filers) |
| 2 | | |

| | |
|-----------------------------|---|
| 4 Date 10/16/2023 | 5 Payee name Michael Battaglino |
|-----------------------------|---|

| | | | | |
|--------------------------------|--|-------|--------|----------|
| 6 Amount (\$) 500.00 | 7 Payee address; 5001 Cypress Ave, Wichita Falls, TX 76308 | City; | State; | Zip Code |
|--------------------------------|--|-------|--------|----------|

| | | |
|--|--|---|
| 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 | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|---------------------------|--------------------------------------|
| Date 10/27/2023 | Payee name Sawyer Printing |
|---------------------------|--------------------------------------|

| | | | | |
|------------------------------|--|-------|--------|----------|
| Amount (\$) 131.85 | Payee address; 2012 Kell W Blvd, Wichita Falls, TX 76301 | City; | State; | Zip Code |
|------------------------------|--|-------|--------|----------|

| | | |
|------------------------------|--|--|
| 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 | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|---------------------------|---|
| Date 10/29/2023 | Payee name Michael Battaglino |
|---------------------------|---|

| | | | | |
|------------------------------|--|-------|--------|----------|
| Amount (\$) 500.00 | Payee address; 5001 Cypress Ave, Wichita Falls, TX 76308 | City; | State; | Zip Code |
|------------------------------|--|-------|--------|----------|

| | | |
|------------------------------|---|--|
| 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 | 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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

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

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|--|--|--|-----------------|
| 1 Total pages Schedule F4: | 2 FILER NAME Michael N Battaglino | 3 Filer ID (Ethics Commission Filers) | |
| 2 | | | |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 450.00 | | \$ | |
| 5 Date 10/19/2023 | 6 Payee name Whooann Creative | | |
| 7 Amount (\$) 450.00 | 8 Payee address; 3 Bayberry Ct, Wichita Falls, TX 76310 | City; State; Zip Code | |
| 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 | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 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 | | |
| Candidate / Officeholder name | | Office sought | Office held |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | | |
| 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 Mr. Jeffrey | FIRST L | MI SUFFIX | OFFICE USE ONLY Date Received 10/25/2023 Time 2:46 PM | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | | ADDRESS / PO BOX 6 Waverly Place Wichita Falls, TX 76301 | APT / SUITE #: | CITY: | STATE: | ZIP CODE | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | | AREA CODE (940) | PHONE NUMBER 781-1895 | EXTENSION | | Date Hand Delivered or Date Postmarked 10/25/2023 | |
| 6 CAMPAIGN TREASURER NAME | | MS / MRS / MR Mrs Cierra | FIRST M | MI SUFFIX | Receipt # Amount \$ Date Processed By Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 1600 Travis Street Wichita Falls, TX 76301 | | CITY: | STATE: | ZIP CODE | |
| 8 CAMPAIGN TREASURER PHONE | | AREA CODE (940) | PHONE NUMBER 692-5025 | EXTENSION | | | |
| 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 1 | Day 1 | Year / 23 | Month 10 | Day / 31 | Year / 23 |
| 11 ELECTION | | ELECTION DATE Month 11 Day / 7 Year / 23 | | ELECTION TYPE Primary <input checked="" type="checkbox"/> General Runoff Special Other Description | | | |
| 12 OFFICE | | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) | | |
| 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 GENERAL | COMMITTEE NAME | | | | |
| | | SPECIFIC | COMMITTEE ADDRESS | | | | |
| | | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

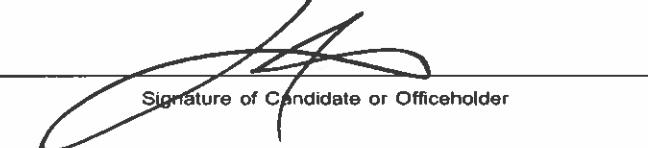
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Jeffrey L. Browning

16 Filer ID (Ethics Commission Filers)

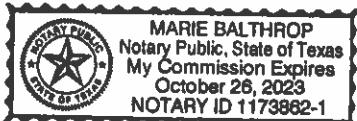
| | | |
|---------------------------|---|-------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 1,730.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR 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 |
| | 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.

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

Marie Balthrop
Signature of officer administering oath

Marie Balthrop
Printed name of officer administering oath

City Clerk / Notary
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#_____) | 7 Amount of contribution (\$) 50.00 |
| | 6 Contributor address; [REDACTED] | City: _____ State: _____ Zip Code WF, TX 76308 | |
| 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#_____) | Amount of contribution (\$) 100.00 |
| | Contributor address, [REDACTED] | City: _____ State: _____ Zip Code WF, TX 76308 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 09/22/2023 | Full name of contributor Dewayne Bell | out-of-state PAC (ID#_____) | Amount of contribution (\$) 1,000.00 |
| | Contributor address, [REDACTED] | City: _____ State: _____ Zip Code , WF, TX 76308 | |
| 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#_____) | Amount of contribution (\$) 1,000.00 |
| | Contributor address; [REDACTED] | City: _____ State: _____ Zip Code PO Box 2246, Austin, TX 78768 | |
| 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 | 6 Contributor address: [REDACTED] 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#) [REDACTED] | Amount of contribution (\$) 500.00 |
| Contributor address: [REDACTED] | | City: WF, TX 76301 | City: State: Zip Code |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 08/16/2023 | Full name of contributor Jeff Browning | out-of-state PAC (ID#) [REDACTED] | Amount of contribution (\$) 2,000.00 |
| Contributor address: [REDACTED] | | City: WF, TX 76301 | State: Zip Code |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 08/30/2023 | Full name of contributor Robert Vinson | out-of-state PAC (ID#) [REDACTED] | Amount of contribution (\$) 200.00 |
| Contributor address: [REDACTED] | | City: WF, TX 76301 | 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.

