

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 MICHAEL	MI N	OFFICE USE ONLY	
	NICKNAME	LAST BATTAGLINO	SUFFIX	Date Received RECEIVED IN CITY CLERK'S OFFICE DATE: 10/16/2023 TIME: 12:47pm	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 5001 CYPRESS AVE WICHITA FALLS, TX 76308-2904				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 400-5223	EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST MICHAEL	MI W	Receipt #	
	NICKNAME	LAST BOYLE	SUFFIX	Date Processed BY:	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE; ZIP CODE 2817 ELMWOOD AVE, WICHITA FALLS, TX 76308				
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 867-2924	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 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 7	Day 1	Year 23	Month 9	Day 28
11 ELECTION	Month 11	Day 7	Year 23	ELECTION DATE 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)	\$ 175.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,712.78
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 40.98
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 7,103.37
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,153.25
	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)

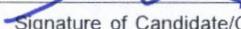
(city)

(state)

(zip code)

(country)

Executed in Wichita County, State of Texas, on the _____ day of October, 20 23.

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	\$ 7,420.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 117.78
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,062.39
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	\$ 3,109.27
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 100.00
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: 6
2 FILER NAME Michael N Battaglino			3 Filer ID (Ethics Commission Filers)
4 Date 07/04/2023	5 Full name of contributor Kelly Montoya	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 100.00
	6 Contributor address; [REDACTED]	City: _____ State: _____ Zip Code Wichita Falls, TX 76302	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 07/01/2023	Full name of contributor Robert Birk	out-of-state PAC (ID# _____)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City: _____ State: _____ Zip Code Henrietta, TX 76365	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/01/2023	Full name of contributor Chris Mulder	out-of-state PAC (ID# _____)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City: _____ State: _____ Zip Code Alexandria, VA 22304	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/28/2023	Full name of contributor Robert Pert	out-of-state PAC (ID# _____)	Amount of contribution (\$) 200.00
	Contributor address; [REDACTED]	City: _____ State: _____ Zip Code Wichita Falls, TX 76308	
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: 6
2 FILER NAME Michael N Battaglino			3 Filer ID (Ethics Commission Filers)
4 Date 07/28/2023	5 Full name of contributor David West	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls, TX 76309	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 08/08/2023	Full name of contributor Phyllis Cowling	out-of-state PAC (ID#:)	Amount of contribution (\$) 300.00
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls, TX 76310	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/30/2023	Full name of contributor Risa Hillard	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/16/2023	Full name of contributor Carla Rogers	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED]	City; State; Zip Code Iowa Park, TX 76367	
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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 6
2 FILER NAME Michael N Battaglino			3 Filer ID (Ethics Commission Filers)
4 Date 08/18/2023	5 Full name of contributor Jessica L Traw	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 200.00
	6 Contributor address; [REDACTED]	City: _____ State: _____ Zip Code Wichita Falls, TX 76306	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 08/18/2023	Full name of contributor Mike Minter	out-of-state PAC (ID# _____)	Amount of contribution (\$) 250.00
	Contributor address; [REDACTED]	City: _____ State: _____ Zip Code Wichita Falls, TX 76306	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/18/2023	Full name of contributor Wilson Swanson	out-of-state PAC (ID# _____)	Amount of contribution (\$) 250.00
	Contributor address; [REDACTED]	City: _____ State: _____ Zip Code Wichita Falls, TX 76309	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/18/2023	Full name of contributor Lee Walden	out-of-state PAC (ID# _____)	Amount of contribution (\$) 10.00
	Contributor address; [REDACTED]	City: _____ State: _____ Zip Code Wichita Falls, TX 76308	
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**

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 6
2 FILER NAME Michael N Battaglino			3 Filer ID (Ethics Commission Filers)
4 Date 08/21/2023	5 Full name of contributor Marcus Armstrong	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls, TX 76306	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 08/26/2023	Full name of contributor Woody Gossum	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address; [REDACTED]	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/28/2023	Full name of contributor Andrew Johnson	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City; State; Zip Code Spokane, WA 99205	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/05/2023	Full name of contributor Nathan Wells	out-of-state PAC (ID#:)	Amount of contribution (\$) 10.00
	Contributor address; [REDACTED]	City; State; Zip Code 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: 6
2 FILER NAME Michael N Battaglino			3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2023	5 Full name of contributor Amanda Ahern	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls, TX 76310	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/08/2023	Full name of contributor Michael Grassi	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/11/2023	Full name of contributor Katherin Jones	out-of-state PAC (ID#:)	Amount of contribution (\$) 150.00
	Contributor address; [REDACTED]	City; State; Zip Code San Antonio, TX 7244	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/19/2023	Full name of contributor Austin Cobb	out-of-state PAC (ID#:)	Amount of contribution (\$) 50.00
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls, TX 76308	
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: 6
2 FILER NAME Michael N Battaglino			3 Filer ID (Ethics Commission Filers)
4 Date 09/19/2023	5 Full name of contributor Joshua Whittiker	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00
	6 Contributor address; [REDACTED], Wichita Falls, TX 76308	City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/20/2023	Full name of contributor TREPAC	out-of-state PAC (ID _____)	Amount of contribution (\$) 3,000.00
	Contributor address; PO Box 2246, Austin, TX 78768	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/26/2023	Full name of contributor Wichita Falls Police Officers Association	out-of-state PAC (ID _____)	Amount of contribution (\$) 750.00
	Contributor address; 3229 Industrial Dr, Wichita Falls, TX 76306	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/28/2023	Full name of contributor David Farabee	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED]	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.			

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:
2 FILER NAME Michael N Battaglino				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$
5 Date 09/18/2023	6 Full name of contributor Tyler Methvin	7 Contributor address; [REDACTED] Wichita Falls, TX 76302	8 Amount of Contribution \$ 117.78	9 In-kind contribution description Advertising - Sign Supplies
Check if travel outside of Texas. Complete Schedule T.				
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)				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)				
Date	Full name of contributor [REDACTED]	Contributor address; [REDACTED] City; [REDACTED] State; [REDACTED] Zip Code	Amount of Contribution \$	In-kind contribution description
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: 3	2 FILER NAME Michael N. Battaglino	3 Filer ID (Ethics Commission Filers)		
4 Date 07/24/2023	5 Payee name Sawyer Printing			
6 Amount (\$) 108.53	7 Payee address: 2012 Kell W Blvd, Wichita Falls, TX 76301	City: _____ State: _____ Zip Code _____		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Thank you Cards		
	(c) Check if travel outside of Texas. Complete Schedule T. _____			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name _____	Office sought _____	Office held _____
Date 08/03/2023	Payee name Sawyer Printing			
Amount (\$) 565.63	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 Signs		
	Check if travel outside of Texas. Complete Schedule T. _____		Check if Austin, TX, officeholder living expense _____	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name _____	Office sought _____	Office held _____
Date 08/04/2023	Payee name GII Ad Group			
Amount (\$) 659.79	Payee address: 909 8th ST #301, Wichita Falls, TX 76301	City: _____	State: _____	Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising Consulting & Production		
	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: 3	2 FILER NAME Michael N. Battaglino	3 Filer ID (Ethics Commission Filers)	
4 Date 09/01/2023	5 Payee name Imprints 1		
6 Amount (\$) 173.20	7 Payee address; 3911 Kell E Blvd, Wichita Falls, TX 76308	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(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 09/05/2023	Payee name Graphics II		
Amount (\$) 893.60	Payee address; 909 8th ST #301, 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 09/05/2023	Payee name Imprints 1		
Amount (\$) 253.31	Payee address; 3911 Kell E Blvd, Wichita Falls, TX 76308	City;	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Shirts	
	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: 3	2 FILER NAME Michael N. Battaglino	3 Filer ID (Ethics Commission Filers)	
4 Date 09/11/2023	5 Payee name Michael N. Battaglino		
6 Amount (\$) 986.48	7 Payee address; 5001 Cypress Ave, Wichita Falls, TX 76308-2904	City: _____ State: _____ Zip Code _____	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Advertising - Signs (First Graphic Svcs) Order # 5532	
	(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 09/18/2023	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 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 09/29/2023	Payee name Mike Stevens		
Amount (\$) 3,290.00	Payee address; 6923 Indiana Ave, Box 292, Lubbock, TX 79413	City: _____	State: _____ Zip Code _____
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Mailer	
	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	2 FILER NAME Michael N Battaglino	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 41.63	
5 Date 07/22/2023	6 Payee name Whooann Creative		
7 Amount (\$) 600.00	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 Marketing	
	(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 09/01/2023	Payee name Whooann Creative		
Amount (\$) 600.00	Payee address; 3 Bayberry Ct, Wichita Falls, TX 76310	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) Advertising	Description Marketing	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	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	2 FILER NAME Michael N Battaglino	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 986.48		\$ 41.63	
5 Date 09/05/2023	6 Payee name First Graphic Services		
7 Amount (\$) 986.48	8 Payee address; 229 Garvon St, Garland, TX 75040	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 Signs (order # 5532)	
	(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 09/27/2023	Payee name First Graphic Services		
Amount (\$) 881.16	Payee address; 229 Garvon St, Garland, TX 75040	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) Advertising	Description Signs (Invoice #333480)	
	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 Michael N. Battaglino	3 Filer ID (Ethics Commission Filers)
4 Date 07/28/2023	5 Payee name City of Wichita Falls	
6 Amount (\$) 100.00 Reimbursement from political contributions intended	7 Payee address; PO Box 1431, Wichita Falls, TX 76307	City: _____ State: _____ Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Filing 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	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		

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

11:57am
Time

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 20		OFFICE USE ONLY			
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR		FIRST Mr. Michael	MI N	Date Received 5/3/2023		
	NICKNAME		LAST Battaglino	SUFFIX	RECEIVED IN CITY CLERK'S OFFICE		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input 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)	<input type="checkbox"/> Final report Other (specify)	Date Hand-delivered or Date Postmarked Date Received 5/3/2023		
					Receipt # 7013 Date 5/3/2023 Amount \$ 0.00 By		
5 ORIGINAL PERIOD COVERED	Month 07	Day 01	Year /23	Month 09	Day 28	Year /23	Date Processed
	THROUGH						Date Imaged

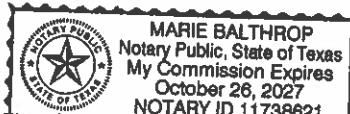
6 EXPLANATION OF CORRECTION

See attached explanation of correction.

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

Check ONLY if applicable:

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



(1) Affidavit

 Signature of Candidate/Officeholder

Please complete either option below:

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Michael Battaglino this the 31st day of May

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

Marie Balthrop

Signature of officer administering oath

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 _____ USA _____

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

Executed in _____ County, State of Texas, on the _____ day of _____, 20 _____
(m) _____ (th) _____ (r) _____

 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

This corrects the report as originally filed as follows:

- (1) Cover Sheet, Page 2: Box 17:
 - a. Line 2: Number updated to include itemized entries added to Schedule A2,
 - b. Line 3: Number updated to include the unitemized expenditures on Schedule F4, and
 - c. Line 4: Number updated to include the unitemized expenditures on Schedule F4 and the itemized entries on Schedule F4 and Schedule G;
- (2) Cover Sheet, Page 3: Box 2: Number updated due to the addition of entries to Schedule A2;
- (3) Schedule A1: Contributor zip code corrected, Full contributor name included with acronym, Contributor name changed to include PAC, and Corrected address of same;
- (4) Schedule A2: Added contribution in-kind from one contributor divided into 4 entries due to description of in-kind;
- (5) Schedule F1: Changed name of payee to reflect credit card issuer and Corrected address of same, Changed date of expenditure from 9/29/23 to 9/28/23;
- (6) Schedule F4: Changed to new Schedule F4 and Included name of financial institution and date credit card issuer was paid where appropriate; and
- (7) Schedule G: Changed category from "Other" to "Fees".

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 Filer)	2 Total pages filed: 18	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST MICHAEL	MI N	OFFICE USE ONLY		
	NICKNAME	LAST BATTAGLINO	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 5001 CYPRESS AVE WICHITA FALLS, TX 76308-2904				Date Hand-delivered or Date Postmarked	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 400-5223	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST MICHAEL	MI W	Receipt #	Amount \$	
	NICKNAME	LAST BOYLE	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 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 16	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 16th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 16	<input 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 7	Day 1	Year 23	Month 9	Day 28	Year 23
11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 23			ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description		
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 <input type="checkbox"/> GENERAL <input type="checkbox"/> 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)	\$ 175.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,349.78
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 82.61
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 10,312.64
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,153.25
	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 _____ day of _____, 20 24.

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Mr. Michael N. 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	\$ 7,420.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 11,754.78
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	\$ 7,062.39
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	\$ 3,109.27
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 100.00
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: 6
2 FILER NAME Michael N Battaglino			3 Filer ID (Ethics Commission Filer)
4 Date 07/04/2023	5 Full name of contributor Kelly Montoya	6 Contributor address; [REDACTED]	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 07/01/2023	Full name of contributor Robert Birk	out-of-state PAC (ID#) [REDACTED]	Amount of contribution (\$) 100.00
Contributor address; [REDACTED]		City; State; Zip Code Henrietta, TX 76365	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/01/2023	Full name of contributor Chris Mulder	out-of-state PAC (ID#) [REDACTED]	Amount of contribution (\$) 100.00
Contributor address; [REDACTED]		City; State; Zip Code Alexandria, VA 22304	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/28/2023	Full name of contributor Robert Pert	out-of-state PAC (ID#) [REDACTED]	Amount of contribution (\$) 200.00
Contributor address; [REDACTED]		City; State; Zip Code Wichita Falls, TX 76308	
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: 6
2 FILER NAME Michael N Battaglino			3 Filer ID (Ethics Commission Filers)
4 Date 07/28/2023	5 Full name of contributor David West	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 100.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls, TX 76309	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 08/08/2023	Full name of contributor Phyllis Cowling	out-of-state PAC (ID# _____)	Amount of contribution (\$) 300.00
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls, TX 76310	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/30/2023	Full name of contributor Risa Hillard	out-of-state PAC (ID# _____)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/16/2023	Full name of contributor Carla Rogers	out-of-state PAC (ID# _____)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED], Iowa Park, TX 76367	
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: 6
2 FILER NAME Michael N Battaglino			3 Filer ID (Ethics Commission Filer)
4 Date 08/18/2023	5 Full name of contributor Jessica L Traw	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 200.00
	6 Contributor address; [REDACTED]	City: Wichita Falls, TX 76306 State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 08/18/2023	Full name of contributor Mike Minter	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address; [REDACTED]	City: Wichita Falls, TX 76306 State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/18/2023	Full name of contributor Wilson Swanson	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address; [REDACTED]	City: Wichita Falls, TX 76309 State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/18/2023	Full name of contributor Lee Walden	out-of-state PAC (ID#:)	Amount of contribution (\$) 10.00
	Contributor address; [REDACTED]	City: Wichita Falls, TX 76308 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: 6
2 FILER NAME Michael N Battaglino			3 Filer ID (Ethics Commission Filers)
4 Date 08/21/2023	5 Full name of contributor Marcus Armstrong	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address:	City: Wichita Falls, TX 76306 State: Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 08/26/2023	Full name of contributor Woody Gossum	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
	Contributor address;	City: State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/28/2023	Full name of contributor Andrew Johnson	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address;	City: Spokane, WA 99205 State: Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/05/2023	Full name of contributor Nathan Wells	out-of-state PAC (ID#:)	Amount of contribution (\$) 10.00
	Contributor address;	City: Wichita Falls, TX 76309 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: 6
2 FILER NAME Michael N Battaglino			3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2023	5 Full name of contributor Amanda Ahern	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address; [REDACTED]	City: State: Zip Code [REDACTED]	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/08/2023	Full name of contributor Michael Grassi	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City: State: Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/11/2023	Full name of contributor Katherin Jones- <i>katherine</i> Johnson	out-of-state PAC (ID#:)	Amount of contribution (\$) 150.00
	Contributor address; [REDACTED]	City: State: Zip Code [REDACTED]	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/19/2023	Full name of contributor Austin Cobb	out-of-state PAC (ID#:)	Amount of contribution (\$) 50.00
	Contributor address; [REDACTED]	City: State: Zip Code [REDACTED]	
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: 6
2 FILER NAME Michael N Battaglino			3 Filer ID (Ethics Commission Filers)
4 Date 09/19/2023	5 Full name of contributor Joshua Whittaker	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls, TX 76308	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/20/2023	Full name of contributor TREPAC (Texas REALTORS Political Action Committee)	out-of-state PAC (ID#:)	Amount of contribution (\$) 3,000.00
	Contributor address; PO Box 2246, Austin, TX 78768	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/26/2023	Full name of contributor Wichita Falls Police Officers Association PAC	out-of-state PAC (ID#:)	Amount of contribution (\$) 750.00
	Contributor address; 3411 McNeil Ave., Suite 302, Wichita Falls, TX 76308	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/28/2023	Full name of contributor David Farabee	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED]	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.			