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

Printing 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 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; 2407 82nd St., Lubbock, TX 79423 | City; State; Zip Code | |
| 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; 2407 82nd St., Lubbock, TX 79423 | City; | State; Zip Code |
| 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: |
| 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR Ms Cathy NICKNAME LAST Dodson | | | | MI L | 5 |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX: 3503 Glenwood Ave. Wichita Falls, TX 76308 <small>Change of Address</small> | | | | OFFICE USE ONLY Date Received RECEIVED IN CITY CLERK'S OFFICE DATE: 10/24/2023 TIME: 12:12 PM BY | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE (940) PHONE NUMBER 595-3929 | | | | Date Hand-delivered or Date Postmarked Receipt # Amount \$ | |
| 6 CAMPAIGN TREASURER NAME MS / MRS / MR Mr. Jeffrey NICKNAME LAST Taylor | | | | Date Processed Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; First National Bank, 3801 Fairway Blvd. Wichita Falls | | | | STATE; ZIP CODE TX 76310 | |
| 8 CAMPAIGN TREASURER PHONE AREA CODE (940) PHONE NUMBER 687-3160 | | | | EXTENSION | |
| 9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit | | | | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED Month 9 Day 29 Year 23 THROUGH | | | | Month 10 Day 24 Year 23 | |
| 11 ELECTION ELECTION DATE Month 11 Day 7 Year 23 <small>Primary</small> <input checked="" type="checkbox"/> General <small>Runoff</small> <small>Other Description</small> _____ | | | | ELECTION TYPE <small>Runoff</small> <input type="checkbox"/> Special _____ | |
| 12 OFFICE OFFICE HELD (if any) None | | | | 13 OFFICE SOUGHT (if known) City Council District 3 | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <small>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small> | | | | | |
| COMMITTEE TYPE GENERAL COMMITTEE NAME COMMITTEE ADDRESS 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
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 |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | | |

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 _____.
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.
(month) (year)

Cathy L. Dodson

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. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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 Kevin Hunter | out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) <big>250.00</big> |
| | 6 Contributor address; [REDACTED], | City; State; Zip Code 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#: _____) | 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. | | | |

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 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | 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 | |
| Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Office sought Office held |
| Date | Payee name | |
| Amount (\$) <input checked="" type="checkbox"/> 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 | |
| Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | 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 Ms | FIRST BEVERLY | MI A | OFFICE USE ONLY | | | |
| | NICKNAME | LAST ELLIS | SUFFIX | Date Received | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO BOX 351 WICHITA FALLS, TX. 76307 | | | RECEIVED IN CITY CLERK'S OFFICE 10/30/2023 Time | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (940) | PHONE NUMBER 337-6246 | EXTENSION | Date Handled/Initials Amount \$ By | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MS | FIRST BEVERLY | MI A | Date Processed Date Imaged | | | |
| NICKNAME | LAST ELLIS | SUFFIX | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: PO BOX 351 WICHITA FALLS, TX. 76307 | | | STATE: ZIP CODE | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (940) | PHONE NUMBER 337-6246 | EXTENSION | | | | |
| 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 9 | Day 29 | Year / 23 | Month 10 | Day / 30 | Year / 23 | |
| 11 ELECTION | ELECTION DATE Month 11 / Day 7 / Year / 23 | | ELECTION TYPE Primary Runoff Other Description ■ General Special | | | | |
| 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 GENERAL | COMMITTEE NAME BEVERLY TAYLOR ELLIS FOR MAYOR | | | | | |
| | | COMMITTEE ADDRESS PO BOX 353 WICHITA FALLS, TX 76307 | | | | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME BEVERLY TAYLOR ELLIS | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS PO BOX 353 WICHITA FALLS, TX 76307 | | | | | |

GO TO PAGE 2

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 |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | | |

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

the _____ day of _____, 20____.
(month) (year)
Beverley 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 Mr | FIRST Kevin | MI N | OFFICE USE ONLY Date Received <i>RECEIVED IN CITY CLERK'S OFFICE DATE: 10/27/23 TIME: 9:32 AM</i> | | |
| | NICKNAME LAST Hunter | SUFFIX | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: 1647 Hursh | | | APT / SUITE #: CITY; STATE: ZIP CODE Wichita Falls TX 76302 | | |
| Change of Address | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (940) | PHONE NUMBER 781-1515 | EXTENSION | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr | FIRST David | MI H | Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Processed BY: <input type="text"/> Date Imaged | | |
| | NICKNAME LAST Gray | SUFFIX | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 1050 Jan Lee Dr | | | CITY; Burkburnett | STATE; ZIP CODE TX 76354 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (941) | PHONE NUMBER 807-1103 | EXTENSION | | | |
| 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 9 | Day 29 | Year / 23 | Month 10 | Day / 28 | Year / 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. | | | | | |
| Additional Pages | COMMITTEE TYPE GENERAL SPECIFIC | COMMITTEE NAME | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

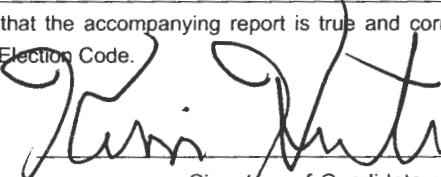
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
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 |

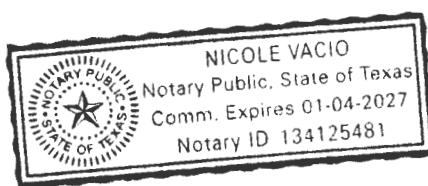
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



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

Printed name of officer administering oath

Notary

Signature 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 Merthel Dee King #15763 | out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) 400.00 |
| | 6 Contributor address; [REDACTED] | City; State; Zip Code WF TX 76308 | |
| 8 Principal occupation / Job title (See Instructions) unknown | | 9 Employer (See Instructions) | |
| Date 10/15/2023 | Full name of contributor Steve Holloway (cash) | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 300.00 |
| | Contributor address; unknown | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) unknown | | Employer (See Instructions) | |
| Date 10/17/2023 | Full name of contributor Kevin Hunter #7960 | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 700.00 |
| | Contributor address; [REDACTED] [REDACTED] | City; State; Zip Code WF TX 76302 | |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) Self | |
| 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.

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | | |
|--|---|-------------------------------|--|--------------------------------|
| 1 Total pages Schedule F1: | 2 FILER NAME 1 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; Canyon | State; TX Zip Code 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; Canyon | State; TX Zip Code 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; Wichita Falls | State; TX Zip Code 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: | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Mr. Stephen | MI T | OFFICE USE ONLY Date Received RECEIVED IN CITY CLERK'S OFFICE DATE: 10/27/23 TIME: 1:07 pm BY: <i>[Signature]</i> | | |
| | NICKNAME Steve | LAST Jackson | SUFFIX | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 1027 Crescent Lane Wichita Falls TX 76306 | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (940) | PHONE NUMBER 631-9910 | EXTENSION | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Maurice | MI J | Date Hand-delivered or Date Postmarked | | |
| | NICKNAME Joe | LAST Gauthier | SUFFIX | Receipt # | Amount \$ | |
| | | | | | Date Processed | |
| | | | | | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY 4809 Whirlwind Dr. Wichita Falls | | | | STATE: TX ZIP CODE: 76310 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (505) | PHONE NUMBER 463-2884 | EXTENSION | | | |
| 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 8 | Day 1 | Year / 23 | Month 10 | Day / 26 | Year / 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) 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 GENERAL SPECIFIC | COMMITTEE NAME | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

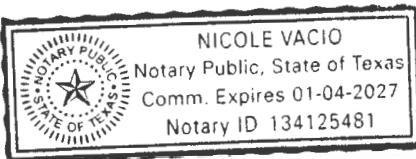
| | |
|-----------------------------------|---|
| 15 C/OH NAME Stephen T Jackson | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 2,440.00 2. TOTAL 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 | |
| | NICOLE VACIO  Notary Public, State of Texas Comm. Expires 01-04-2027 Notary ID 134125481 | |
| 20 | Sworn to and subscribed before me by <u>Steve Jackson</u> this the <u>27th</u> day of <u>October</u> , | |
| 23 | to certify which, witness my hand and seal of office. | |
| <u>Nicole Vacio</u> | <u>Nicole Vacio</u> | <u>Notary</u> |
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |
|  | | |

(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 Ed & Linda Lane | 6 Contributor address; [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 Joe Hill | out-of-state PAC (ID#: [REDACTED]) 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 Mike Yandell | out-of-state PAC (ID#: [REDACTED]) 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 Stella Yandell | out-of-state PAC (ID#: [REDACTED]) 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 Kevin Hunter | out-of-state PAC (ID#: _____) 6 Contributor address; [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 Maurice Gauthier | out-of-state PAC (ID#: _____) Contributor address; [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 Johnny McDowell | out-of-state PAC (ID#: _____) Contributor address; [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 Chad Carlton | out-of-state PAC (ID#: _____) Contributor address; [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 Patriot Strength | 6 Contributor address; 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 Scott Nelson | out-of-state PAC (ID#: _____) Contributor address; [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 American Thrift | out-of-state PAC (ID#: _____) Contributor address; [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 Gary Ellis | out-of-state PAC (ID#: _____) Contributor address; [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
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 Stephen T Jackson | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 08/17/2023 | 5 Payee name Politicallawnsigns.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 <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 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 <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 |
| 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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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 Expence | (b) Description Banner & Door Hangers | |
| | (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 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 Expence | Description T-Post | |
| | 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 10/24/2023 | 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 Expence | Description Interview | |
| | 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 Mrs. | FIRST Carol | MI | RECEIVED IN OFFICE USE ONLY Date Received 10/26/2023 Time 11:51 AM By [Signature] | | | |
| | NICKNAME | LAST Murray | SUFFIX | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 3203 Beech St. Wichita Falls, TX 76309 | | | Change of Address | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (214) | PHONE NUMBER 995-2744 | EXTENSION | Date Hand delivered or Date Postmarked | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Jimmy | MI | Receipt # | | | |
| | NICKNAME | LAST Wayne | SUFFIX Pharries | Amount \$ By | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; 7 Mayfair Ter. Unit A Wichita Falls, TX 76308 | | | STATE; ZIP CODE | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (940) | PHONE NUMBER 867-9955 | EXTENSION | | | | |
| 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 10 | Day 11 | Year / 23 | Month 10 | Day / 28 | Year / 23 | |
| 11 ELECTION | ELECTION DATE Month 11 / Day 7 / Year / 23 | | ELECTION TYPE Primary Runoff ■ Other Description General Special Mayoral | | | | |
| 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 GENERAL SPECIFIC | COMMITTEE NAME | | | | | |
| | | COMMITTEE ADDRESS | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

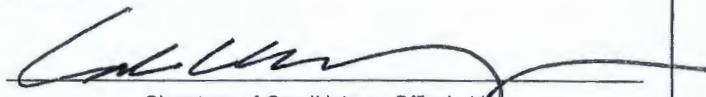
FORM C/OH
COVER SHEET PG 2

16 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 |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |
| OUTSTANDING LOAN TOTALS | | |

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

20 23 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. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 950.0 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 70.92 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ |
| 5. <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> 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 Douglas McCulloch, Bridge Creek Commons LLC 6 Contributor address; 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 James V. Caldwell Contributor address; [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 Suzanne Trelegan Contributor address; [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 Janice Sons Contributor address; [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 Filer) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 70.92 |
| 5 Date 10/14/2023 | 6 Full name of contributor 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel in District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | | |
|--|--|---|--------------------|
| 1 Total pages Schedule F1: | 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; 1920 McKinney Ave 7th floor, Dallas, TX 75201 | City; State; Zip Code | |
| 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 10/23/2023 | Payee name Anedot | | |
| Amount (\$) 4.3 | Payee address; 1920 McKinney Ave 7th floor, Dallas, TX 75201 | City; State; Zip Code | |
| 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 <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 | | | |