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: 3
2 FILER NAME Michael N Battaglino		3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 09/28/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wichita Falls Fire PAC 7 Contributor address; City; State; Zip Code 1209 Oakhurst Drive Wichita Falls TX 76302	8 Amount of Contribution \$ 5,023.00 9 In-kind contribution description Political advertising for campaign - direct mail Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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)		
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wichita Falls Fire PAC Contributor address; City; State; Zip Code 1209 Oakhurst Drive Wichita Falls TX 76302	Amount of Contribution \$ 3,975.00 In-kind contribution description Political advertising for campaign - data & survey 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.		

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: 3
2 FILER NAME Michael N Battaglino		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 09/28/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wichita Falls Fire PAC 7 Contributor address: City: State: Zip Code 1209 Oakhurst Drive Wichita Falls TX 76302	8 Amount of Contribution \$ 1,750.00 9 In-kind contribution description Political advertising for campaign - signage <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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)		
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wichita Falls Fire PAC Contributor address: City: State: Zip Code 1209 Oakhurst Drive Wichita Falls TX 76302	Amount of Contribution \$ 889.00 In-kind contribution description Political advertising for campaign - digital/online streaming/social media <small>Check if travel outside of Texas. Complete Schedule T.</small>
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.

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: 3
2 FILER NAME Michael N Battaglino		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 09/18/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tyler Methvin) 7 Contributor address: City: State: Zip Code Wichita Falls, TX 76302	8 Amount of Contribution \$ 117.78 9 In-kind contribution description Advertising - Sign Supplies Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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)		
Data	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: City: State: Zip Code	Amount of Contribution \$ 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	GW/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	3 Filer ID (Ethics Commission Filer)		
3	Michael N. Battaglino			
4 Date	5 Payee name			
07/24/2023	Sawyer Printing			
6 Amount (\$)	7 Payee address;	City:	State:	Zip Code
108.53	2012 Kell W Blvd, Wichita Falls, TX 76301			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Advertising	Thank you Cards		
(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			
08/03/2023	Sawyer Printing			
Amount (\$)	Payee address;	City:	State:	Zip Code
565.63	2012 Kell W Blvd, Wichita Falls, TX 76301			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising	Signs		
Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
08/04/2023	Gill Ad Group			
Amount (\$)	Payee address;	City:	State:	Zip Code
659.79	909 8th ST #301, Wichita Falls, TX 76301			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising	Advertising Consulting & Production		
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 Expenses	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: 3	2 FILER NAME Michael N. Battaglino	3 Filer ID (Ethics Commission Filer)	
4 Date 09/01/2023	5 Payee name Imprints 1		
6 Amount (\$) 173.20	7 Payee address: 3911 Kell E Blvd, Wichita Falls, TX 76308	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs	
	(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 09/05/2023	Payee name Graphics II		
Amount (\$) 893.60	Payee address: 909 8th ST #301, 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	
	(c) 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 09/05/2023	Payee name Imprints 1		
Amount (\$) 253.31	Payee address: 3911 Kell E Blvd, Wichita Falls, TX 76308	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Campaign Shirts	
	(c) 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	Fee	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: 3	2 FILER NAME Michael N. Battaglino	3 Filer ID (Ethics Commission Filer)	
4 Date 09/11/2023	5 Payee name JPMorgan Chase		
6 Amount (\$) 986.48	7 Payee address; 1111 Polaris Parkway, Columbus, OH 43240	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Advertising - Signs (First Graphic Svcs) Order #5532	
	(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 09/18/2023	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 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 09/28/2023	Payee name Mike Stevens		
Amount (\$) 3,290.00	Payee address; 6923 Indiana Ave, Box 292, Lubbock, TX 79413	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Mailer	
	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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME Michael N Battaglino	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 41.63
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5 CREDIT CARD ISSUER	Name of financial institution JPMorgan Chase		
6 PAYMENT	(a) Amount Charged \$ 600.00	(b) Date Expenditure Charged 07/22/2023	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name Whooann Creative	(b) Payee address; 3 Bayberry Ct, Wichita Falls, TX 76310	City, State, Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Marketing	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
PAYMENT	(a) Amount Charged \$ 600.00	(b) Date Expenditure Charged 09/01/2023	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Whooann Creative	(b) Payee address; 3 Bayberry Ct, Wichita Falls, TX 76310	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Marketing	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) 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
PAYMENT	(a) Amount Charged \$ 986.48	(b) Date Expenditure Charged 09/05/2023	(c) Date(s) Credit Card Issuer Paid 09/11/2023
PAYEE	(a) Payee name First Graphic Services	(b) Payee address; 229 Garvon St, Garland, TX 75040	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs (order #5532)	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) 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

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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME Michael N Battaglino			3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD			\$	
5 CREDIT CARD ISSUER	Name of financial institution JPMorgan Chase			
6 PAYMENT	(a) Amount Charged \$ 881.16	(b) Date Expenditure Charged 09/27/2023	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name First Graphic Services	(b) Payee address; 229 Garvon St, Garland, TX 75040	City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Signs (Invoice #333480)	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) 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
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office Sought	Office Held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 Michael N. Battaglino	3 Filer ID (Ethics Commission Filers)
4 Date 07/28/2023	5 Payee name City of Wichita Falls	
6 Amount (\$) 100.00 Reimbursement from political contributions intended	7 Payee address; PO Box 1431, Wichita Falls, TX 76307	City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing 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	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address;	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) Reimbursement from political contributions intended	Payee address;	City: _____ State: _____ Zip Code: _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Jeffrey L			OFFICE USE ONLY Date Received			
	NICKNAME LAST SUFFIX Browning						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 6 Waverly Place Wichita Falls, Texas 76301			Date Hand-delivered or Date Postmarked			
Change of Address							
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt # Date By			
6 CAMPAIN TREASURER NAME	MS / MRS / MR	FIRST MI	SUFFIX	Date Processed			
	NICKNAME	LAST		Date Imaged			
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 1600 Travis St, Wichita Falls, Tx 76301			STATE: ZIP CODE			
8 CAMPAIN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(940)	692-5025					
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	1	/	23	10	/	23	
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	Primary	Runoff	Other Description	
	11	/	23	<input checked="" type="checkbox"/> General	Special		
12 OFFICE	OFFICE HELD (if any) City Council District 3			13 OFFICE SOUGHT (if known) City Council District 3			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
Additional Pages	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

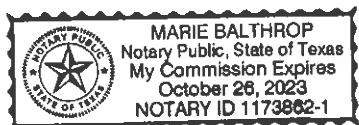
15 C/OH NAME Jeffrey L Browning	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 1730.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5350.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 6350.00
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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 10th 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)

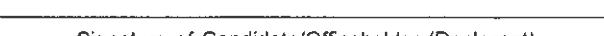
(city)

(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	\$ 5350.00
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	\$ 6350.00
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 8/31/23	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 9/21/23	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 9/22/23	Full name of contributor Dwayne Bell	out-of-state PAC (ID#:)	Amount of contribution (\$) 1000.00
	Contributor address; [REDACTED]	City; State; Zip Code WF, TX 76308	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 9/22/23	Full name of contributor TREPAC/Texas REALTORS	out-of-state PAC (ID#:)	Amount of contribution (\$) 1000.00
	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:
2 FILER NAME Jeffrey L. Browning			3 Filer ID (Ethics Commission Filers)
4 Date 8/7/23	5 Full name of contributor John Stafford	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 500.00
	6 Contributor address; [REDACTED]	City; State; Zip Code WF, TX 76301	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 8/7/23	Full name of contributor Marylyn Stafford	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED]	City; State; Zip Code WF, TX 76301	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/16/23	Full name of contributor Jeff Browning	out-of-state PAC (ID#:)	Amount of contribution (\$) 2000.00
	Contributor address; [REDACTED]	City; State; Zip Code WF, TX 76301	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8/30/23	Full name of contributor Robert Vinson	out-of-state PAC (ID#:)	Amount of contribution (\$) 200.00
	Contributor address; [REDACTED]	City; State; Zip Code WF, TX 76301	
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 1 Jeffrey L Browning	3 Filer ID (Ethics Commission Filers)	
4 Date 8/16/23	5 Payee name Action Printing		
6 Amount (\$) 2960.00	7 Payee address: 2407 82nd St., Lubbock Texas 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 10/2/23	Payee name Action Printing		
Amount (\$)	Payee address; 2407 82nd St., Lubbock Texas 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

**CORRECTION/AMENDMENT AFFIDAVIT
FOR CANDIDATE/OFFICEHOLDER**

FORM COR-COH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	11	OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	Date Received			
	Mr.	Jeffrey	L.				
	NICKNAME	LAST	SUFFIX				
		Browning					
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input 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)	<input type="checkbox"/> Final report Other (specify) _____	Date Hand-Delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date _____ By _____ RECEIVED IN CITY CLERK'S OFFICE 6/5/2024 TM			
5 ORIGINAL PERIOD COVERED	Month 07	Day 01	Year /23	Month 09	Day 28	Year /23	Date Imaged
THROUGH							

6 EXPLANATION OF CORRECTION

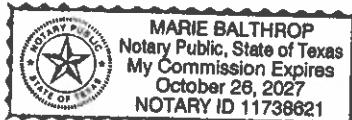
See attached explanation of correction.

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

Check ONLY if applicable:

- Semiannual reports:** I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jeffrey L. Browning this the 5th day of June.

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

Signature of officer administering oath

Printed name of officer administering oath:

City Clerk/Notary

(3) Unknown Declaration

My name is _____ and my date of birth is _____.

My address is: _____

(street)

(cited)

Statement

(sin 0)

node) (counts)

Executed in _____, County, State of _____, on the _____ day of _____, 20_____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

Form COR-C/OH
Attachment

This corrects the report as originally filed as follows:

- (1) Cover Sheet, Page 1:
 - a. Box 6: Treasurer name added,
 - b. Box 10: Beginning date changed to 7/1/23 and ending date changed to 9/28/23;
- (2) Cover Sheet, Page 2, Box 17:
 - a. Line 1: Amount changed to \$0 - amount on report as originally filed moved to Line 5,
 - b. Line 2: Amount updated to include itemized entries added to Schedule A2 and to subtract entry which was moved from Schedule A1 to Schedule E,
 - c. Line 4: Amount updated after deleting entry dated 10/2/23 which is included on the 8 day before the election report,
 - d. Line 5: Amount on Line 1 of report as originally filed moved to this line,
 - e. Line 6: Amount added due to moving entry from Schedule A1 to Schedule E;
- (3) Cover Sheet, Page 3, Box 21:
 - a. Line 1: Amount updated due to transfer of contribution from candidate to Schedule E,
 - b. Line 2: Amount added to include itemized entries added to Schedule A2,
 - c. Line 4: Amount added due to transfer of contribution from candidate from Schedule A1 to Schedule E;
 - d. Line 5: Amount updated after removing entry dated 10/2/23 which is reported on the 8 day before the election report;
- (4) Schedule A1:
 - a. Wichita Falls spelled out on entries as appropriate,
 - b. Contribution from candidate moved to Schedule E;
- (5) Schedule A2: Added contribution in-kind from one contributor divided into 4 entries due to description of in-kind;
- (6) Schedule E:
 - a. Added loan from candidate which was included on Schedule A1 on the report as originally filed; and
- (7) Schedule F1:
 - a. Deleted one expenditure dated 10/2/2023 which is included on the 8 day before the election report,
 - b. Removed one of two categories on 8/16/23 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 (Ethics Commission Filers)	2 Total pages filed: 9		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Jeffrey	MI L.	OFFICE USE ONLY		
	NICKNAME	LAST Browning	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 6 Waverly Place Wichita Falls, Texas 76301					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 781-1895	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mrs.	FIRST Cierra	MI M	Receipt #		
	NICKNAME	LAST Martin	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1600 Travis St, Wichita Falls, TX 76301					
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 692-5025	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election		<input type="checkbox"/> Runoff	<input type="checkbox"/> 16th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input 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 7	Day 1	Year / 23	Month 9	Day / 28	Year / 23
11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 23		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special Description _____			
12 OFFICE	OFFICE HELD (if any) City Council District 3			13 OFFICE SOUGHT (if known) City Council District 3		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

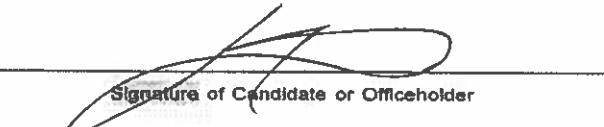
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

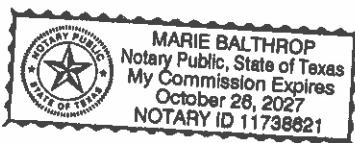
15 C/OH NAME Jeffrey L. Browning	16 Filer ID (Ethics Commission Filer)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 13,819.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 0.00
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 2,960.00
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,730.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 2,000.00

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 5th day of June,

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

Marie Balthrop

Marie Balthrop

City Clerk / Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Jeffrey L. Browning	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,350.00
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 10,469.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. ■ SCHEDULE E: LOANS	\$ 2,000.00
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,960.00
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
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 Wichita Falls, 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 Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/22/2023	Full name of contributor Dwayne Bell	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)		Employer (See Instructions)	
Date 09/22/2023	Full name of contributor TREPAC/Texas REALTORS Political Action Committee	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: 2
2 FILER NAME Jeffrey L. Browning			3 Filer ID (Ethics Commission Filers)
4 Date 08/07/2023	5 Full name of contributor John Stafford	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 500.00
	6 Contributor address; [REDACTED]	City: State: Zip Code Wichita Falls, TX 76301	
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#:)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED]	City: State: Zip Code Wichita Falls, TX 76301	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/30/2023	Full name of contributor Robert Vinson	out-of-state PAC (ID#:)	Amount of contribution (\$) 200.00
	Contributor address; [REDACTED]	City: State: Zip Code Wichita Falls, TX 76301	
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.			