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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 | 7 Payee address; 20 Margie St. Wichita Falls, TX 76308 | City; State; Zip Code |
| 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 Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH | | 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 | |
| Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH | | 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 | |
| Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH | | 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 Mr | FIRST Samuel | MI S | OFFICE USE ONLY | | |
| | NICKNAME Sam | LAST Pak | SUFFIX | Date Received | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2918 Kyle Cove Wichita Falls TX 76308 | | | Date Hand-delivered Date Postmarked 10/30/2023 By: <u>JK</u> | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (940) | PHONE NUMBER 867-9396 | EXTENSION | Receipt # <u>1413</u> Amount \$ <u>0.00</u> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr | FIRST Warren | MI | Date Processed | | |
| | NICKNAME Ayers | LAST | SUFFIX | Date Imaged | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1404 Tanglewood Dr Wichita Falls TX 76309 | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (940) | PHONE NUMBER 781-7322 | EXTENSION | | | |
| 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 10 | Day 10 | Year / 23 | Month 10 | Day / 30 | Year / 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. | | | | | |
| Additional Pages | COMMITTEE TYPE GENERAL SPECIFIC | COMMITTEE NAME | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | |
|--------------------------------|--|
| 15 C/OH NAME | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | <p>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$</p> <p>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,285.00</p> |
| EXPENDITURE TOTALS | <p>3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$</p> <p>4. TOTAL POLITICAL EXPENDITURES \$ 5,109.92</p> |
| CONTRIBUTION BALANCE | <p>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 175.08</p> |
| OUTSTANDING LOAN TOTALS | <p>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00</p> |

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 12/12/1988

My address is 2918 Kyle Cove Wichita Falls TX 76308 USA

(street)

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

My address is _____
(street) _____ (city) _____ (state) _____ (zip code) _____ (country) _____

Form 1-1 Wichita County, State of Texas on the 30th day of October 1923

Executed in Winnipeg County, State or Province, on the 20 day of October, 20
(month) (year)

John De

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 Wayne Fudge | out-of-state PAC (ID# _____) | 7 Amount of contribution (\$) 200.00 |
| 8 Principal occupation / Job title (See Instructions) <i>Retired</i> | | 9 Employer (See Instructions) | |
| Date 10/20/2023 | Full name of contributor Matthew Michaels | out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____ | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) <i>Attty.</i> | | Employer (See Instructions) | |
| Date 10/19/2023 | Full name of contributor Bob Hampton | out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____ | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) <i>Treasurer</i> | | Employer (See Instructions) <i>Wichita County</i> | |
| Date 10/20/2023 | Full name of contributor Robert Barrow | out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____ | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) <i>Retired</i> | | Employer (See Instructions) <i>beth</i> | |
| 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.

| | | | |
|---|---|--|---|
| <p>The Instruction Guide explains how to complete this form.</p> | | | 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 John Gillespie | out-of-state PAC (ID#:) | 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 Hoegger Communications | out-of-state PAC (ID#:) 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#:) | 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. | | | |

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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; 76307 Zip Code |
| 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 | Candidate / Officeholder name | | Office sought |
| 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 | Candidate / Officeholder name | | Office held |
| 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 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 |
| 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 Pharies | 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' Hell 100 | Advertising |
| 10/20/2023 | 10/20/2023 | | \$25.00 | Card | Facebook | Advertising |
| 10/20/2023 | 10/20/2023 | | \$85.00 | | Facebook | Advertising |
| | | | | | Wayne Fudge | Contribution |
| 10/20/2023 | | \$200.00 | 394 | | Matthew Michaels | Contribution |
| 10/20/2023 | | \$200.00 | 394 | | Bob Hampton | Contribution |
| 10/21/2023 | | \$50.00 | 394 | | R & D Barrow | |
| 10/22/2023 | | \$50.00 | 17298 | | John Gillespie | |
| 10/20/2023 | | \$250.00 | 1357 | | Hoegger Communications | Contribution |
| 10/22/2023 | | \$200.00 | | | | |
| 10/25/2023 | 10/24/2023 | | 314 | \$2,055.00 | 1007 | BroCro Creative |
| 10/30/2023 | 10/30/2023 | | | \$50.00 | Card | Facebook |
| | | | | | | Advertising |

| | | |
|------------------------------|------------------------------|-------------------------------|
| Total Deposits \$5,285.00 | Total Expenses \$5,109.92 | Remaining Balance \$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 | OFFICE USE ONLY Date Received | | | |
| | Mr | Scott | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | NICKNAME | LAST | SUFFIX | RECEIVED CITY CLERK'S OFFICE 10/30/2023 3:15 PM By [Signature] | | | |
| | | Poenitzsch | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | ADDRESS / PO BOX: | APT / SUITE #: | CITY: | STATE: ZIP CODE | | | |
| | 408B Morningside Dr Wichita Falls, TX 76301 | | | | | | |
| 6 CAMPAIGN TREASURER NAME | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand Delivered or Date Postmarked Receipt [Signature] Amount \$ [Signature] Date Processed Date Imaged | | | |
| | (217) | 617-8046 | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; | | | CITY: | | | |
| | 1020 Yucca Burk Burnett, TX 76354 | | | STATE: ZIP CODE | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | 15th day after campaign treasurer appointment (Officeholder Only) | | | |
| | (940) | 867-2520 | | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) | | |
| | <input type="checkbox"/> July 15 | <input checked="" type="checkbox"/> 8th day before election | <input type="checkbox"/> Runoff | | | | |
| 10 PERIOD COVERED | Month | Day | Year | Month | Day | Year | |
| | 10 | / 5 | / 23 | THROUGH | 10 | / 29 | / 23 |
| 11 ELECTION | ELECTION DATE | | ELECTION TYPE | | | | |
| | Month | Day | Year | <input checked="" type="checkbox"/> Primary | Runoff | Other Description | |
| 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 GENERAL SPECIFIC | COMMITTEE NAME | | | | | |
| | | COMMITTEE ADDRESS | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |

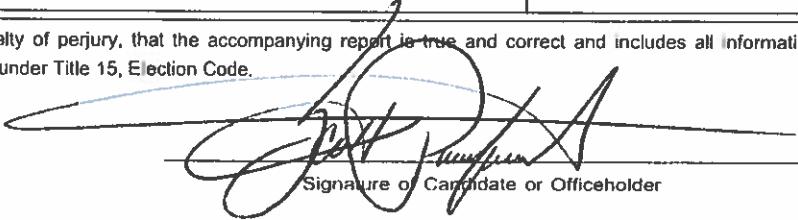
GO TO PAGE 2

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) \$ |
| EXPENDITURE TOTALS | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 800.00 |
| CONTRIBUTION BALANCE | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ |
| OUTSTANDING LOAN TOTALS | 4. TOTAL POLITICAL EXPENDITURES \$ 617.38 |
| 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ | |
| 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ | |

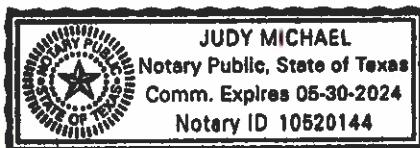
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Scott Poenitzsch this the 30th day of October,
20 23, to certify which, witness my hand and seal of office.

Judy Michael

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 _____.

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.

| | | |
|---|---|---|
| <p>The Instruction Guide explains how to complete this form.</p> | | |
| 2 FILER NAME Scott Poenitzsch | | 1 Total pages Schedule A1: 2 |
| 4 Date 10/16/2023 | 5 Full name of contributor Kevin Hunter 6 Contributor address; [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 Robert Diltz Contributor address; [REDACTED] Wichita Falls, TX 76308 | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor [REDACTED] Contributor address; [REDACTED] | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date | Full name of contributor [REDACTED] Contributor address; [REDACTED] | 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 | 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 Candidate/Officeholder/Political Committee | Gift/Wards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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 | City: Tempe, AZ Zip Code 85284 | |
| 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 | City: Wichita Falls | State: TX Zip Code 76301 |
| 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. | City: Van Nuys, | State: CA Zip Code 91406 |
| 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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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; 417 Indiana Ave | City; State; Zip Code 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 |
| 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 Mr. | FIRST Timothy | MI D | OFFICE USE ONLY | | |
| | NICKNAME Tim | LAST Short | SUFFIX | Date Received | Received in City Clerk's Office Date: 10/30/2023 Time: 13:20 | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1732 Woodridge | | | Wichita Falls TX 76310 | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (940) | PHONE NUMBER 636-7306 | EXTENSION | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Robert | MI W | Date Hand-delivered or Date Postmarked | | |
| | NICKNAME Bob | LAST Payton | SUFFIX | Receipt # | Amount \$ | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 4015 Kingsbury Drive | | | CITY; Wichita Falls | STATE; ZIP CODE TX 76309 | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (940) | PHONE NUMBER 782-6090 | EXTENSION | | | |
| 9 REPORT TYPE | January 15 | 30th day before election | Runoff | 15th day after campaign treasurer appointment (Officeholder Only) | | |
| | July 15 | <input checked="" type="checkbox"/> 8th day before election | Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month 10 | Day 8 | Year / 23 | Month 10 | Day / 30 | Year / 23 |
| 11 ELECTION | ELECTION DATE Month 11 / Day 7 / Year / 23 | | ELECTION TYPE Primary <input checked="" type="checkbox"/> General Runoff Special Other Description | | | |
| 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. | | | | | |
| Additional Pages | COMMITTEE TYPE GENERAL SPECIFIC | COMMITTEE NAME | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |

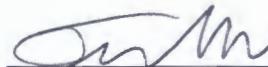
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

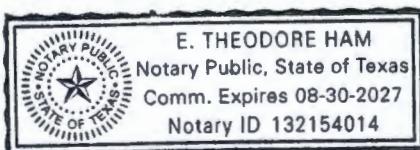
| | |
|----------------------------|--|
| 15 C/OH NAME Tim Short | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ |
| EXPENDITURE TOTALS | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 10,163.55 |
| CONTRIBUTION BALANCE | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ |
| OUTSTANDING LOAN TOTALS | 4. TOTAL POLITICAL EXPENDITURES \$ 10,126.50 |
| | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,133.44 |
| | 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,
20 23, to certify which, witness my hand and seal of office.

Tim Short
Signature of officer administering oath

Theodore Ham
Printed name of officer administering oath

Deputy City Clerk
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. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 10,163.55 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 6.40 |
| 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 | \$ 10,126.50 |
| 6. <input checked="" type="checkbox"/> 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 | 6 Contributor address; [REDACTED] 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#: [REDACTED]) Contributor address; [REDACTED] [REDACTED] | 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#: [REDACTED]) Contributor address; [REDACTED] [REDACTED] | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) Businessperson | | Employer (See Instructions) | |
| Date 10/14/2023 | Full name of contributor Kenny Bryant | out-of-state PAC (ID#: [REDACTED]) Contributor address; [REDACTED] [REDACTED] | 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 10/18/2023 | 5 Full name of contributor George Clay IV | out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) 2,500.00 |
| | 6 Contributor address; [REDACTED] | City; State; Zip Code Wichita Falls TX 76301 | |
| 8 Principal occupation / Job title (See Instructions) Businessperson | | 9 Employer (See Instructions) | |
| Date 10/19/2023 | Full name of contributor Stan Kimbell | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 1,000.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code Wichita Falls TX 76308 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) | |
| Date 10/19/2023 | Full name of contributor Mr. & Mrs. Joe Johnson | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 1,000.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code Wichita Falls TX 76308 | |
| Principal occupation / Job title (See Instructions) Homemaker | | 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#: _____) | 7 Amount of contribution (\$) 500.00 |
| 6 Contributor address; [REDACTED] | | City; State; Zip Code Wichita Falls TX 76310 | |
| 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#: _____) | Amount of contribution (\$) 500.00 |
| Contributor address; 2405 Kemp Blvd Wichita Falls, TX 76309 | | City; State; Zip Code | |
| 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#: _____) | Amount of contribution (\$) 100.00 |
| Contributor address; [REDACTED] | | City; State; Zip Code Wichita Falls TX 76310 | |
| 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#: _____) | Amount of contribution (\$) 500.00 |
| Contributor address; [REDACTED] | | City; State; Zip Code Wichita Falls TX 76308 | |
| 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 Joseph and Taylor Wachsman | 6 Contributor address; [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 Anonymous | out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) 40.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 10/28/2023 | Full name of contributor Joseph Ross | out-of-state PAC (ID#: _____) 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 Daniel Waggoner | out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] [REDACTED] Hillsboro TX 76645 | Amount of contribution (\$) 21.15 |
| Principal occupation / Job title (See Instructions) Rancher | | Employer (See Instructions) | |
| <p>*Amending to correct 6/30/2023 report. Donor paid electronic processing fees.</p> <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | | |