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: 2
2 FILER NAME Jeffrey L. Browning		3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 09/28/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wichita Falls Fire PAC	8 Amount of Contribution \$ 9 In-kind contribution description 3,855.00 Political advertising for campaign - direct mail <small>Check if travel outside of Texas. Complete Schedule T.</small>
	7 Contributor address; City; State; Zip Code 1209 Oakhurst Drive Wichita Falls TX 76302	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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)		
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wichita Falls Fire PAC	Amount of Contribution \$ In-kind contribution description 3,975.00 Political advertising for campaign - data & survey <small>Check if travel outside of Texas. Complete Schedule T.</small>
	Contributor address; City; State; Zip Code 1209 Oakhurst Drive Wichita Falls TX 76302	
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.		

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: 2
2 FILER NAME Jeffrey L. Browning		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 09/28/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wichita Falls Fire PAC 7 Contributor address: City; State; Zip Code 1209 Oakhurst Drive Wichita Falls TX 76302	8 Amount of Contribution \$ 1,750.00 9 In-kind contribution description Political advertising for campaign - signage Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		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)		
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wichita Falls Fire PAC Contributor address: City; State; Zip Code 1209 Oakhurst Drive Wichita Falls TX 76302	Amount of Contribution \$ 889.00 In-kind contribution description Political advertising for campaign - digital/online streaming/social media 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.		

LOANS**SCHEDULE E**

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 E: 1
2 FILER NAME Jeffrey L. Browning			3 Filer ID (Ethics Commission Filer)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan 08/16/2023	7 Name of lender Jeff Browning	<input type="checkbox"/> out-of-state PAC (ID#_____)	9 Loan Amount (\$) 2,000.00
6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; [REDACTED] Wichita Falls, TX 76301	City; State; Zip Code	10 Interest rate 0.00
			11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral ▪ none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION ▪ not applicable	17 Name of guarantor [REDACTED]	18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender [REDACTED]	<input type="checkbox"/> out-of-state PAC (ID#_____)	Loan Amount (\$)
Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Lender address; [REDACTED]	City; State; Zip Code	Interest rate
			Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION not applicable	Name of guarantor [REDACTED]	Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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	3 Filer ID (Ethics Commission Filers)
1	Jeffrey L. Browning	

4 Date	5 Payee name
08/16/2023	Action Printing

6 Amount (\$)	7 Payee address;	City:	State:	Zip Code
2,960.00	2407 82nd St., Lubbock Texas 79423			

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	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.	

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.	

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

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: 6		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms NICKNAME			FIRST Cathy LAST Dodson	MI L SUFFIX		
	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE				OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	3503 Glenwood Ave. Wichita Falls, TX 76308			Date Received			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 595-3929	EXTENSION		Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST LAST	MI	SUFFIX	Receipt #	Amount \$	
					Date Processed		
					Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE				First National Bank, 3801 Fairway Blvd. Wichita Falls TX 76310		
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 687-3160	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 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 7	Day 16	Year / 23	Month 9	Day / 28	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) None			13 OFFICE SOUGHT (if known) City Council District 3			
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 Additional Pages	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) \$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 330.58
	4. TOTAL POLITICAL EXPENDITURES \$ 1,676.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1,200.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

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

Cathy L. Dodson
Signature of Candidate or Officeholder

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

Executed in Wichita County, State of Texas, on the 9th day of October, 2023.
(street) (city) (state) (zip code) (country)

(month) (year)
Castley J. Dodson
Signature of Candidate/Officeholder (Declarant)

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	\$ 600.00
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	\$ 1,346.26
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: 6Ac (1)
2 FILER NAME Cathy Dodson			3 Filer ID (Ethics Commission Filers)
4 Date 09/07/2023	5 Full name of contributor Patriot Strength	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 250.00
6 Contributor address; 3410 Taft Blvd. Wichita Falls, TX 76308		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) advocacy organization		9 Employer (See Instructions) NA	
Date 09/12/2023	Full name of contributor Wichita Falls Tea Party	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; 4514 NW Freeway, Wichita Falls, TX 76306		City; State; Zip Code	
Principal occupation / Job title (See Instructions) advocacy organization		Employer (See Instructions) NA	
Date 08/11/2023	Full name of contributor Robert E. Vinson	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; [REDACTED], Wichita Falls, TX 76301		City; State; Zip Code	
Principal occupation / Job title (See Instructions) O&G Investments / NA		Employer (See Instructions) Retired	
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)	
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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

The Instruction Guide explains how to complete this form.

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: (2) 7W0	2 FILER NAME Cathy Dodson	3 Filer ID (Ethics Commission Filers)	
4 Date 09/27/2023	5 Payee name Jessica Edwards		
6 Amount (\$) 675.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 704 8th St.	City: Argyle State: TX Zip Code 76226	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expenses	(b) Description Campaign Management	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City:	State; Zip Code
Reimbursement from political contributions intended			
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
Reimbursement from political contributions intended			
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	FIRST BEVERLY	MI A	OFFICE USE ONLY Date Received <i>Received in City Clerk's Office 10/10/2023 Time: 16:00</i>				
	NICKNAME	LAST ELLIS	SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; PO BOX 351		APT / SUITE #;	CITY; WICHITA FALLS, TX. 76307	STATE; ZIP CODE			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 337-6246	EXTENSION					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST BEVERLY	MI A	Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Processed Date Imaged				
	NICKNAME	LAST ELLIS	SUFFIX					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); PO BOX 351		APT / SUITE #;	CITY; 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 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 08	Day 21	Year 2023	Month 09	Day 28	Year 2023		
11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 23		Primary <i>General</i>	Runoff Special	ELECTION TYPE Other Description			
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 P.O. Box 351 - WICHITA FALLS, TX 76307						
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME BEVERLY TAYLOR ELLIS						
		COMMITTEE CAMPAIGN TREASURER ADDRESS P.O. Box 351 - 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)	\$ 1,019.03
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,019.03
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,019.03
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
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

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

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

Executed in **WICHITA** County, State of **TEXAS**, on the **10th** day of **OCTOBER**, **2023**.

Executed in **WICHITA** County, State of **TEXAS**, on the **10th** day of **OCTOBER**, **2023**

Signature of Candidate/Off-shoreholder (Deponent)

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 <input checked="" type="checkbox"/>	FIRST Kevin	MI N	OFFICE USE ONLY		
	NICKNAME	LAST Hunter	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE		
1647 Hursh Wichita Falls TX 76302						
<input type="checkbox"/> Change of Address						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 781-1515	EXTENSION N/A	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/>	FIRST David	MI H.	Receipt # _____ Amount \$ _____		
NICKNAME LAST Gray						
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY: STATE; ZIP CODE					
1050 Jan Lee Dr. Burk Burnett TX 76354						
8 CAMPAIGN TREASURER PHONE	AREA CODE (941)	PHONE NUMBER 807-1103	EXTENSION N/A			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 8/1	Day /2023	Year /2023	Month 9/28	Day /2023	Year /2023
11 ELECTION	Month 11/07	Day /2023	Year /2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Description <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) N/A			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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC				
		COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Kevin Neal 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)

\$ 3,200

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

\$ 3,200

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 1,474

4. TOTAL POLITICAL EXPENDITURES

\$ 1,474

CONTRIBUTION
BALANCE

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

\$ 1,726

OUTSTANDING
LOAN TOTALS

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

\$ 0

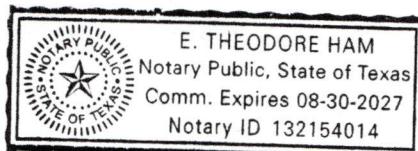
18 SIGNATURE

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

Clerk

Signature of officer administering oath

Theodore Ham

Printed name of officer administering oath

Deputy City Clerk

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 _____.

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	Kevin Neal Hunter	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3,200
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1,606
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0
4. SCHEDULE E: LOANS		\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1,474
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0

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.			
2 FILER NAME Kevin N. Hunter		1 Total pages Schedule A1: 1 of 3	
4 Date 8-3-23	5 Full name of contributor Kevin N. Hunter	6 Contributor address [REDACTED] City: WF State: Zip Code	
		7 Amount of contribution (\$) \$500.00	
8 Principal occupation / Job title (See Instructions) Consultant Self-Employed		9 Employer (See Instructions) Self	
Date 8-10-23	Full name of contributor Dave Lille	out-of-state PAC (ID#: [REDACTED])	
	Contributor address; [REDACTED] City: WF State: Zip Code	Amount of contribution (\$) \$1250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-11-23	Full name of contributor David H. Gray	out-of-state PAC (ID#: [REDACTED])	
	Contributor address; Burk Burnett City: TX State: Zip Code	Amount of contribution (\$) \$1250.00	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 8-11-23	Full name of contributor Robert Vinson	out-of-state PAC (ID#: [REDACTED])	
	Contributor address; WF 940-322-7252 City: State: Zip Code	Amount of contribution (\$) \$1250.00	
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: <i>2 of 3</i>
2 FILER NAME <i>Kevin N. Hunter</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>8-17-23</i>	5 Full name of contributor <i>Doug Lindemann</i>	out-of-state PAC (ID#: <i>940-691-1344</i>)	7 Amount of contribution (\$) <i>\$1000 00</i>
6 Contributor address; <i>940-691-1344</i>		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions) <i>Oil & Gas Driller</i>		9 Employer (See Instructions) <i>Self</i>	
Date <i>8-17-23</i>	Full name of contributor <i>Barry McCarthy</i>	out-of-state PAC (ID#: <i>In Person</i>)	Amount of contribution (\$) <i>\$100 00</i>
Contributor address; <i>[REDACTED]</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Business owner</i>		Employer (See Instructions) <i>Self</i>	
Date <i>9-11-23</i>	Full name of contributor <i>Kim + Marvin Stuckey</i>	out-of-state PAC (ID#: <i>WF</i>)	Amount of contribution (\$) <i>\$500 00</i>
Contributor address; <i>[REDACTED]</i>		City; State; Zip Code	
Principal occupation / Job title (See Instructions) <i>Realtor</i>		Employer (See Instructions)	
Date <i>9-11-23</i>		Full name of contributor <i>Katherine McGregor</i>	out-of-state PAC (ID#: <i>WF</i>)
Contributor address; <i>[REDACTED]</i>		City; State; Zip Code	Amount of contribution (\$) <i>\$100 00</i>
Principal occupation / Job title (See Instructions) <i>Realtor</i>		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: <i>3 of 3</i>
2 FILER NAME <i>Kevin N. Hunter</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>9-11-23</i>	5 Full name of contributor <i>Carla Schmecht - Patriot Strength</i>	out-of-state PAC (ID#: <i>WF</i>)	7 Amount of contribution (\$) <i>\$250.00</i>
6 Contributor address; <i>City; State; Zip Code</i>			
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date <i>.....</i>		Full name of contributor <i>.....</i>	out-of-state PAC (ID#: <i>.....</i>)
Contributor address; <i>.....</i>		City; <i>.....</i>	State; Zip Code <i>.....</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>.....</i>		Full name of contributor <i>.....</i>	out-of-state PAC (ID#: <i>.....</i>)
Contributor address; <i>.....</i>		City; <i>.....</i>	State; Zip Code <i>.....</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <i>.....</i>		Full name of contributor <i>.....</i>	out-of-state PAC (ID#: <i>.....</i>)
Contributor address; <i>.....</i>		City; <i>.....</i>	State; Zip Code <i>.....</i>
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>
2 FILER NAME <u>Kevin N. Hunter</u>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>1606</u>
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Falls Truck Center</u>)	8 Amount of Contribution \$ <u>\$1606</u> 9 In-kind contribution description <u>yard signs</u> <u>Discounts</u>
	7 Contributor address; <u>2303</u> <u>Old Jackson Hwy WF</u>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON/JUDICIAL)(See Instructions)		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)		
Date <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of Contribution \$ <input type="checkbox"/> 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
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	3 Filer ID (Ethics Commission Filers)
1	Kevin N. Hunter	

4 Date	5 Payee name
8-15-23	Falls Truck Center

6 Amount (\$)	7 Payee address;	City:	State:	Zip Code
\$1660.00	2303 Old Jacksboro Hwy	Wichita Falls	TX	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	yard 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
8-29-23	Falls Truck Center

Amount (\$)	Payee address;	City:	State:	Zip Code
\$814.00	2303 Old Jacksboro Hwy	Wichita Falls	TX	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	yard Signs + Banner Patches

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
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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
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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 Steph en	MI T	OFFICE USE ONLY		
	NICKNAME Steve	LAST Jackson	SUFFIX	Date Received	RECEIVED IN CITY CLERK'S OFFICE DATE: 10/19/2023 TIME: 1401	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1027 Crescent Lane Wichita Falls TX 76306					
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 631-9910	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Maurice	MI J	Receipt #	Amount \$	
	NICKNAME Joe	LAST Gauthier	SUFFIX	Date Processed BY:		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 4809 Whirlwind Dr. Wichita Falls				STATE: ZIP CODE TX 76310	
8 CAMPAIGN TREASURER PHONE	AREA CODE (505)	PHONE NUMBER 463-2884	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15		<input checked="" 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 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 9	Day / 28 /	Year 23
11 ELECTION	ELECTION DATE Month Day Year 11 / 07 / 23		ELECTION TYPE Primary General Runoff Special Other Description			
12 OFFICE	OFFICE HELD (if any) City Council District 5			13 OFFICE SOUGHT (if known) City Council District 5		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME				
		COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Steve 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)	\$ 2,290.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,290.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1,754.69
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,754.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 535.31
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

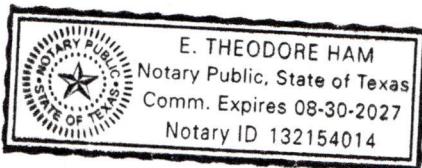
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Steve Jackson

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Steve Jackson this the 9 day of October,