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 Ronald Albus | out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) 2.40 |
| | 6 Contributor address; [REDACTED] | City; State; Zip Code Wichita Falls TX 76308 | |
| 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 Contributor address; | out-of-state PAC (ID#: City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor Contributor address; | out-of-state PAC (ID#: City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Unknown | | Employer (See Instructions) | |
| Date | Full name of contributor Contributor address; | out-of-state PAC (ID#: 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. | | | |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|---|------------------------|--|---|--|--|--|--|--|--|--|---|--|---|--|--|--|--|--|--|--|--|--|--|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | | | 1 Total pages Schedule A2: 1 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 FILER NAME Tim Short | | | | 3 Filer ID (Ethics Commission Filers) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | | | \$ 6.40 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Date 10/27/2023 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert & Lori Payton | | | 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td> Date [REDACTED] </td> <td> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: [REDACTED] </td> <td> Amount of Contribution \$ [REDACTED] </td> <td> In-kind contribution description [REDACTED] </td> </tr> <tr> <td></td> <td> Contributor address; City; State; Zip Code [REDACTED] </td> <td colspan="2"> Check if travel outside of Texas. Complete Schedule T. </td> </tr> <tr> <td colspan="2"> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) </td> <td colspan="2"> Employer (FOR NON-JUDICIAL)(See Instructions) </td> </tr> <tr> <td colspan="2"> Contributor's principal occupation (FOR JUDICIAL) </td> <td colspan="2"> Contributor's job title (FOR JUDICIAL)(See Instructions) </td> </tr> <tr> <td colspan="2"> Contributor's employer/law firm (FOR JUDICIAL) </td> <td colspan="2"> Law firm of contributor's spouse (if any) (FOR JUDICIAL) </td> </tr> <tr> <td colspan="4"> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) </td> </tr> </table> | | | | | | Date [REDACTED] | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: [REDACTED] | Amount of Contribution \$ [REDACTED] | In-kind contribution description [REDACTED] | | Contributor address; City; State; Zip Code [REDACTED] | Check if travel outside of Texas. Complete Schedule T. | | Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) | | 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) | | | |
| Date [REDACTED] | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: [REDACTED] | Amount of Contribution \$ [REDACTED] | In-kind contribution description [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Contributor address; City; State; Zip Code [REDACTED] | Check if travel outside of Texas. Complete Schedule T. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL)(See Instructions) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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; 901 Indiana Ave., Suite 100 | City; Wichita Falls State; TX Zip Code 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; 901 Indiana Ave., Suite 100 | City; Wichita Falls | State; TX Zip Code 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; 2405 Kemp Blvd. | City; Wichita Falls | State; TX Zip Code 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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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; 1340 Poydras Street, Suite 1770 | City; New Orleans LA 79112 State; Zip Code | |
| 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 | 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 | | | |

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)

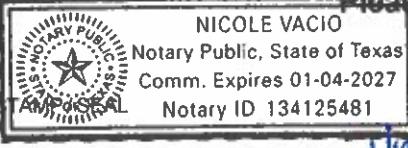
| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting 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) |

The Instruction Guide explains how to complete this form.

| | | | |
|--|---|--|-----------------|
| 1 Total pages Schedule F2: | 2 FILER NAME 1 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: 6923 Indiana Ave, Box 292 | City: Lubbock TX 79413 State: Zip Code | |
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political 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 ONLY 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: 901 Indiana Ave., Suite 100 | City: Wichita Falls TX 76301 | State: Zip Code |
| TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political 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 ONLY 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 Mr. | FIRST Timothy | MI D. | Date Received <i>BY THUR DATE: 6/12/24</i> | | |
| | | NICKNAME Tim | LAST Short | SUFFIX | CITY CLERK'S OFFICE RECEIVED IN TIME: 2:03 PM | | |
| 4 ORIGINAL REPORT TYPE | | <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 | | <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) | | | |
| 5 ORIGINAL PERIOD COVERED | | Month 10 | Day / 08 | Year / 23 | Month 10 | Day / 30 | Year / 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: | | | | | | | |
| <input type="checkbox"/> 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. <input type="checkbox"/> 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. | | | | | | | |
| <i>[Signature]</i> Signature of Candidate/Officeholder | | | | | | | |
| Please complete either option below: | | | | | | | |
| (1) Affidavit | |  | | | | | |
| Sworn to and subscribed before me by | | this the <u>15th</u> day of <u>June</u> , | | | | | |
| 20 <u>24</u> , to certify which, witness my hand and seal of office. | | <u>Nicole Vacio</u> Notary | | | | | |
| Signature of officer administering oath | | Printed name 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) |
| Executed in _____ County, State of _____ | | | | on the _____ day of _____ | | 20 _____ | (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. Timothy | | | MI D. | OFFICE USE ONLY | | |
| | NICKNAME Tim | | | LAST Short | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 1732 Woodridge | | | ZIP CODE | Date Hand-delivered or Date Postmarked | | |
| | Wichita Falls, TX 76310 | | | | Receipt # | | |
| | | | | | Date Processed | | |
| | | | | | Date Imaged | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. Robert | | | MI W | | | |
| | NICKNAME Bob | | | LAST Payton | SUFFIX | | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); 4015 Kingsbury Drive | | | APT / SUITE #; | CITY; STATE; ZIP CODE | | |
| | | | | | Wichita Falls TX 76309 | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (940) | PHONE NUMBER 782-6090 | EXTENSION | | | | |
| 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 09/29/2023 | Day | Year | Month 10/28/2023 | Day | Year | |
| 10 ELECTION | ELECTION DATE Month Day Year 11/07/2023 | | ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other | | | | |
| | | | | | | | |
| 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

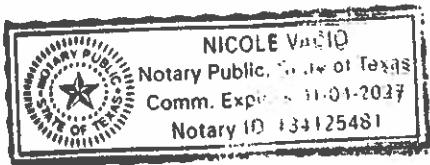
FORM C/OH
COVER SHEET PG 2

2 of 12

| | | | | | | | | | | | | | | | | | | | |
|---|---|--------------------------------------|--------------|---|----------------|----------------|--|--|----------------------------------|-------------------|--|--|-----------------------------------|-----------------------------------|--|--|--|--------------------------------------|--|
| 13 C / OH NAME | Short, Timothy D. (Mr.) | | 14 Filer ID | | | | | | | | | | | | | | | | |
| 15 NOTICE FROM POLITICAL COMMITTEE(S) | <p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td colspan="2">COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td colspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | | | | <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| <input type="checkbox"/> Additional Pages | 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 18th day of June, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

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 | |
| NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 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

| | | |
|--|---|---|
| <p>The Instruction Guide explains how to complete this form.</p> | | <p>1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/12</p> |
| <p>2 FILER NAME Short, Timothy D. (Mr.)</p> | | <p>3 Filer ID</p> |
| <p>4 Date 09/29/2023</p> | <p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Albus, Ronald</p> <p>6 Contributor address; City; State; Zip Code [REDACTED]</p> <p>Wichita Falls, TX 76308</p> | <p>7 Amount of Contribution (\$) \$2.40</p> |
| <p>8 Principal occupation / Job title (See Instructions) Small Businessperson</p> | | <p>9 Employer (See Instructions) See memo page</p> |
| <p>Date 10/13/2023</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anonymous</p> <p>Contributor address; City; State; Zip Code</p> | <p>Amount of Contribution (\$) \$100.00</p> |
| <p>Principal occupation / Job title (See Instructions)</p> | | <p>Employer (See Instructions)</p> |
| <p>Date 10/27/2023</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anonymous</p> <p>Contributor address; City; State; Zip Code</p> | <p>Amount of Contribution (\$) \$40.00</p> |
| <p>Principal occupation / Job title (See Instructions)</p> | | <p>Employer (See Instructions)</p> |
| <p>Date 10/14/2023</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bryant, Kenny</p> <p>Contributor address; City; State; Zip Code [REDACTED]</p> <p>Wichita Falls, TX 76301</p> | <p>Amount of Contribution (\$) \$100.00</p> |
| <p>Principal occupation / Job title (See Instructions) Businessperson</p> | | <p>Employer (See Instructions)</p> |
| <p>Date 10/18/2023</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Clay IV, George</p> <p>Contributor address; City; State; Zip Code [REDACTED]</p> <p>Wichita Falls, TX 76301</p> | <p>Amount of Contribution (\$) \$2,500.00</p> |
| <p>Principal occupation / Job title (See Instructions)</p> | | <p>Employer (See Instructions)</p> |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| <p>The Instruction Guide explains how to complete this form.</p> | | <p>1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/12</p> |
| <p>2 FILER NAME Short, Timothy D. (Mr.)</p> | | <p>3 Filer ID</p> |
| <p>4 Date 10/13/2023</p> | <p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fidelie, R. M.</p> <p>6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76309</p> | <p>7 Amount of Contribution (\$) \$500.00</p> |
| <p>8 Principal occupation / Job title (See Instructions) Retired</p> | | <p>9 Employer (See Instructions)</p> |
| <p>Date 10/23/2023</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Frank, Alisha</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76302</p> | <p>Amount of Contribution (\$) \$2,500.00</p> |
| <p>Principal occupation / Job title (See Instructions) Homemaker</p> | | <p>Employer (See Instructions)</p> |
| <p>Date 10/13/2023</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gossom Jr., Woodrow W.</p> <p>Contributor address; City; State; Zip Code [REDACTED]</p> | <p>Amount of Contribution (\$) \$250.00</p> |
| <p>Principal occupation / Job title (See Instructions) Retired</p> | | <p>Employer (See Instructions)</p> |
| <p>Date 10/02/2023</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harvey, Dale</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308</p> | <p>Amount of Contribution (\$) \$250.00</p> |
| <p>Principal occupation / Job title (See Instructions) Small Businessperson</p> | | <p>Employer (See Instructions)</p> |
| <p>Date 10/23/2023</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hooker, Brian</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76310</p> | <p>Amount of Contribution (\$) \$500.00</p> |
| <p>Principal occupation / Job title (See Instructions) Small Businessperson</p> | | <p>Employer (See Instructions)</p> |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| <p>The Instruction Guide explains how to complete this form.</p> | | <p>1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/12</p> |
| <p>2 FILER NAME Short, Timothy D. (Mr.)</p> | | <p>3 Filer ID</p> |
| <p>4 Date 10/19/2023</p> | <p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Johnson, Mr. & Mrs. Joe</p> <p>6 Contributor address; City; State; Zip Code [REDACTED]</p> | <p>7 Amount of Contribution (\$) \$1,000.00</p> |
| <p>8 Principal occupation / Job title (See Instructions) Retired</p> | | <p>9 Employer (See Instructions)</p> |
| <p>Date 10/19/2023</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kimbell, Stan</p> <p>Contributor address; City; State; Zip Code [REDACTED]</p> | <p>Amount of Contribution (\$) \$1,000.00</p> |
| <p>Wichita Falls, TX 76308</p> | | |
| <p>Principal occupation / Job title (See Instructions) Businessperson</p> | | <p>Employer (See Instructions)</p> |
| <p>Date 10/25/2023</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RJ Wachsman Homes</p> <p>Contributor address; City; State; Zip Code 2405 Kemp Blvd</p> | <p>Amount of Contribution (\$) \$500.00</p> |
| <p>Wichita Falls, TX 76309</p> | | |
| <p>Principal occupation / Job title (See Instructions) Small Businessman</p> | | <p>Employer (See Instructions)</p> |
| <p>Date 10/28/2023</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ross, Joseph</p> <p>Contributor address; City; State; Zip Code [REDACTED]</p> | <p>Amount of Contribution (\$) \$50.00</p> |
| <p>Wichita Falls, TX 76308</p> | | |
| <p>Principal occupation / Job title (See Instructions) Unknown</p> | | <p>Employer (See Instructions)</p> |
| <p>Date 10/27/2023</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Schenk, Cyndi</p> <p>Contributor address; City; State; Zip Code [REDACTED]</p> | <p>Amount of Contribution (\$) \$500.00</p> |
| <p>Wichita Falls, TX 76308</p> | | |
| <p>Principal occupation / Job title (See Instructions) Small Businessperson</p> | | <p>Employer (See Instructions)</p> |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|---|
| <p>The Instruction Guide explains how to complete this form.</p> | | <p>1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/12</p> |
| <p>2 FILER NAME Short, Timothy D. (Mr.)</p> | | <p>3 Filer ID</p> |
| <p>4 Date 10/27/2023</p> | <p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tittsworth, Clinton</p> <p>6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76310</p> | <p>7 Amount of Contribution (\$) \$100.00</p> |
| <p>8 Principal occupation / Job title (See Instructions) Retired</p> | | <p>9 Employer (See Instructions)</p> |
| <p>Date 10/27/2023</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wachsman, Joseph and Taylor</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76310</p> | <p>Amount of Contribution (\$) \$500.00</p> |
| <p>Principal occupation / Job title (See Instructions) Small Businessperson</p> | | <p>Employer (See Instructions)</p> |
| <p>Date 09/29/2023</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Waggoner, Daniel</p> <p>Contributor address; City; State; Zip Code [REDACTED] Hillsboro, TX 76645</p> | <p>Amount of Contribution (\$) \$21.15</p> |
| <p>Principal occupation / Job title (See Instructions) Rancher</p> | | <p>Employer (See Instructions) See memo page</p> |