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

CJM
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 Steve Jackson	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,290.00
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	\$ 1,754.69
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 Steve Jackson			3 Filer ID (Ethics Commission Filers)
4 Date 08/02/2023	5 Full name of contributor Ed & Linda Lane	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 250.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76309	
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#:)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED]	City; State; Zip Code Henrietta TX 763	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/17/2023	Full name of contributor Mike Yandell	out-of-state PAC (ID#:)	Amount of contribution (\$) 200.00
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76310	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/17/2023	Full name of contributor Stella Yandell	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)		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 Steve Jackson			3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2023	5 Full name of contributor Kevin Hunter	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 250.00
6 Contributor address;	City; State; Zip Code [REDACTED] Wichita Falls TX 76302		
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#:)	Amount of contribution (\$) 100.00
Contributor address;	City; State; Zip Code [REDACTED] Wichita Falls TX 76310		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/19/2023	Full name of contributor Johnny McDowell	out-of-state PAC (ID#:)	Amount of contribution (\$) 40.00
Contributor address;	City; State; Zip Code [REDACTED] Wichita Falls TX 76301		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/25/2023	Full name of contributor Chad Carlton	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
Contributor address;	City; State; Zip Code [REDACTED] Wichita Falls TX 76309		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME Steve 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	Full name of contributor 	out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor 	out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 Steve 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; State; Zip Code Neenah WI 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; State; Zip Code Wichita Falls TX 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 Falls Truck Center		
Amount (\$) 715.29	Payee address; 2303 Old Jacksboro Hwy W.TX 76302	City; State; Zip Code	
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

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 Filer)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MRS. FIRST Carol MI			OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX	Date Received	10/10/2023 10:42 AM	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 3203 Beech St. Wichita Falls, TX 76309			Date Hand Delivered or Date Email Marked		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Receipt #	Amount \$ Date 10/10/2023 By	
6 CAMPAIN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jimmy MI	W SUFFIX	Date Processed		
	NICKNAME	LAST Wayne Pharies	Jr.	Date Imaged		
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 7 Mayfair Ter. Unit A Wichita Falls, TX 76308					
8 CAMPAIN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 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 7	Day 1	Year 23	Month 10	Day 10	Year 23
11 ELECTION	ELECTION DATE Month 11 Day 7 Year 23		ELECTION TYPE Primary General Runoff Special Other Description Mayoral			
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				

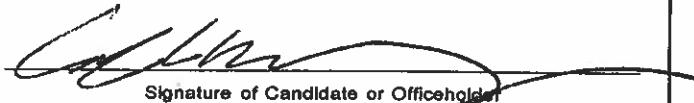
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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) \$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,068.01
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 3502.93
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 423.95
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

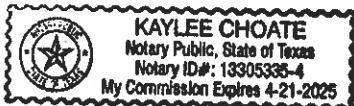
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by: Carol Murray this the 10 day of October, 2023

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

Kaylee Choate Signature of officer administering oath

Kaylee Choate Printed name of officer administering oath

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 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	\$ 1505.0
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 563.01
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2480.58
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	\$ 1022.35
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: 3
2 FILER NAME Carol Murray			3 Filer ID (Ethics Commission Filers)
4 Date 07/25/2023	5 Full name of contributor Bob Hampton	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.0
	6 Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls, TX 76302	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)	
Date 08/02/2023	Full name of contributor Sally Gray	out-of-state PAC (ID#:)	Amount of contribution (\$) 300.0
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Welcome To Texoma	
Date 08/11/2023	Full name of contributor Suzanne Trelegan	out-of-state PAC (ID#:)	Amount of contribution (\$) 50.0
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed	
Date 08/18/2023	Full name of contributor Michael G. Minter	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.0
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls, TX 76306	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Falls Foundation Repair LLC	

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 Carol Murray			3 Filer ID (Ethics Commission Filers)
4 Date 09/16/2023	5 Full name of contributor Judy A. Stephenson	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 50.0
	6 Contributor address:	City: Wichita Falls, TX 76309 State: Zip Code	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)	
Date 09/27/2023	Full name of contributor Doris F. King	out-of-state PAC (ID#:)	Amount of contribution (\$) 30.0
	Contributor address:	City: Wichita Falls, TX 76302 State: Zip Code	
Principal occupation / Job title (See Instructions) CPA		Employer (See Instructions) Self Employed	
Date 09/28/2023	Full name of contributor Katherine Smith	out-of-state PAC (ID#:)	Amount of contribution (\$) 200.0
	Contributor address:	City: Wichita Falls, TX 76309 State: Zip Code	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Smith's Gardentown	
Date 07/13/2023	Full name of contributor Suzanne Trelegan	out-of-state PAC (ID#:)	Amount of contribution (\$) 50.0
	Contributor address:	City: , Dallas, TX 75238 State: Zip Code	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
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 Carol Murray			3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2023	5 Full name of contributor Suzanne Trelegan	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 50.0
	6 Contributor address;	City; State; Zip Code [REDACTED], Dallas, TX 75238	
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self	
Date 09/11/2023	Full name of contributor Donna Long	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.0
	Contributor address;	City; State; Zip Code [REDACTED], Wichita Falls, TX 76301	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/08/2023	Full name of contributor Tamara Boyette	out-of-state PAC (ID#:)	Amount of contribution (\$) 225.0
	Contributor address;	City; State; Zip Code [REDACTED], Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions) Field Director, Health Care		Employer (See Instructions) Elara Home Health	
Date 10/08/2023	Full name of contributor Lisa Pharries	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.0
	Contributor address;	City; State; Zip Code [REDACTED], Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Addington Station Antiques	

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: 3																					
2 FILER NAME Carol Murray		3 Filer ID (Ethics Commission Filers)																					
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$																					
5 Date 10/01/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherrie Childers	8 Amount of Contribution \$ 400.0 9 In-kind contribution description Provide Storage Space for Campaign signs, etc.																					
7 Contributor address: City: State: Zip Code [REDACTED] Wichita Falls, TX 76305																							
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) 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)																							
<table border="1"> <tr> <td>Date 09/25/2023</td> <td>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherrie Childers</td> <td>Amount of Contribution \$ 30.47 In-kind contribution description Refreshments for Event/Meeting</td> </tr> <tr> <td colspan="3">Contributor address: City: State: Zip Code [REDACTED] Wichita Falls, TX 76305</td> </tr> <tr> <td colspan="3">Check if travel outside of Texas. Complete Schedule T.</td> </tr> <tr> <td colspan="2">Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Consultant</td> <td>Employer (FOR NON-JUDICIAL) (See Instructions) SJC Consulting</td> </tr> <tr> <td colspan="2">Contributor's principal occupation (FOR JUDICIAL)</td> <td>Contributor's job title (FOR JUDICIAL) (See Instructions)</td> </tr> <tr> <td colspan="2">Contributor's employer/law firm (FOR JUDICIAL)</td> <td>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</td> </tr> <tr> <td colspan="3">If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</td> </tr> </table>			Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherrie Childers	Amount of Contribution \$ 30.47 In-kind contribution description Refreshments for Event/Meeting	Contributor address: City: State: Zip Code [REDACTED] Wichita Falls, TX 76305			Check if travel outside of Texas. Complete Schedule T.			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)		
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherrie Childers	Amount of Contribution \$ 30.47 In-kind contribution description Refreshments for Event/Meeting																					
Contributor address: City: State: Zip Code [REDACTED] Wichita Falls, TX 76305																							
Check if travel outside of Texas. Complete Schedule T.																							
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)																							
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>																							

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:

3

2 FILER NAME

Carol Murray

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

6 Full name of contributor out-of-state PAC (ID#:

09/17/2023

Sherrie Childers

7 Contributor address: City: State: Zip Code

Wichita Falls, TX 76305

8 Amount of Contribution \$

47.31

9 In-kind contribution description

Refreshments for event

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)

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

Full name of contributor out-of-state PAC (ID#:

Sherrie Childers

09/18/2023

Contributor address: City: State: Zip Code

Wichita Falls, TX 76305

Amount of Contribution \$

45.53

In-kind contribution description

Refreshments for event

Check if travel outside of Texas. Complete Schedule T.

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.

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: 3
2 FILER NAME Carol Murray		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 10/06/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherrie Childers 7 Contributor address: <input type="checkbox"/> City: <input type="checkbox"/> State: <input type="checkbox"/> Zip Code Wichita Falls, TX 76305	8 Amount of Contribution \$ 39.70 9 In-kind contribution description 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) 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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address: <input type="checkbox"/> City: <input type="checkbox"/> State: <input type="checkbox"/> Zip Code	Amount of Contribution \$ In-kind contribution description 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)		
<p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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 07/13/2023	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 07/20/2023	Payee name Lance Spruiell Business Forms		
Amount (\$) 162.38	Payee address; 4707 Lydia, Wichita Falls, TX 76308	City: _____	State: _____ Zip Code _____
P PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Voter Roll Research 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 07/24/2023	Payee name Mark Childers		
Amount (\$) 317.0	Payee address; 2968 Linville Rd, Wichita Falls, TX 76305	City: _____	State: _____ Zip Code _____
P PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T-Shirts for Volunteers	
	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 Carol Murray	3 Filer ID (Ethics Commission Filers)	
4 Date 08/15/2023	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 09/01/2023	Payee name Midwestern State University		
Amount (\$) 40.0	Payee address; 3410 Taft Blvd, Wichita Falls, TX 76308	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Booth Rental in Student Center	
	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 09/23/2023	Payee name Jessica Edwards		
Amount (\$) 600.0	Payee address; 704 8th St., Argyle, TX 76336	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Social media management	
	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 FILER NAME Carol Murray	3 Filer ID (Ethics Commission Filers)	
4 Date 09/13/2023	5 Payee name Anedot		
6 Amount (\$) 6.6	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 10/04/2023	Payee name Lindmark Billboards		
Amount (\$) 1350.0	Payee address: 3514 McNeil, Wichita Falls, TX 76308	City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Billboard advertising	
	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: 3	2 FILER NAME Carol Murray	3 Filer ID (Ethics Commission Filers)
4 Date 07/25/2023	5 Payee name City of Wichita Falls	
6 Amount (\$) 100.0 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1300 7th St., Wichita Falls, TX 76301	City: _____ State: _____ Zip Code _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Candidate Filing Fee
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Facebook	Office sought Office held
Date 07/25/2023	Payee name Facebook	
Amount (\$) 132.69 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1 Hacker Way, Menlo Park, CA 94025	City: _____ State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Boost Facebook Posts
	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 Facebook	Office sought Office held
Date 07/31/2023	Payee name Facebook	
Amount (\$) 115.14 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1 Hacker Way, Menlo Park, CA 94025	City: _____ State: _____ Zip Code _____
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Boost Facebook Posts
	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 Facebook	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 Candidates/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: 3	2 FILER NAME Carol Murray	3 Filer ID (Ethics Commission Filers)
4 Date 08/21/2023	5 Payee name Facebook	
6 Amount (\$) 250.0 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 1 Hacker Way, Menlo Park, CA 94025	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Boost Facebook Posts
	(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 08/31/2023	Payee name Facebook	
Amount (\$) 23.08 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1 Hacker Way, Menlo Park, CA 94025	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Boost Facebook Posts
	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 09/09/2023	Payee name Facebook	
Amount (\$) 250.0 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1 Hacker Way, Menlo Park, CA 94025	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Boost Facebook Posts
	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
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

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 Date Received RECEIVED IN CITY CLERK'S OFFICE DATE: 10/10/2023 TIME: 14:11		
	NICKNAME Sam	LAST Pak	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2918 Kyle Cove Wichita Falls TX 76308					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 867-9396	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount \$ <input type="text"/>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Warren	MI	Date Processed Date Imaged		
NICKNAME Ayers	LAST	SUFFIX				
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 checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> July 15 <input 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 4	Day / 6 /	Year / 23 /	Month 10	Day / 10 /	Year / 23 /
11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 23		ELECTION TYPE Primary Runoff General Special Other Description _____			
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	<table> <tr> <td>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</td><td>\$</td></tr> <tr> <td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td><td>\$ 4,325.40</td></tr> </table>	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)	\$ 4,325.40
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)	\$ 4,325.40				
EXPENDITURE TOTALS	<table> <tr> <td>3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.</td><td>\$</td></tr> <tr> <td>4. TOTAL POLITICAL EXPENDITURES</td><td>\$ 2,685.32</td></tr> </table>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	4. TOTAL POLITICAL EXPENDITURES	\$ 2,685.32
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
4. TOTAL POLITICAL EXPENDITURES	\$ 2,685.32				
CONTRIBUTION BALANCE	<table> <tr> <td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</td><td>\$ 1,640.08</td></tr> </table>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,640.08		
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,640.08				
OUTSTANDING LOAN TOTALS	<table> <tr> <td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td><td>\$ 0.00</td></tr> </table>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE 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 _____ 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**

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

Executed in Wichita County, State of Texas, on the 10 day of October, 2023.

Asma P
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	\$ 4,325.40
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	\$ 2,685.32
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.

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1:
<p>2 FILER NAME Samuel Pak</p>			3 Filer ID (Ethics Commission Filers)
<p>4 Date 06/14/2023</p>	<p>5 Full name of contributor Warren Ayers</p>	<p>out-of-state PAC (ID#: _____)</p>	<p>7 Amount of contribution (\$) 310.00</p>
<p>8 Principal occupation / Job title (See Instructions) Oil man</p>		<p>9 Employer (See Instructions) Eagle Oil & Gas</p>	
<p>Date 03/25/2023</p>	<p>Full name of contributor Samuel Pak</p>	<p>out-of-state PAC (ID#: _____)</p>	Amount of contribution (\$)
	<p>Contributor address; [REDACTED]</p>	<p>City; State; Zip Code Wichita Falls TX 76309</p>	325.00
<p>Principal occupation / Job title (See Instructions) Financial Advisor</p>		<p>Employer (See Instructions) Ameriprise Financial</p>	
<p>Date 7/1/23</p>	<p>Full name of contributor Jim Jennings</p>	<p>out-of-state PAC (ID#: _____)</p>	Amount of contribution (\$)
	<p>Contributor address; [REDACTED]</p>	<p>City; State; Zip Code Wichita Falls TX 76301</p>	200.00
<p>Principal occupation / Job title (See Instructions) Oil man</p>		<p>Employer (See Instructions) Self</p>	
<p>Date 8/2/23</p>	<p>Full name of contributor Janice Sons</p>	<p>out-of-state PAC (ID#: _____)</p>	Amount of contribution (\$)
	<p>Contributor address; [REDACTED]</p>	<p>City; State; Zip Code [REDACTED]</p>	100.00
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions)</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:
2 FILER NAME Samuel Pak			3 Filer ID (Ethics Commission Filers)
4 Date 08/02/2023	5 Full name of contributor Mark Brewer	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76305	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)	
Date 08/14/2023	Full name of contributor Wayne Pharries	out-of-state PAC (ID#:)	Amount of contribution (\$) 50.00
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76308	
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) First National Bank	
Date 09/13/2023	Full name of contributor Pamela Hughes Pak	out-of-state PAC (ID#:)	Amount of contribution (\$) 400.00
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76308	
Principal occupation / Job title (See Instructions) Manager of Public Affairs		Employer (See Instructions) Atmos Energy	
Date 09/13/2023	Full name of contributor Joshua Michaels	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED]	City; State; Zip Code Richardson TX 75081	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Griffith Davidson	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:		
2 FILER NAME Samuel Pak			3 Filer ID (Ethics Commission Filers)		
4 Date 09/13/2023	5 Full name of contributor Smith Walker	out-of-state PAC (ID#: [REDACTED] [REDACTED]	6 Contributor address; [REDACTED] [REDACTED]	7 Amount of contribution (\$) 1,000.00	
8 Principal occupation / Job title (See Instructions) Contractor		9 Employer (See Instructions) Wichita Investments			
Date 09/13/2023	Full name of contributor Louis Wilson	out-of-state PAC (ID#: [REDACTED]	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76301	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self			
Date 09/28/2023	Full name of contributor Gary McLendon	out-of-state PAC (ID#: [REDACTED]	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76310	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)			
Date 10/03/2023	Full name of contributor Danny and Janet Shine	out-of-state PAC (ID#: [REDACTED]	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76309	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) Willen Electric			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME Samuel Pak			3 Filer ID (Ethics Commission Filers)
4 Date 10/04/2023	5 Full name of contributor Tim Foley	out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 500.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76307	
8 Principal occupation / Job title (See Instructions) General Superintendent		9 Employer (See Instructions) City Concrete	
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) Retired		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.			

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Samuel Pak		3 Filer ID (Ethics Commission Filers)
4 Date 06/28/2023	5 Payee name Hardland Clarke		
6 Amount (\$) 35.35	7 Payee address; City; State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Order checks	
	(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 07/24/2023	Payee name Micheal Bauman		
Amount (\$) 20.00	Payee address; 8232 Posers	City; Wichita Falls	State; Zip Code Tx 76305
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Use of speakers during announcement	
	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
Date 07/24/2023	Payee name City of Wichita Falls		
Amount (\$) 100.00	Payee address; 1300 1st St	City; Wichita Falls	State; Zip Code Tx 76301
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	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	Office sought
		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Samuel Pak	3 Filer ID (Ethics Commission Filers)	
4 Date 08/07/2023	5 Payee name Lowes		
6 Amount (\$) 15.11	7 Payee address; 3301 Kell St Blvd	City: Wichita Falls State: TX Zip Code: 76308	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Buy t posts	
	(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 08/07/2023	Payee name Brocro Creative		
Amount (\$) 814.25	Payee address; 607 E Scott Ave	City: Wichita Falls State: TX Zip Code: 76301	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description yard signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 09/05/2023	Payee name Go Daddy		
Amount (\$) 4.17	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Website 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
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Samuel Pak		3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2023	5 Payee name Go Daddy		
6 Amount (\$) 54.33	7 Payee address;		City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Website 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 09/19/2023	Payee name Tractor Supply		
Amount (\$) 147.10	Payee address; 2618 Southwest Pkwy	City; Wichita Falls	State; TX
			Zip Code 76308
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T Posts	
	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 09/22/2023	Payee name Harbor Freight		
Amount (\$) 3.24	Payee address; 3923 Kell E Blvd	City; Wichita Falls	State; TX
			Zip Code 76308
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Tape	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought
			Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Samuel Pak	3 Filer ID (Ethics Commission Filers)
4 Date 09/13/2023	5 Payee name Walmart	
6 Amount (\$) 10.25	7 Payee address; 3130 Lawrence Rd	City: Wichita Falls State: TX Zip Code: 76308
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Tape
	(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 09/25/2023	Payee name BroCro Creative	
Amount (\$) 1,374.78	Payee address; 607 E Scott Ave	City: Wichita Falls State: TX Zip Code: 76301
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Yard Signs
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held
Date 10/03/2023	Payee name Tractor Supply	
Amount (\$) 41.48	Payee address; 2618 Southwest Pkwy	City: Wichita Falls State: TX Zip Code: 76308
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T Posts
	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 Samuel Pak	3 Filer ID (Ethics Commission Filers)	
4 Date 10/06/2023	5 Payee name Sticky Brand		
6 Amount (\$) 36.95	7 Payee address;	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Stickers	
	(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 09/25/2023	Payee name Go Daddy		
Amount (\$) 7.57	Payee address;	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) fees	Description website 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 10/10/2023	Payee name Tractor Supply		
Amount (\$) 20.74	Payee address; 2618 Southwest Pkwy	City; State; Zip Code Wichita Falls Tx 76308	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description T Posts	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed:		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mr</i>	FIRST <i>Samuel</i>	MI <i>S</i>	Date Received			
	NICKNAME <i>Sam</i>	LAST <i>Pale</i>	SUFFIX	Received in City Clerk's Office <i>10/10/2023</i>			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input 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)	<input type="checkbox"/> Final report Other (specify) _____	Date Hand-delivered or Mailed <i>10/10/2023</i>	
5 ORIGINAL PERIOD COVERED	Month <i>4</i>	Day <i>6</i>	Year <i>23</i>	Month <i>10</i>	Day <i>10</i>	Year <i>23</i>	Receipt # _____ Amount \$ _____
6 EXPLANATION OF CORRECTION <i>Forgot to add 2 to 50 to make 250</i>							Date Processed Date Imaged

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

Check ONLY if applicable:

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

Signature of Candidate/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 Pale, and my date of birth is _____
My address is 2918 Kyle Cove (street) Wichita Falls, Tx 76308 USA (city) (state) (zip code) (country)

Executed in Wichita County, State of Texas, on the 30 day of October, 20 23.

Sam R
Signature of Candidate/Officeholder (Declarant)

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

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 09/13/2023	5 Full name of contributor Smith Walker	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 1,000.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Byers TX 76357	
8 Principal occupation / Job title (See Instructions) Contractor		9 Employer (See Instructions) Wichita Investments	
Date 09/13/2023	Full name of contributor Louis Wilson	out-of-state PAC (ID#)	Amount of contribution (\$) Z 50.00
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76301	
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Self	
Date 09/28/2023	Full name of contributor Gary McLendon	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 10/03/2023	Full name of contributor Danny and Janet Shine	out-of-state PAC (ID#)	Amount of contribution (\$) 500.00
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76309	
Principal occupation / Job title (See Instructions) Electrician		Employer (See Instructions) Willen Electric	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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 Scott	MI	15:00pm		
	NICKNAME	LAST Poenitzsch	SUFFIX	OFFICE USE ONLY		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 408B Morningside Dr Wichita Falls, TX 76301			Date Received		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (217)	PHONE NUMBER 617-8046	EXTENSION	Date Hand delivered or Date Postmarked		
6 CAMPAIN TREASURER NAME	MS / MRS / MR Mrs	FIRST Angels	MI	Receipt Date Amount \$ By		
	NICKNAME	LAST Dove	SUFFIX	Date Processed		
7 CAMPAIN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 1020 Yucca Burk Burnett, TX 76354			STATE; ZIP CODE		
8 CAMPAIN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 867-2520	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 19	Year / 23	Month 10	Day / 5	Year / 23
11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 23		ELECTION TYPE Primary Runoff General Special 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				

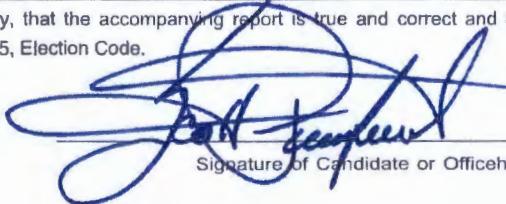
GO TO PAGE 2

**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) \$ 55.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,350.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 135.61
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 1,475.76
	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:

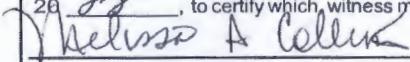
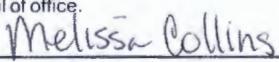
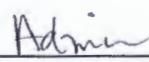
(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Scott Poenitzsch this the 6th day of October,

20 22, 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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME Scott Poenitzsch	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,350.00
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	\$ 1,458.34
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 2
2 FILER NAME Scott Poenitzsch			3 Filer ID (Ethics Commission Filers)
4 Date 08/24/2023	5 Full name of contributor Robert Jones	out-of-state PAC (ID#: <u> </u>)	7 Amount of contribution (\$) 500.00
6 Contributor address; [REDACTED]		City; State; Zip Code Burkburnett, TX 76354	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 08/25/2023	Full name of contributor Marvin Groves II	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 500.00
Contributor address; [REDACTED]		City; State; Zip Code Wichita Falls, TX 76302	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/21/2023	Full name of contributor Carla Schmehl FBO Patriot Strength	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 250.00
Contributor address; 4020 Rhea Rd Suite 8-A Wichita Falls, TX 76308		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/27/2023	Full name of contributor Love to the moon Inc - Debby Dobbins	out-of-state PAC (ID#: <u> </u>)	Amount of contribution (\$) 500.00
Contributor address; 2404 Rockhill Rd Wichita Falls TX 76308		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
2 FILER NAME Scott Poenitzsch			3 Filer ID (Ethics Commission Filers)
4 Date 9/26/2023	5 Full name of contributor Peggy Mew	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/29/2023	Full name of contributor Lisa Pettijohn	out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	100.00
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 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	3 Filer ID (Ethics Commission Filers)		
2	Scott Poentizsch			
4 Date	5 Payee name			
09/01/2023	Marcom Products			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
40.59	600 Ohio Ave	Wichita Falls	TX	76301
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	Printing Expense	Business Cards		
(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	Payee name			
09/08/2023	Marcom Products			
Amount (\$)	Payee address;	City;	State;	Zip Code
40.59	600 Ohio Ave	Wichita Falls	TX	76301
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Printing Expense	Business Cards		
Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
09/06/2023	Signs on the Cheap		Signsonthecheap.com	
Amount (\$)	Payee address;	City;	State;	Zip Code
611.83	11525 Stonehollow Dr B220	Austin	TX	78758
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Printing Expense	Yard 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 FILER NAME Scott Poenitzsch	3 Filer ID (Ethics Commission Filers)	
2			
4 Date 09/29/2023	5 Payee name First Graphic Services		
6 Amount (\$) 612.70	7 Payee address; 229 Garvon St Garland TX	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Services	(b) Description Yard 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 Marcom Products		
Amount (\$) 152.63	Payee address; 600 Ohio Ave	City; State; Zip Code Wichita Falls TX 76301	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Services	Description Business 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			

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 10/9/2023 TIME: 1051 BY: <i>[Signature]</i>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1732 Woodridge Wichita Falls, TX 76310			Date Hand-delivered or Date Postmarked		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 636-7306	EXTENSION	Receipt #	Amount \$	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Robert	MI W	Date Processed		
	NICKNAME Bob	LAST Payton	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 4015 Kingsbury Drive Wichita Falls			STATE; ZIP CODE TX 76309		
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 782-6090	EXTENSION			
9 REPORT TYPE	January 15	<input checked="" type="checkbox"/> 30th day before election	Runoff	<input type="checkbox"/>	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before election	Exceeded Modified Reporting Limit	<input type="checkbox"/>	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month 7	Day 1	Year 23	Month 10	Day 7	Year 23
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month 11	Day 7	Year 23	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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,926.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,096.39
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

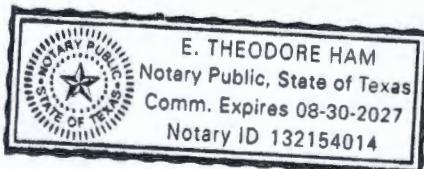
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Tim Short this the 9 day of October,

20 23, 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 _____, 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	\$ 10,800.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 19.20
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	\$ 8,926.31
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 17,626.49
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: 6
2 FILER NAME Tim Short			3 Filer ID (Ethics Commission Filers)
4 Date 07/05/2023	5 Full name of contributor Lynda & Brent Hillary	out-of-state PAC (ID#: [REDACTED])	7 Amount of contribution (\$) 100.00
	6 Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	
8 Principal occupation / Job title (See Instructions) Financial Services		9 Employer (See Instructions)	
Date 07/05/2023	Full name of contributor Drew Carnes	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 1,000.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] Wichita Falls, TX 76310	
Principal occupation / Job title (See Instructions) Small Businessperson		Employer (See Instructions)	
Date 07/06/2023	Full name of contributor Joseph Stokes	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 250.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] Canyon TX 79015	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 07/10/2023	Full name of contributor Ronald Albus	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 50.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] Wichita Falls TX 76308	
Principal occupation / Job title (See Instructions) Project Manager		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: 6
2 FILER NAME Tim Short			3 Filer ID (Ethics Commission Filers)
4 Date 07/14/2023	5 Full name of contributor Morris Stone	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 100.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76301	
8 Principal occupation / Job title (See Instructions) Small Businessperson		9 Employer (See Instructions)	
Date 07/16/2023	Full name of contributor Nancy & Jim Marks	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76308	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 07/17/2023	Full name of contributor Ken Hines	out-of-state PAC (ID#:)	Amount of contribution (\$) 200.00
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76308	
Principal occupation / Job title (See Instructions) Small Businessperson		Employer (See Instructions)	
Date 07/27/2023	Full name of contributor David & Donna Hale	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: 6
2 FILER NAME Tim Short			3 Filer ID (Ethics Commission Filers)
4 Date 08/03/2023	5 Full name of contributor Carla Rogers	out-of-state PAC (ID#: [REDACTED])	7 Amount of contribution (\$) 1,000.00
	6 Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] Iowa Park TX 76367	
8 Principal occupation / Job title (See Instructions) Small Businessperson		9 Employer (See Instructions)	
Date 09/06/2023	Full name of contributor Gary Southard	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] Wichita Falls TX 76308	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 09/08/2023	Full name of contributor Terry Paul & Teresa W Caves	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 250.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] Wichita Falls TX 76302	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 09/11/2023	Full name of contributor Ray Lunger	out-of-state PAC (ID#: [REDACTED])	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City; State; Zip Code [REDACTED] Wichita Falls TX 76308	
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.			

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: 6
2 FILER NAME Tim Short			3 Filer ID (Ethics Commission Filers)
4 Date 09/11/2023	5 Full name of contributor Ray Lunger	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 400.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)	
Date 09/12/2023	Full name of contributor Dr. Sandra Vergara	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
Contributor address:		City; State; Zip Code Wichita Falls TX 76308	
Principal occupation / Job title (See Instructions) Small Businessperson		Employer (See Instructions)	
Date 09/12/2023	Full name of contributor Michael Edgin	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
Contributor address:		City; State; Zip Code Wichita Falls TX 76308	
Principal occupation / Job title (See Instructions) Small Businessperson		Employer (See Instructions)	
Date 09/12/2023	Full name of contributor Randy Martin	out-of-state PAC (ID#:)	Amount of contribution (\$) 250.00
Contributor address:		City; State; Zip Code Wichita Falls TX 76308	
Principal occupation / Job title (See Instructions) Financial Services		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: 6
2 FILER NAME Tim Short			3 Filer ID (Ethics Commission Filers)
4 Date 09/17/2023	5 Full name of contributor Anonymous	6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/18/2023	Full name of contributor Anonymous	out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/22/2023	Full name of contributor TREPAC	out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 4007 Call Field Road Wichita Falls TX 76308	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/27/2023	Full name of contributor Wichita Falls Police Officers Association PAC	out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 3229 Industrial Drive Wichita Falls TX 76306	Amount of contribution (\$) 750.00
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.

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1: 6
2 FILER NAME Tim Short			3 Filer ID (Ethics Commission Filers)
4 Date 10/02/2023	5 Full name of contributor Dale Harvey	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 250.00
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)	
Date	Full name of contributor	out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

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 Tim Short		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 19.20
5 Date 10/07/2023	6 Full name of contributor Robert & Lori Payton 7 Contributor address; City; State; Zip Code Wichita Falls 76309	8 Amount of Contribution \$ 19.20 9 In-kind contribution description Software Subscription 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)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$ _____ In-kind contribution description 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 08/02/2023	5 Payee name City of Wichita Falls			
6 Amount (\$) 100.00	7 Payee address; 1300 7th Street	City; Wichita Falls	State; TX	Zip Code 76301
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Filing 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 10/02/2023	Payee name Hoegger Communications			
Amount (\$) 4,516.01	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 10/06/2023	Payee name Mike Stevens			
Amount (\$) 4,205.00	Payee address; 6923 Indiana Ave, Box 292	City; Lubbock	State; TX	Zip Code 79413
 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
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 10/07/2023	5 Payee name Prosperity Bank	
6 Amount (\$) 30.00	7 Payee address; 2525 Kell Blvd.	City; Wichita Falls State; TX Zip Code 76308
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Monthly Bank Svc Charges 7/30 - 9/30/2023
	(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 10/07/2023	Payee name Anedot	
Amount (\$) 75.30	Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans State; LA Zip Code 70112
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Electronic contribution processing fees 7/1/2023 - 10/07/2023
	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 10/07/2023	6 Payee name Hoegger Communications		
7 Amount (\$) 5,349.49	8 Payee address; 901 Indiana Ave, Suite 100	City; Wichita Falls State; TX Zip Code 76301	
9 TYPE OF EXPENDITURE	<input 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Mike Stevens	Office sought Office held	
Date 09/29/2023	Payee name Mike Stevens		
Amount (\$) 12,277.00	Payee address; 6923 Indiana Ave., Box 292	City; Lubbock State; TX Zip Code 79413	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political Non-Political		
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
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: [Signature]</i> RECEIVED IN CITY CLERK'S OFFICE DATE: 4/12/21 TIME: 2:03 P			
	NICKNAME Tim	LAST Short	SUFFIX				
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 30th day before election <input 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)	<input type="checkbox"/> Final report Other (specify) _____	Date Hand-delivered or Date Postmarked <i>Amount \$</i>	
5 ORIGINAL PERIOD COVERED	Month 07	Day 01	Year /23	Month 10	Day 7	Year /23	Receipt # _____ Date Processed _____ Date Imaged _____

6 EXPLANATION OF CORRECTION

See attached explanation of correction.

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

Check ONLY if applicable:

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

[Signature]
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit

	NICOLE VACIO Notary Public, State of Texas Comm. Expires 01-04-2027 Notary ID 134125481 NOTARY STAMP: 3741
---	--

Sworn to and subscribed before me by Time Short this the 12th day of June,

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

Nicole Vacio

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]
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

This corrects the report as originally filed as follows:

- (1) Cover Sheet, Page 1:
 - a. Box 9: Changed ending date of 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 ending date of reporting period;
- (3) Page 3: Box 20:
 - a. Line 1: Amount updated based on changes to Schedule A1 as noted below,
 - b. Line 2: Amount updated based on changes to Schedule A2 as noted below,
 - c. Line 5: Amount updated based on changes to Schedule F1 as noted below, and
 - d. Line 6: Amount updated based on changes to Schedule F2 as noted below.
- (4) Schedule A1: Moved 10/2/23 contribution to 8 day before election report, added full name of contributor to acronym, changed address of two contributors;
- (5) Schedule A2: Added contribution in-kind from one contributor divided into 4 entries due to description of in-kind, deleted unitemized contribution (duplicate entry);
- (6) Schedule F1: Changed date of two expenditures, updated dates in description of one expenditure, moved 10/6/23 expenditure to 8 day before the election report, split one expenditure into three expenditures and moved one of the three expenditures to 8 day before the election report; and
- (7) Schedule F2: Deleted 9/29/23 expenditure which is on 8 day before election report, split one expenditure into two expenditures and changed dates and amounts.

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 1**

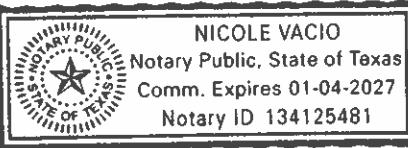
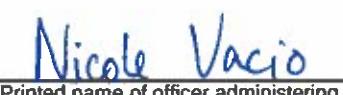
The C/OH Instruction Guide explains how to complete this form.				1 Filer ID	2 Total pages filed: 12	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Mr. Timothy	MI D.	OFFICE USE ONLY		
	NICKNAME LAST Tim Short		SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1732 Woodridge			ZIP CODE	Date Hand-delivered or Date Postmarked	
	Wichita Falls, TX 76310				Receipt #	
					Amount	
					Date Processed	
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr. Robert	MI W			
	NICKNAME LAST Bob Payton		SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4015 Kingsbury Drive		APT / SUITE #;	CITY; Wichita Falls	STATE; TX ZIP CODE 76309	
7 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 782-6090	EXTENSION			
8 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 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 07/01/2023	Day	Year	Month 09/28/2023	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. These expenditures <i>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"></td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td colspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td></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				<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS				COMMITTEE CAMPAIGN TREASURER NAME				COMMITTEE CAMPAIGN TREASURER ADDRESS	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME																					
	<input type="checkbox"/> GENERAL																						
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS																					
		COMMITTEE CAMPAIGN TREASURER NAME																					
		COMMITTEE CAMPAIGN TREASURER ADDRESS																					
16 CONTRIBUTION TOTALS	<table border="1"> <tr> <td>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</td> <td>\$ 0.00</td> </tr> <tr> <td>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</td> <td>\$ 37,331.20</td> </tr> </table>			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)	\$ 37,331.20																
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)	\$ 37,331.20																						
EXPENDITURE TOTALS	<table border="1"> <tr> <td>3. TOTAL UNITEMIZED POLITICAL EXPENDITURES</td> <td>\$ 0.00</td> </tr> <tr> <td>4. TOTAL POLITICAL EXPENDITURES</td> <td>\$ 8,976.41</td> </tr> </table>			3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00	4. TOTAL POLITICAL EXPENDITURES	\$ 8,976.41																
3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00																						
4. TOTAL POLITICAL EXPENDITURES	\$ 8,976.41																						
CONTRIBUTION BALANCE	<table border="1"> <tr> <td>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td>\$ 9,827.70</td> </tr> </table>			5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,827.70																		
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 9,827.70																						
OUTSTANDING LOAN TOTALS	<table border="1"> <tr> <td>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</td> <td>\$ 0.00</td> </tr> </table>			6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00																		
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00																						
17 AFFIDAVIT																							
<p>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.</p> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 5px; margin-right: 20px;">  <p>NICOLE VACIO Notary Public, State of Texas Comm. Expires 01-04-2027 Notary ID 134125481</p> </div> <div>  <p>Signature of Candidate or Officeholder</p> </div> </div>																							
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said <u>Tim Short</u>, this the <u>12th</u> day of <u>June</u>, 20 <u>24</u>, to certify which, witness my hand and seal of office.</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>  <p>Signature of officer administering</p> </div> <div>  <p>Printed name of officer administering</p> </div> <div>  <p>Title of officer administering oath</p> </div> </div>																							

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	\$ 10,550.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 26,781.20
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	\$ 4,711.31
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 4,265.10
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 07/10/2023</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] Wichita Falls, TX 76308</p>	<p>7 Amount of Contribution (\$) \$50.00</p>
<p>8 Principal occupation / Job title (See Instructions) Project Manager</p>		<p>9 Employer (See Instructions)</p>
<p>Date 09/17/2023</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 09/18/2023</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 07/05/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Carnes, Drew</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76310</p>	<p>Amount of Contribution (\$) \$1,000.00</p>
<p>Principal occupation / Job title (See Instructions) Small Businessperson</p>		<p>Employer (See Instructions)</p>
<p>Date 09/08/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Caves, Terry Paul & Teresa W</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76302</p>	<p>Amount of Contribution (\$) \$250.00</p>
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions)</p>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/12
2 FILER NAME Short, Timothy D. (Mr.)		3 Filer ID
4 Date 09/12/2023	5 Full name of contributor Edgin, Michael 6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Small Businessperson		9 Employer (See Instructions)
Date 07/27/2023	Full name of contributor Hale, David & Donna Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Small Businessperson		Employer (See Instructions)
Date 07/05/2023	Full name of contributor Hillary, Lynda & Brent Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Financial Services		Employer (See Instructions)
Date 07/17/2023	Full name of contributor Hines, Ken Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Small Businessperson		Employer (See Instructions)
Date 09/11/2023	Full name of contributor Lunger, Ray Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

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 09/11/2023</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lunger, Ray</p> <p>6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308</p>	<p>7 Amount of Contribution (\$) \$400.00</p>
<p>8 Principal occupation / Job title (See Instructions) Retired</p>		<p>9 Employer (See Instructions)</p>
<p>Date 07/16/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Marks, Nancy & Jim</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308</p>	<p>Amount of Contribution (\$) \$100.00</p>
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions)</p>
<p>Date 09/12/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Martin, Randy</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) Financial Services</p>		<p>Employer (See Instructions)</p>
<p>Date 08/03/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rogers, Carla</p> <p>Contributor address; City; State; Zip Code [REDACTED] Iowa Park, TX 76367</p>	<p>Amount of Contribution (\$) \$1,000.00</p>
<p>Principal occupation / Job title (See Instructions) Small Businessperson</p>		<p>Employer (See Instructions)</p>
<p>Date 09/06/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Southard, Gary</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308</p>	<p>Amount of Contribution (\$) \$100.00</p>
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions)</p>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/12
2 FILER NAME Short, Timothy D. (Mr.)		3 Filer ID
4 Date 07/06/2023	5 Full name of contributor Stokes, Joseph 6 Contributor address; City; State; Zip Code [REDACTED] Canyon, TX 79015	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 07/14/2023	Full name of contributor Stone, Morris Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76301	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Small Businessperson		Employer (See Instructions)
Date 09/22/2023	Full name of contributor TREPAC / Texas REALTORS Political Action Committee Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/12/2023	Full name of contributor Vergara, Sandra (Dr.) Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76310	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Small Businessperson		Employer (See Instructions)
Date 09/27/2023	Full name of contributor Wichita Falls Police Officers Association PAC Contributor address; City; State; Zip Code 3411 McNeil Avenue, Suite 302 Wichita Falls, TX 76308	Amount of Contribution (\$) \$750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2: Sch: 1/2 Rpt: 8/12</p>
<p>2 FILER NAME Short, Timothy D. (Mr.)</p>				<p>3 Filer ID</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				<p>\$</p>
<p>5 Date 09/28/2023</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Payton, Robert & Lori</p> <p>7 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76309</p>			<p>8 Amount of contribution (\$) \$19.20</p> <p>9 In-kind contribution description Software Subscription</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 09/28/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wichita Falls Fire PAC</p> <p>Contributor address; City; State; Zip Code 1209 Oakhurst Drive</p> <p>Wichita Falls, TX 76302</p>			<p>Amount of contribution (\$) \$10,152.00</p> <p>In-kind contribution description Political advertising for campaign - direct mail</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date 09/28/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wichita Falls Fire PAC</p> <p>Contributor address; City; State; Zip Code 1209 Oakhurst Drive</p> <p>Wichita Falls, TX 76302</p>			<p>Amount of contribution (\$) \$11,050.00</p> <p>In-kind contribution description Political advertising for campaign - data & survey</p> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>		
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>		
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: Sch: 2/2 Rpt: 9/12</p>
<p>2 FILER NAME Short, Timothy D. (Mr.)</p>		<p>3 Filer ID</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 09/28/2023</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wichita Falls Fire PAC Contributor address; City; State; Zip Code 1209 Oakhurst Drive Wichita Falls, TX 76302</p>	<p>8 Amount of contribution (\$) \$2,800.00</p> <p>9 In-kind contribution description Political advertising for campaign - signage</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>		
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 09/28/2023</p>		<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wichita Falls Fire PAC Contributor address; City; State; Zip Code 1209 Oakhurst Drive Wichita Falls, TX 76302</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Amount of contribution (\$) \$2,760.00</p> <p>In-kind contribution description Political advertising for campaign - digital/online streaming/social media</p>
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>		
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>

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:	2 FILER NAME Sch: 1/2 Rpt: 10/12 Short, Timothy D. (Mr.)	3 Filer ID	
4 Date 07/06/2023	5 Payee name Anedot		
6 Amount (\$) \$75.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112		
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 7/6/2023 - 9/12/23	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/02/2023	Payee name City of Wichita Falls		
Amount (\$) \$100.00	Payee address; City; State; Zip Code 1300 7th Street Wichita Falls, TX 76301		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/22/2023	Payee name Hoegger Communications		
Amount (\$) \$4,516.01	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 ONLY 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: 11/12	2 FILER NAME Short, Timothy D. (Mr.)	3 Filer ID	
4 Date 07/31/2023	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 08/31/2023	Payee name Prosperity Bank		
Amount (\$) \$10.00	Payee address; City; State; Zip Code 2525 Kell Blvd. Wichita Falls, TX 76308		
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	
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:	2 FILER NAME Sch: 1/1 Rpt: 12/12	3 Filer ID
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 08/17/2023	6 Payee name Hoegger Communications	
7 Amount (\$) \$2,075.75	8 Payee address; City; State; Zip Code 901 Indiana Ave, Suite 100 Wichita Falls, TX 76301	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign materials and services
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 09/14/2023	Payee name Hoegger Communications	
Amount (\$) \$2,189.35	Payee address; City; State; Zip Code 901 Indiana Ave, Suite 100 Wichita Falls, TX 76301	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign materials and services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	

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: 13		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST THOMAS	MI H	OFFICE USE ONLY Date Received			
	NICKNAME TOM	LAST TAYLOR	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE TOM TAYLOR CAMPAIGN, P.O. BOX 2093, WICHITA FALLS TX 76307-2093						
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			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 401 N. SCOTT AVE, WICHITA FALLS TX 76306				STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 322-4121	EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" 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 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 10	Year / 23	THROUGH	Month 9	Day / 28	Year / 23
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month 11	Day / 7	Year / 23	Primary <input checked="" type="checkbox"/> General	Runoff <input type="checkbox"/> Special	Other Description _____	
12 OFFICE	OFFICE HELD (if any)			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	COMMITTEE NAME					
		COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

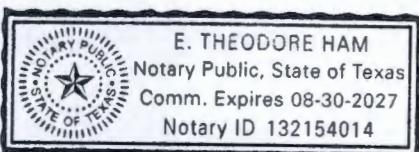
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,525.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,425.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 501.52
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,265.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,059.29
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.

Code.
Thomas J. Taylor
Signature of Candidate or Officeholder

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

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

20 25, 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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.

(street)

(city)

(sta

1

ode) . (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____
(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME THOMAS H. 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	\$ 17,425.00
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	\$ 2,265.89
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	\$ 2,265.89
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 7006.07
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	\$ 0.20

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 THOMAS H. TAYLOR			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor SEE ATTACHED SPREADSHEET WITH CONTRIBUTOR INFORMATION	6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 17,425.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE A1 - 30 DAY REPORT
MONETARY POLITICAL CONTRIBUTIONS

RUNNING

DONOR & ADDRESS	DATE	METHOD	AMOUNT	TOTAL	ADDRESS
PAUL & DONNA					
BUCKINGHAM	8/11/23	CHECK	\$ 500.00	\$ 500.00	[REDACTED], WF TX
JIM WISE	8/16/23	CHECK	\$ 100.00	\$ 600.00	[REDACTED], WF TX
LARRY AYRES	8/16/23	CHECK	\$ 100.00	\$ 700.00	[REDACTED], WF TX
DUSTIN NIMZ	8/17/23	CHECK	\$ 500.00	\$ 1,200.00	[REDACTED], WF TX
ROSEL TAYLOR	8/17/23	CHECK	\$ 1,000.00	\$ 2,200.00	[REDACTED], WF TX
M. ANTHONY INMAN, JR	8/18/23	CHECK	\$ 500.00	\$ 2,700.00	WF TX
CHARLIE RINGWOOD	8/18/23	CHECK	\$ 2,000.00	\$ 4,700.00	[REDACTED], WF TX
WARREN AYRES	8/18/23	CHECK	\$ 500.00	\$ 5,200.00	DR, WF TX
VALERIE COOK	8/18/23	CHECK	\$ 100.00	\$ 5,300.00	[REDACTED], WF TX
RM FIDELIE	8/20/23	CHECK	\$ 500.00	\$ 5,800.00	WF TX
JIM GINNINGS	8/21/23	CHECK	\$ 500.00	\$ 6,300.00	[REDACTED], WF TX
SCOTT STILLSON	8/21/23	CHECK	\$ 1,000.00	\$ 7,300.00	[REDACTED], WF TX
MICHAEL GRASSI	8/23/23	CHECK	\$ 1,500.00	\$ 8,800.00	[REDACTED], WF TX
CLIFF O'NEAL	8/23/23	CHECK	\$ 100.00	\$ 8,900.00	[REDACTED], WF TX
THURSDAY NIGHT BUDDIES	8/23/23	CASH	\$ 150.00	\$ 9,050.00	WF TX
DARRELL COLEMAN	8/24/23	CHECK	\$ 200.00	\$ 9,250.00	
DESI HALE	8/25/23	CHECK	\$ 150.00	\$ 9,400.00	[REDACTED], WF TX
LEO LANE	8/28/23	CHECK	\$ 500.00	\$ 9,900.00	WF TX
GARY STEPHENSON	8/28/23	CHECK	\$ 200.00	\$ 10,100.00	[REDACTED], WF TX
JOSH & NAN MILLS	28-Aug-23	CHECK	\$ 200.00	\$ 10,300.00	[REDACTED], BURK TX
JOE & TINA KOSZAREK	8/29/23	CASH	\$ 100.00	\$ 10,400.00	[REDACTED], WF TX

JESSICA & TYSON TRAW	10-Sep-23	CHECK	250.00	\$	10,650.00	TX	[REDACTED], WF
TREY SRALLA		CASH	200.00	\$	10,850.00	TX	[REDACTED], WF
WOODY GOSSOM		CHECK	250.00	\$	11,100.00		[REDACTED]
JOYCE & TONY RAMO		CASH	1,000.00	\$	12,100.00		[REDACTED], WF TX
JIM BRACKET		CHECK	200.00	\$	12,300.00		[REDACTED], WF TX
GARY MCLENDON		CHECK	100.00	\$	12,400.00	TX	[REDACTED], WF
BRETT		CASH	100.00	\$	12,500.00		[REDACTED], WF TX
CLIFF O'NEAL		CHECK	100.00	\$	12,600.00		[REDACTED] WF TX
WICHITA FALLS							TREPAC, P.O. BOX 2246,
ASSOCIATION OF REALORS		CHECK	3,000.00	\$	15,600.00	AUSTIN TX	
JIM WISE		CASH	100.00	\$	15,700.00		[REDACTED], WF TX
EVAN STUBB		CASH	100.00	\$	15,800.00		[REDACTED], WF TX
				\$	15,900.00		
UNITEMIZED \$90 OR LESS			1,525.00	\$	17,425.00		

CONTRIBUTIONS RECEIVED & DEPOSITED
OF SEP 28, 2023
AS
\$ 17,425.00

CONTRIBUTIONS NOT DEPOSITED AS OF S
2023

GEORGE CLAY	29-Sep-23	CHECK	1,000.00	\$	1,000.00	BOWIE TX	[REDACTED]
JIM HEIMAN	28-Sep-23	CHECK	100.00	\$	1,100.00		[REDACTED], WF TX
JOSH THOMPSON	1-Oct-23	CHECK	100.00	\$	1,200.00		[REDACTED]
CHAD BROWNLOW	3-Oct-23	CHECK	100.00	\$	1,300.00	VERNON TX	[REDACTED]

**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 SEE ATTACHED SPREADSHEET	3 Filer ID (Ethics Commission Filers)	
4 Date 10/10/2023	5 Payee name SEE ATTACHED SPREADSHEET		
6 Amount (\$) 2,265.89	7 Payee address; SEE ATTACHED SPREADSHEET	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description OFFICE SUPPLIES, T POST INSTALLATION & BANNERS. YARD SIGNS, ETC.	
	(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


SCHEDULE F4 - 30 DAY REPORT
CREDIT CARD PURCHASES

**ROAD SIGN BANNERS
& CAR DOOR**

8/25/2023	MAGNETS YARD SIGNS &	MARCOM FIRST GRAPHICS	KASASA CC	\$	861.67
9/1/2023	STAKES (250) DOWN	SERVICES	KASASA CC	\$	619.73
9/2/2023	DOOR KNOCKER TIE STRAPS FOR	ULINE	KASASA CC	\$	50.34
9/2/2023	SIGNS YARD SIGNS &	ATWOODS FIRST GRAPHICS	KASASA CC	\$	4.86
9/12/2023	STAKES (250) FINAL	SERVICES	KASASA CC	\$	619.73
9/14/2023	GAS - TRIP TO	QT	KASASA CC	\$	37.35
9/15/2023	NAME TAGS (2) GAS LOCAL	B & D ENGRAVING	KASASA CC	\$	25.98
9/19/2023	CANVASSING	QT	KASASA CC	\$	46.23
			TOTAL:	\$	2,265.89

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	2 FILER NAME THOMAS H. TAYLOR	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 2,265.89	
5 Date	6 Payee name SEE ATTACHED SPREADSHEET LISTING CREDIT CARD EXPENDITURES		
7 Amount (\$)	8 Payee address;	City; State; Zip Code	
9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CAMPAIGN ADVERTISING EXPENSES	(b) Description SEE ATTACHED SPREADSHEET	
	(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 type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

**SCHEDULE F4 - 30 DAY REPORT
CREDIT CARD PURCHASES**

**ROAD SIGN BANNERS
& CAR DOOR**

8/25/2023 MAGNETS	MARCOM	KASASA CC	\$	861.67
YARD SIGNS &	FIRST GRAPHICS			
9/1/2023 STAKES (250) DOWN	SERVICES	KASASA CC	\$	619.73
9/2/2023 DOOR KNOCKER	ULINE	KASASA CC	\$	50.34
TIE STRAPS FOR				
9/2/2023 SIGNS	ATWOODS	KASASA CC	\$	4.86
YARD SIGNS &	FIRST GRAPHICS			
9/12/2023 STAKES (250) FINAL	SERVICES	KASASA CC	\$	619.73
9/14/2023 GAS - TRIP TO	QT	KASASA CC	\$	37.35
9/15/2023 NAME TAGS (2)	B & D ENGRAVING	KASASA CC	\$	25.98
GAS LOCAL				
9/19/2023 CANVASSING	QT	KASASA CC	\$	46.23
		TOTAL:	\$	2,265.89

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:	2 FILER NAME THOMAS H. TAYLOR	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name SEE ATTACHED SPREADSHEET		
6 Amount (\$) 7006.07 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 2318 ROCKHILL DR WF TX 76306	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) See attached	(b) Description See Attached	
	(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	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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

SCHEDULE G - 30 DAY REPORT
CANDIDATE PURCHASES IN BEHALF OF CAMPAIGN

DATE	ITEM	VENDOR	PURCHASER	CREDIT	
				CARD	CASH
8/8/2023	OFFICE SUPPLIES	WALMART	TOM - CC	\$ 11.15	
8/10/2023	CAMPAIGN FILING FEE	CWF	TOM - CASH		\$ 100.00
8/10/2023	PO MAIL BOX	USPS	TOM CC	\$ 73.00	
8/13/2023	OFFICE SUPPLIES	WALMART	TOM - CASH		\$ 70.40
CAMPAIGN CONSULTANT - 1ST					
8/21/2023	PYMT	HOEGGER	TOM CC	\$ 2,150.00	
8/25/2023	DOMAIN REGISTRATION	GO DADDY	TOM CC	\$ 181.16	
8/31/2023	LUNCH DONOR LOWDER	PLANET DELI	TOM CASH		\$ 31.12
28 T-POSTS INSTALLATION HHH CRITERION PACE CAR - ADVERTISING					
		TONY ROBERT	TOM CASH		\$ 150.00
		CHIP FILER	TOM CASH		\$ 150.00
9/20/2023	ADDRESS LABELS	OFFICE DEPOT	TOM CREDIT CARD	\$ 24.24	
9/22/2023	USPS STAMPS - 100 CAMPAIGN CONSULTANT	USPS	TOM CREDIT CARD	\$ 66.00	
9/25/2023	PYMT	HOEGGER	CARD	\$ 3,999.00	
98 DAYS, AVG 15 MILES, =					
9/28/2023	1470 MILES @ \$0.655 =			\$ 962.85	
			TOTALS:	\$ 6,504.55	\$ 501.52
PAYABLE TO TOM TAYLOR FOR PURCHASES MADE IN BEHALF OF CAMPAIGN					
					\$ 7,006.07

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. TAYLOR		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received UNION SQUARE FEDERAL CREDIT UNION, WICHITA FALLS TX	8 Amount (\$)
	6 Address of person from whom amount is received; City; State; Zip Code	0.20
	7 Purpose for which amount is received INTEREST ON ACCOUNT	Check if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	Check if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	Check if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

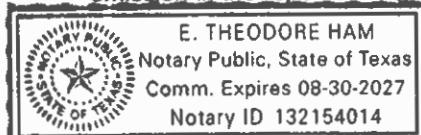
1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 23		OFFICE USE ONLY Received in City Clerk's Office Date: <u>14-JULY-2024</u> By: <u>1116</u>			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Mr. Thomas		MI H	Date Received		
	NICKNAME	LAST	SUFFIX		Date Hand delivered or Date Postmarked		
	Tom	Taylor			Receipt #		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report		Amount \$		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit			Time:		
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)	Other (specify) _____		Date Processed		
	<input type="checkbox"/> 8th day before election			Date Imaged <u>1116</u>			
5 ORIGINAL PERIOD COVERED		Month 08	Day 10	Year / 23	Month 09	Day / 28	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:

- Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Thomas Taylor this the 14 day of June,

20 24, 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

For more information, contact the National Institute of Child Health and Human Development (NICHD) at 301-435-0911 or visit the NICHD website at www.nichd.nih.gov.

OB

10.1007/s00332-010-9000-0

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____

My address is _____, _____, _____, _____.

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

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**

This corrects the report as originally filed as follows:

- (1) Cover Sheet, Page 2, Box 16:
 - a. Line 1: Amount updated based on changes to Schedule A1 as noted below,
 - b. Line 2: Amount updated to include itemized entries on Schedule A2,
 - c. Line 3: Amount updated to exclude amount on original report (entries which were itemized on original report on Schedule G chart/cash column), and
 - d. Line 4: Amount updated based on changes to Schedule F1 as noted below, amount updated to include itemized entries on Schedules F4 and G;
- (2) Cover Sheet, Page 3: Box 20:
 - a. Line 2: Amount updated due to the addition of entries to Schedule A2 as noted below,
 - b. Line 5: Amount updated based on changes to Schedule F1 as noted below,
 - c. Line 8: Amount updated based on changes to Schedule F4 as noted below,
 - d. Line 9: Amount updated based on changes to Schedule G as noted below, and
 - e. Line 12: Amount updated based on changes to Schedule K as noted below;
- (3) Schedule A1: Moved entries from chart to Commission form, moved itemized contribution previously reported on Schedule A1 to unitemized contributions, added last name of contributor, added address/street number to three contributors, added zip codes, changed name of contributor to full name of PAC;
- (4) Schedule A2: Added contribution in-kind from one contributor divided into 4 entries due to description of in-kind;
- (5) Schedule F1: Moved entries from chart to Commission form, provided addresses and categories, moved one entry from Schedule G chart/credit card column to Schedule F1, updated two descriptions;
- (6) Schedule F4: Schedule F4 on report as originally filed was a duplicate of Schedule F1 – removed duplicate entries from Schedule F4, moved all but one entry from Schedule G chart/credit card column to Schedule F4, moved entries from chart to Commission form, provided addresses and categories, updated one date;
- (7) Schedule G: Moved all but one entry from Schedule G chart/credit card column to Schedule F4, moved one entry from Schedule G chart/credit card column to Schedule F1, moved entries from chart/cash column to Commission form (keep on Schedule G), provided addresses and categories, added dates of two entries, changed name of two entries, updated one description, and
- (8) Schedule K: Added date, updated amount.

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Mr. Thomas	MI H.	OFFICE USE ONLY		
	NICKNAME LAST Tom Taylor		SUFFIX	Date Received	14 June 2014	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; Tom Taylor Campaign P.O. Box 2093 Wichita Falls, TX 76307-2093			Date Hand-delivered or Postmarked		
				Receipt #	Amount	
				Date Processed		
				Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Mr. Trey	MI	Received in City Clerk Office Date: By:		
	NICKNAME LAST Sralla		SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 401 N. Scott Ave.			APT / SUITE #; CITY; STATE; ZIP CODE	Wichita Falls TX 76306	
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 322-4121					
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 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 08/10/2023	Day	Year	Month 09/28/2023	Day	Year
10 ELECTION	ELECTION DATE Month Day Year 11/07/2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) City Council, District 5		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

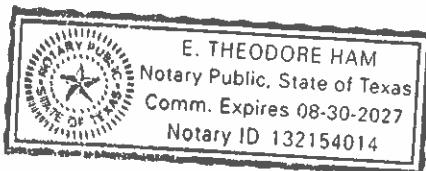
FORM C/OH
COVER SHEET PG 2

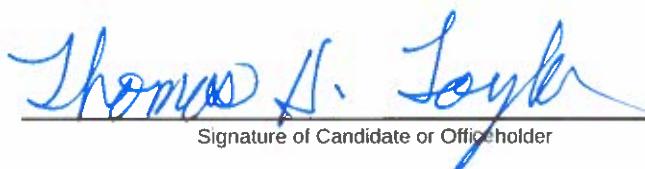
2 of 21

13 C / OH NAME	Taylor, Thomas H. (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 rowspan="4">COMMITTEE TYPE</td> <td>GENERAL</td> </tr> <tr> <td>SPECIFIC</td> </tr> <tr> <td>COMMITTEE NAME</td> </tr> <tr> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	GENERAL	SPECIFIC	COMMITTEE NAME	COMMITTEE ADDRESS	COMMITTEE CAMPAIGN TREASURER NAME	COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	GENERAL									
	SPECIFIC									
	COMMITTEE NAME									
	COMMITTEE ADDRESS									
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)		\$ 1,675.00							
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 29,757.00							
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00							
	4. TOTAL POLITICAL EXPENDITURES		\$ 10,234.81							
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 15,059.29							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00							

17 AFFIDAVIT

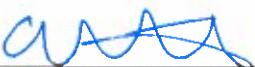
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.




Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas Taylor, this the 14 day of June, 20 21, to certify which, witness my hand and seal of office.



Signature of officer administering



Printed name of officer administering



Title of officer administering

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

3 of 21

18 FILER NAME	19 Filer ID
Taylor, Thomas H. (Mr.)	
20 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 17,425.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 12,332.00
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	\$ 3,228.74
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 6,504.55
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$ 501.52
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.17

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 1/7 Rpt: 4/21

2 FILER NAME

Taylor, Thomas H. (Mr.)

3 Filer ID

4 Date

08/16/2023

5 Full name of contributor

Ayres, Larry

out-of-state PAC (ID#:

6 Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76308

7 Amount of Contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

08/18/2023

Full name of contributor

Ayres, Warren

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76309

Amount of Contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/10/2023

Full name of contributor

Bracket, Jim

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76306

Amount of Contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/11/2023

Full name of contributor

Buckingham, Paul & Donna

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76308

Amount of Contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/24/2023

Full name of contributor

Coleman, Darrell

out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76309

Amount of Contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/21</p>
<p>2 FILER NAME Taylor, Thomas H. (Mr.)</p>		<p>3 Filer ID</p>
<p>4 Date 08/18/2023</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cook, Valerie</p> <p>6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76302</p>	<p>7 Amount of Contribution (\$) \$100.00</p>
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>
<p>Date 08/20/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Fidelie, RM</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76309</p>	<p>Amount of Contribution (\$) \$500.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 08/21/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ginnings, Jim</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76301</p>	<p>Amount of Contribution (\$) \$500.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 09/10/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gossom, Woody</p> <p>Contributor address; City; State; Zip Code [REDACTED]</p>	<p>Amount of Contribution (\$) \$250.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 08/23/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Grassi, Michael</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308</p>	<p>Amount of Contribution (\$) \$1,500.00</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: 3/7 Rpt: 6/21</p>
<p>2 FILER NAME Taylor, Thomas H. (Mr.)</p>			<p>3 Filer ID</p>
<p>4 Date 08/25/2023</p>	<p>5 Full name of contributor Hale, Desi</p> <p>6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76306</p>	<p>7 Amount of Contribution (\$) \$150.00</p>	
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
<p>Date 09/28/2023</p>	<p>Full name of contributor Heiman, Jim</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76302</p>	<p>Amount of Contribution (\$) \$100.00</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 08/18/2023</p>	<p>Full name of contributor Inman Jr., M. Anthony</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308</p>	<p>Amount of Contribution (\$) \$500.00</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 08/29/2023</p>	<p>Full name of contributor Koszarek, Joe & Tina</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76306</p>	<p>Amount of Contribution (\$) \$100.00</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 08/28/2023</p>	<p>Full name of contributor Lane, Leo</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76302</p>	<p>Amount of Contribution (\$) \$500.00</p>	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/21
2 FILER NAME Taylor, Thomas H. (Mr.)		3 Filer ID
4 Date 09/10/2023	5 Full name of contributor McLendon, Gary 6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76310	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/28/2023	Full name of contributor Mills, Josh & Nan Contributor address; City; State; Zip Code [REDACTED] Burkburnett, TX 76354	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2023	Full name of contributor Nirmz, Dustin Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76301	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/23/2023	Full name of contributor O'Neal, Cliff Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76306	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2023	Full name of contributor O'Neal, Cliff Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76306	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/21</p>
<p>2 FILER NAME Taylor, Thomas H. (Mr.)</p>		<p>3 Filer ID</p>
<p>4 Date 09/10/2023</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Petross, Brett</p> <p>6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76306</p>	<p>7 Amount of Contribution (\$) \$100.00</p>
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>
<p>Date 09/10/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ramo, Joyce & Tony</p> <p>Contributor address, City; State; Zip Code [REDACTED] Wichita Falls, TX 76310</p>	<p>Amount of Contribution (\$) \$1,000.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 08/18/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ringwood, Charlie</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76309</p>	<p>Amount of Contribution (\$) \$2,000.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 09/10/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sralla, Trey</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76306</p>	<p>Amount of Contribution (\$) \$200.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 08/28/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephenson, Gary</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76306</p>	<p>Amount of Contribution (\$) \$200.00</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: 6/7 Rpt: 9/21</p>
<p>2 FILER NAME Taylor, Thomas H. (Mr.)</p>			<p>3 Filer ID</p>
<p>4 Date 08/21/2023</p>	<p>5 Full name of contributor Stillson, Scott</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:)</p>	<p>7 Amount of Contribution (\$) \$1,000.00</p>
	<p>6 Contributor address; City; State; Zip Code [REDACTED]</p>		
	<p>Wichita Falls, TX 76301</p>		
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
<p>Date 09/10/2023</p>	<p>Full name of contributor Stubb, Evan</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:)</p>	<p>Amount of Contribution (\$) \$100.00</p>
	<p>Contributor address; City; State; Zip Code [REDACTED]</p>		
	<p>Wichita Falls, TX 76306</p>		
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 08/17/2023</p>	<p>Full name of contributor Taylor, Rosel</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:)</p>	<p>Amount of Contribution (\$) \$1,000.00</p>
	<p>Contributor address; City; State; Zip Code [REDACTED]</p>		
	<p>Wichita Falls, TX 76306</p>		
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 09/10/2023</p>	<p>Full name of contributor Texas REALTORS Political Action Committee</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:)</p>	<p>Amount of Contribution (\$) \$3,000.00</p>
	<p>Contributor address; City; State; Zip Code TREPAC P.O. Box 2246 Austin, TX 78768</p>		
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>Date 09/10/2023</p>	<p>Full name of contributor Traw, Jessica & Tyson</p>	<p><input type="checkbox"/> out-of-state PAC (ID#:)</p>	<p>Amount of Contribution (\$) \$250.00</p>
	<p>Contributor address; City; State; Zip Code [REDACTED]</p>		
	<p>Wichita Falls, TX 76306</p>		
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/21
2 FILER NAME Taylor, Thomas H. (Mr.)		3 Filer ID
4 Date 08/16/2023	5 Full name of contributor Wise, Jim 6 Contributor address: City, State, Zip Code [REDACTED] Wichita Falls, TX 76306	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/10/2023	Full name of contributor Wise, Jim Contributor address: City, State, Zip Code [REDACTED] Wichita Falls, TX 76306	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A2: Sch: 1/2 Rpt: 11/21</p>
<p>2 FILER NAME Taylor, Thomas H. (Mr.)</p>		<p>3 Filer ID</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>		<p>\$</p>
<p>5 Date 09/28/2023</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wichita Falls Fire PAC</p>	<p>8 Amount of contribution (\$) 9 In-kind contribution description \$5,274.00 Political advertising for campaign - direct mail</p>
	<p>7 Contributor address; City; State; Zip Code 1209 Oakhurst Drive Wichita Falls, TX 76302</p>	<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>11 Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>		<p>13 Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 09/28/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wichita Falls Fire PAC</p>	<p>Amount of contribution (\$) \$4,419.00 In-kind contribution description Political advertising for campaign - data & survey</p>
	<p>Contributor address; City; State; Zip Code 1209 Oakhurst Drive Wichita Falls, TX 76302</p>	<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		
<p>Date 09/28/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wichita Falls Fire PAC</p>	<p>Amount of contribution (\$) \$1,750.00 In-kind contribution description Political advertising for campaign - signage</p>
	<p>Contributor address; City; State; Zip Code 1209 Oakhurst Drive Wichita Falls, TX 76302</p>	<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)</p>		<p>Employer (FOR NON-JUDICIAL) (See instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>		<p>Contributor's job title (FOR JUDICIAL) (See instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>		<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 2/2 Rpt: 12/21
2 FILER NAME Taylor, Thomas H. (Mr.)		3 Filer ID
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 09/28/2023	6 Full name of contributor Wichita Falls Fire PAC 7 Contributor address: City, State, Zip Code 1209 Oakhurst Drive Wichita Falls, TX 76302	8 Amount of contribution (\$) \$889.00 9 In-kind contribution description Political advertising for campaign - digital/online streaming/social media <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		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: 1/3 Rpt: 13/21	2 FILER NAME Taylor, Thomas H. (Mr.)	3 Filer ID	
4 Date 09/02/2023	5 Payee name Atwoods		
6 Amount (\$) \$4.86	7 Payee address; City; State; Zip Code 2047 Loop 11 Wichita Falls, TX 76306		
8 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 Tie straps for signs	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/15/2023	Payee name B&D Engraving		
Amount (\$) \$25.98	Payee address; City; State; Zip Code 2515 10th Street Wichita Falls, TX 76309		
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 Name tags (2)	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 09/01/2023	Payee name First Graphics Services		
Amount (\$) \$619.73	Payee address; City; State; Zip Code 229 Garvon Street Garland, TX 75040		
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 Yard signs & stakes (250) Down	
Complete ONLY 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 Expenses
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: 2/3 Rpt: 14/21	2 FILER NAME Taylor, Thomas H. (Mr.)	3 Filer ID
4 Date 09/12/2023	5 Payee name First Graphics Services	
6 Amount (\$) \$619.73	7 Payee address; City; State; Zip Code 229 Garvon Street Garland, TX 75040	
8 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 Yard signs & stakes (250) Final
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 08/25/2023	Payee name Marcom Products	
Amount (\$) \$861.67	Payee address; City; State; Zip Code 600 Ohio Street 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 Road sign banners & car door magnets
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
Date 09/14/2023	Payee name QT	
Amount (\$) \$37.35	Payee address; City; State; Zip Code 1526 Old Iowa Park Road Wichita Falls, TX 76306	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas - Trip to Garland to pick up political advertising yard signs
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	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: Sch: 3/3 Rpt: 15/21	2 FILER NAME Taylor, Thomas H. (Mr.)	3 Filer ID
4 Date 09/19/2023	5 Payee name QT	
6 Amount (\$) \$46.23	7 Payee address; City; 1526 Old Iowa Park Road Wichita Falls, TX 76306	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for local canvassing / travel within district for campaign purposes
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/28/2023	Payee name Taylor, Tom	
Amount (\$) \$962.85	Payee address; City; 2318 Rockhill Road Wichita Falls, TX 76306	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Mileage for travel in district for campaign purposes
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
Date 09/02/2023	Payee name Uline	
Amount (\$) \$50.34	Payee address; City; PO Box 88741 Chicago, IL 60680	
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 Door knocker
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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	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
	Legal Services		OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Sch: 1/3 Rpt: 16/21		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution Capital One		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$73.00	(b) Date of Charge 08/10/2023	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name United States Postal Service	(b) Payee address; City, State, Zip Code 1000 Lamar Street Wichita Falls, TX 76301	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Post office box rental	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
PAYMENT	(a) Amount Charged \$2,150.00	(b) Date of Charge 08/21/2023	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Hoegger Communications	(b) Payee address; City, State, Zip Code 901 Indiana Avenue, Suite 100 Wichita Falls, TX 76301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Consultant - 1st payment - political advertising creation / management of online content	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT	(a) Amount Charged \$3,999.00	(b) Date of Charge 09/25/2023	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Hoegger Communications	(b) Payee address; City, State, Zip Code 901 Indiana Avenue, Suite 100 Wichita Falls, TX 76301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Consultant payment - political advertising creation / management of online content	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME Sch: 2/3 Rpt: 17/21 Taylor, Thomas H. (Mr.)		3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$181.16	(b) Date of Charge 08/25/2023	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name GoDaddy Inc.	(b) Payee address; City, State, Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Domain Registration	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
PAYMENT	(a) Amount Charged \$24.24	(b) Date of Charge 09/20/2023	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name Office Depot	(b) Payee address; City, State, Zip Code 3201 Lawrence Road, Suite 350 Wichita Falls, TX 76308	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Address Labels	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held
PAYMENT	(a) Amount Charged \$66.00	(b) Date of Charge 09/22/2023	(c) Date(s) Credit Card Issuer Paid
PAYEE	(a) Payee name United States Postal Service	(b) Payee address; City, State, Zip Code 1000 Lamar Street Wichita Falls, TX 76301	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description Postage expense - stamps	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought		Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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: Sch: 3/3 Rpt: 18/21	2 FILER NAME Taylor, Thomas H. (Mr.)			3 Filer ID
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
6 PAYMENT	(a) Amount Charged \$11.15	(b) Date of Charge 08/10/2023	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name Walmart	(b) Payee address; 2700 Central Freeway Wichita Falls, TX 76306	City, State, Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b) Description Office Supplies		
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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: Sch: 1/2 Rpt: 19/21	2 FILER NAME Taylor, Thomas H. (Mr.)	3 Filer ID	
4 Date 08/10/2023	5 Payee name City of Wichita Falls		
6 Amount (\$) \$100.00	7 Payee address; City; State; Zip Code 1300 7th Street Wichita Falls, TX 76301		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule) Fees	(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 filing fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
Date 08/31/2023	Payee name Deli Plantet & Drinkery		
Amount (\$) \$31.12	Payee address; City; State; Zip Code 4014 Sheppard Access Road Wichita Falls, TX 76306		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) Food/Beverage Expense	
PURPOSE OF EXPENDITURE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Lunch with donor Lowder	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held
Date 08/10/2023	Payee name Filer, Chip		
Amount (\$) \$150.00	Payee address; City; State; Zip Code Exec Dir, Hotter'N Hell Hundred Endurance Rides 900 8th Street Wichita Falls, TX 76301		
<input checked="" type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) Advertising Expense	
PURPOSE OF EXPENDITURE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense HHH Criterion Pace Car Rider - Political Advertising Signs on Car	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name		Office sought Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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/Réimbursement
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: Sch: 2/2 Rpt: 20/21	2 FILER NAME Taylor, Thomas H. (Mr.)	3 Filer ID	
4 Date 09/15/2023	5 Payee name Roberts, Tony		
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code PO Box 781 Wichita Falls, TX 76307		
8 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 28 T-post installation	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 08/13/2023	Payee name Walmart		
Amount (\$) \$70.40	Payee address; City; State; Zip Code 2700 Central Freeway Wichita Falls, TX 76306		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K****The Instruction Guide explains how to complete this form.****1 Total pages Schedule K:
Sch: 1/1 Rpt: 21/21****2 FILER NAME**

Taylor, Thomas H. (Mr.)

3 Filer ID

4 Date	5 Name of person from whom amount is received	8 Amount (\$)
08/31/2023	Union Square Credit Union	\$0.17
	6 Address of person from whom amount is received; City; State; Zip Code 1401 Holliday Street	
	Wichita Falls, TX 76301	
	7 Purpose for which amount is received Interest on account	<input type="checkbox"/> Check if political contribution returned to filer