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS**SCHEDULE A2**

| | | | |
|--|---|---|--|
| The Instruction Guide explains how to complete this form. | | | |
| 2 FILER NAME Short, Timothy D. (Mr.) | | 1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/12 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 10/27/2023 | 6 Full name of contributor Payton, Robert & Lori 7 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76309 | 8 Amount of contribution (\$) \$6.40 | 9 In-kind contribution description Software Subscription |
| <input type="checkbox"/> 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 | Candidate/Officeholder name | Office sought | Office held |
| Date 10/18/2023 | 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 | 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 | (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 | Candidate/Officeholder name | Office sought | Office held |

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 <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. 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Stevens, Mike | 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 <u>ONLY</u> 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 MR | FIRST THOMAS | MI H | OFFICE USE ONLY | | |
| | NICKNAME TOM | LAST TAYLOR | SUFFIX | Date Received | Received in City Clerk's Office Date: 12/30/2023 Time: 1534 | |
| 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 (940) | PHONE NUMBER 447-0373 | EXTENSION | Date Hand-delivered or Date Postmarked | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MR | FIRST TREY | MI | Receipt # | Amount \$ | |
| | NICKNAME | LAST SRALLA | SUFFIX | Date Processed | Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 401 N. SCOTT AVE, WICHITA FALLS TX 76306 | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (940) | PHONE NUMBER 322-4121 | EXTENSION | | | |
| 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 9 | Day 29 | Year / 23 | Month 10 | Day / 30 | Year / 23 |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 7 / 20 | | ELECTION TYPE Primary Runoff General Special Other Description | | | |
| 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. | | | | | |
| Additional Pages | COMMITTEE TYPE GENERAL SPECIFIC | COMMITTEE NAME | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |

GO TO PAGE 2

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 SEE ATTACHED SPREAD SHEET | 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) 2,850.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date | Full name of contributor Contributor address; | out-of-state PAC (ID#: City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor Contributor address; | out-of-state PAC (ID#: City; State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor Contributor address; | out-of-state PAC (ID#: 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. | | | |

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 CHASIER'S CHECK | \$ 750.00 | \$ 2,350.00 | |
| DEBBIE GUSTAFSON, WF TX | 24-Oct-23 | | \$ 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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | 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; 600 OHIO ST, WICHITA FALLS TX 76301 | City; State; Zip Code | |
| 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; 600 OHIO ST, WICHITA FALLS TX 76301 | City; State; Zip Code | |
| 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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | 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; 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 <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; 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 | |
| Candidate / Officeholder name Office sought Office held | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | |
| 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.

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 | 8 Amount (\$) 0.50 |
| | 6 Address of person from whom amount is received; City; State; Zip Code WICHITA FALLS TX | |
| 7 Purpose for which amount is received INTEREST ON ACCOUNT | | |
| <input type="checkbox"/> 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 | <input type="checkbox"/> 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 | <input type="checkbox"/> 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 | <input type="checkbox"/> Check if political contribution returned to filer |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED