

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

MR

MICHAEL

N

NICKNAME

LAST

SUFFIX

BATTAGLINO

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

5001 CYPRESS AVE
WICHITA FALLS, TX 76308-2904

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

400-5223

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

MR

MICHAEL

W

NICKNAME

LAST

SUFFIX

BOYLE

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

2817 ELMWOOD AVE, WICHITA FALLS, TX 76308

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940)

867-2924

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

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

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

7

1

23

THROUGH

Month

Day

Year

9

28

23

11 ELECTION

ELECTION DATE

Month

Day

Year

11

7

23

Primary

Runoff

Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City council District 4

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Mr. Michael N. Battaglino		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 175.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,712.78
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 40.98
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,103.37
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,153.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ 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, 2023

(month) (year)

Signature of Candidate/Officeholder (Declarant)

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

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 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 out-of-state PAC (ID# _____) Kelly Montoya 6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76302	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 out-of-state PAC (ID# _____) Robert Birk Contributor address; City; State; Zip Code [REDACTED] Henrietta, TX 76365	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2023	Full name of contributor out-of-state PAC (ID# _____) Chris Mulder Contributor address; City; State; Zip Code [REDACTED] Alexandria, VA 22304	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/28/2023	Full name of contributor out-of-state PAC (ID# _____) Robert Pert Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

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 out-of-state PAC (ID#: _____) David West 6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76309	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Phyllis Cowling Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76310	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Risa Hillard Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2023	Full name of contributor out-of-state PAC (ID#: _____) Carla Rogers Contributor address; City; State; Zip Code [REDACTED] Iowa Park, TX 76367	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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

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#: _____)

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

08/26/2023

Full name of contributor

Woody Gossum

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

Contributor address;

City;

State;

Zip Code

[REDACTED]

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

08/28/2023

Full name of contributor

Andrew Johnson

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

Contributor address;

City;

State;

Zip Code

[REDACTED] Spokane, WA 99205

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/05/2023

Full name of contributor

Nathan Wells

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

Contributor address;

City;

State;

Zip Code

[REDACTED] Wichita Falls, TX 76309

Amount of contribution (\$)

10.00

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: 6
2 FILER NAME Michael N Battaglino		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Amanda Ahern 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 09/08/2023	Full name of contributor out-of-state PAC (ID#: _____) Michael Grassi Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2023	Full name of contributor out-of-state PAC (ID#: _____) Katherin Jones Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 7244	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2023	Full name of contributor out-of-state PAC (ID#: _____) Austin Cobb Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	Amount of contribution (\$) 50.00
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:

6

2 FILER NAME

Michael N Battaglini

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

09/19/2023

5 Full name of contributor

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

Joshua Whittiker

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

[REDACTED], Wichita Falls, TX 76308

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

Date

09/20/2023

Full name of contributor

out-of-state PAC (ID: _____)

TREPAC

Amount of contribution (\$)

3,000.00

Contributor address;

City;

State;

Zip Code

PO Box 2246, Austin, TX 78768

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/26/2023

Full name of contributor

out-of-state PAC (ID: _____)

Wichita Falls Police Officers Association

Amount of contribution (\$)

750.00

Contributor address;

City;

State;

Zip Code

3229 Industrial Dr, Wichita Falls, TX 76306

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/28/2023

Full name of contributor

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

David Farabee

Amount of contribution (\$)

500.00

Contributor address;

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.

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 Battaglini		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 [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 <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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; City; State; Zip Code 2012 Kell W Blvd, Wichita Falls, TX 76301	
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. 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 08/03/2023	Payee name Sawyer Printing	
Amount (\$) 565.63	Payee address; City; State; Zip Code 2012 Kell W Blvd, Wichita Falls, TX 76301	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description 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; City; State; Zip Code 909 8th ST #301, Wichita Falls, TX 76301	
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
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: 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; City; State; Zip Code 3911 Kell E Blvd, Wichita Falls, TX 76308			
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; City; State; Zip Code 909 8th ST #301, Wichita Falls, TX 76301			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Door hangers		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 09/05/2023		Payee name Imprints 1			
Amount (\$) 253.31		Payee address; City; State; Zip Code 3911 Kell E Blvd, Wichita Falls, TX 76308			
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
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: 3		2 FILER NAME Michael N. Battaglini		3 Filer ID (Ethics Commission Filers)	
4 Date 09/11/2023		5 Payee name Michael N. Battaglini			
6 Amount (\$) 986.48		7 Payee address; City; State; Zip Code 5001 Cypress Ave, Wichita Falls, TX 76308-2904			
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 ONLY if direct expenditure to benefit C/OH					
Date 09/18/2023		Payee name Sawyer Printing			
Amount (\$) 131.85		Payee address; City; State; Zip Code 2012 Kell W Blvd, Wichita Falls, TX 76301			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description 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					
Date 09/29/2023		Payee name Mike Stevens			
Amount (\$) 3,290.00		Payee address; City; State; Zip Code 6923 Indiana Ave, Box 292, Lubbock, TX 79413			
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 ONLY if direct expenditure to benefit C/OH					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Michael N Battaglino	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 41.63
5 Date 07/22/2023	6 Payee name Whooann Creative	
7 Amount (\$) 600.00	8 Payee address; City; State; Zip Code 3 Bayberry Ct, Wichita Falls, TX 76310	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description 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; City; State; Zip Code 3 Bayberry Ct, Wichita Falls, TX 76310	
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME Michael N Battagliano	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 41.63
5 Date 09/05/2023	6 Payee name First Graphic Services	
7 Amount (\$) 986.48	8 Payee address; City; State; Zip Code 229 Garvon St, Garland, TX 75040	
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 ONLY 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; City; State; Zip Code 229 Garvon St, Garland, TX 75040	
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 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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code PO Box 1431, Wichita Falls, TX 76307	
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 (\$) <small>Reimbursement from political contributions intended</small>	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 (\$) <small>Reimbursement from political contributions intended</small>	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 (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FORM COR-C/OH

RECEIVED IN
CITY CLERK'S OFFICE
Date 5/31/2022
Amount \$
By MB

See attached explanation of correction.

Check ONLY if applicable:

- Signature of Candidate/Officeholder**



NOTARY STAMP/SEAL

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

013

Signature of Candidate/Officeholder (Declarant)

Revised 4/16/2021

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 Filers)		2 Total pages filed: 18	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY	
	MR	MICHAEL	N		
	NICKNAME	LAST	SUFFIX	Date Received	
		BATTAGLINO			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5001 CYPRESS AVE WICHITA FALLS, TX 76308-2904				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	
	(940)	400-5223			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt # Amount \$	
	MR	MICHAEL	W	Date Processed	
	NICKNAME	LAST	SUFFIX		
			BOYLE		Date Imaged
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	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	PHONE NUMBER		EXTENSION	
	(940)	867-2924			
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>				
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 1 / 23 THROUGH 9 / 28 / 23				
11 ELECTION	<div style="display: flex;"> <div style="flex: 1;"> ELECTION DATE Month Day Year 11 / 7 / 23 </div> <div style="flex: 1;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>				
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) City Council District 4		
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			
	<input type="checkbox"/> 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 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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 19,349.78
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 82.61
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,312.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4,153.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Michael N Battaglino, and my date of birth is [REDACTED]

My address is 5001 Cypress Ave, Wichita Falls, TX, 76308, USA

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

Executed in Wichita County, State of Texas, on the _____ day of _____, 2024 (month) (year)

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 Filers)
4 Date 07/04/2023	5 Full name of contributor Kelly Montoya out-of-state PAC (ID#): 6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76302	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#): Contributor address; City; State; Zip Code [REDACTED] Henrietta, TX 76365	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/01/2023	Full name of contributor Chris Mulder out-of-state PAC (ID#): Contributor address; City; State; Zip Code [REDACTED] Alexandria, VA 22304	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/28/2023	Full name of contributor Robert Pert out-of-state PAC (ID#): Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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#: 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76309	7 Amount of contribution (\$) 100.00
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#: Contributor address; City; State; Zip Code Wichita Falls, TX 76310	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 07/30/2023	Full name of contributor Risa Hillard out-of-state PAC (ID#: Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/16/2023	Full name of contributor Carla Rogers out-of-state PAC (ID#: Contributor address; City; State; Zip Code Iowa Park, TX 76367	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6
2 FILER NAME Michael N Battaglino		3 Filer ID (Ethics Commission Filers)
4 Date 08/18/2023	5 Full name of contributor out-of-state PAC (ID#: Jessica L Traw 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76306	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/18/2023	Full name of contributor out-of-state PAC (ID#: Mike Minter Contributor address; City; State; Zip Code Wichita Falls, TX 76306	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2023	Full name of contributor out-of-state PAC (ID#: Wilson Swanson Contributor address; City; State; Zip Code Wichita Falls, TX 76309	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2023	Full name of contributor out-of-state PAC (ID#: Lee Walden Contributor address; City; State; Zip Code Wichita Falls, TX 76308	Amount of contribution (\$) 10.00
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: 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#): 6 Contributor address: Wichita Falls, TX 76306 City: State: Zip Code	7 Amount of contribution (\$) 100.00
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#): Contributor address: City: State: Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 08/28/2023	Full name of contributor Andrew Johnson out-of-state PAC (ID#): Contributor address: Spokane, WA 99205 City: State: Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See instructions)		Employer (See instructions)
Date 09/05/2023	Full name of contributor Nathan Wells out-of-state PAC (ID#): Contributor address: Wichita Falls, TX 76309 City: State: Zip Code	Amount of contribution (\$) 10.00
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: 6
2 FILER NAME Michael N Battaglino		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2023	5 Full name of contributor out-of-state PAC (ID#: Amanda Ahern 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 09/08/2023	Full name of contributor out-of-state PAC (ID#: Michael Grassi Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/11/2023	Full name of contributor out-of-state PAC (ID#: Katherin Jones Katherine Johnson Contributor address; City; State; Zip Code [REDACTED] San Antonio, TX 78244	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/19/2023	Full name of contributor out-of-state PAC (ID#: Austin Cobb Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	Amount of contribution (\$) 50.00
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: 6
2 FILER NAME Michael N Battaglino		3 Filer ID (Ethics Commission Filers)
4 Date 09/19/2023	5 Full name of contributor out-of-state PAC (ID#: Joshua Whittiker 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76308	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/20/2023	Full name of contributor out-of-state PAC (ID#: TREPAC (Texas REALTORS Political Action Committee) Contributor address; City; State; Zip Code PO Box 2246, Austin, TX 78768	Amount of contribution (\$) 3,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/26/2023	Full name of contributor out-of-state PAC (ID#: Wichita Falls Police Officers Association PAC Contributor address; City; State; Zip Code 3411 McNeil Ave., Suite 302, Wichita Falls, TX 76308	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/28/2023	Full name of contributor out-of-state PAC (ID#: David Farabee Contributor address; City; State; Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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 \$ 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.			

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

3	Filer ID (Ethics Commission Filers)
----------	--

\$

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

8 Amount of Contribution \$

9 In-kind contribution description

7 Contributor address; City; State; Zip Code

1,750.00

Political advertising for campaign - signage

Check if travel outside of Texas. Complete Schedule T.

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

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

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

Date _____

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

889.00

Political advertising for campaign - digital/online streaming/social media

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

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)			
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
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: 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; City: State: Zip Code 2012 Kell W Blvd, Wichita Falls, TX 76301			
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. 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 08/03/2023		Payee name Sawyer Printing			
Amount (\$) 565.63		Payee address; City: State: Zip Code 2012 Kell W Blvd, Wichita Falls, TX 76301			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Signs		
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 08/04/2023		Payee name GII Ad Group			
Amount (\$) 659.79		Payee address; City: State: Zip Code 909 8th ST #301, Wichita Falls, TX 76301			
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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 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; City; State; Zip Code 3911 Kell E Blvd, Wichita Falls, TX 76308			
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; City; State; Zip Code 909 8th ST #301, Wichita Falls, TX 76301			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description Door hangers		
	Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete 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; City; State; Zip Code 3911 Kell E Blvd, Wichita Falls, TX 76308			
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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		2 FILER NAME Michael N. Battaglini		3 Filer ID (Ethics Commission Filers)	
4 Date 09/11/2023		5 Payee name JPMorgan Chase			
6 Amount (\$) 986.48		7 Payee address; City; State; Zip Code 1111 Polaris Parkway, Columbus, OH 43240			
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 ONLY 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; City; State; Zip Code 2012 Kell W Blvd, Wichita Falls, TX 76301			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description 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 09/28/2023		Payee name Mike Stevens			
Amount (\$) 3,290.00		Payee address; City; State; Zip Code 6923 Indiana Ave, Box 292, Lubbock, TX 79413			
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD**SCHEDULE F4**

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

EXPENDITURE CATEGORIES FOR BOX 10(a)Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

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			\$ 41.63
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; City, State, Zip Code 3 Bayberry Ct, Wichita Falls, TX 76310	
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		(b) Description Marketing
	(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 \$ 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; City, State, Zip Code 3 Bayberry Ct, Wichita Falls, TX 76310	
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		(b) Description Marketing
	(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 \$ 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; City, State, Zip Code 229 Garvon St, Garland, TX 75040	
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		(b) Description Signs (order #5532)
	(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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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;

City,

State,

Zip Code

229 Garvon St, Garland, TX 75040

8 PURPOSE OF
EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising

(b) Description

Signs (Invoice #333480)

☒ Political

☐ 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

☐ Political

☐ 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

☐ Political

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

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

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

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1		2 FILER NAME 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 <small>Reimbursement from political contributions intended</small>		7 Payee address; PO Box 1431, Wichita Falls, TX 76307 <div>City; State; Zip Code</div>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Filing Fee	
		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$) <small>Reimbursement from political contributions intended</small>		Payee address; <div>City; State; Zip Code</div>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$) <small>Reimbursement from political contributions intended</small>		Payee address; <div>City; State; Zip Code</div>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule)		Description	
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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		<div style="border: 2px solid red; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> RECEIVED IN CITY CLERK'S OFFICE 10/10/2023 Time 10:45am By MB </div>
	NICKNAME LAST SUFFIX Browning		
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 PHONE NUMBER EXTENSION (940) 781-1895	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NICKNAME LAST SUFFIX		
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1600 Travis St, Wichita Falls, Tx 76301		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		AREA CODE PHONE NUMBER EXTENSION (940) 692-5025	
8 CAMPAIGN TREASURER PHONE			
9 REPORT TYPE			
10 PERIOD COVERED			
11 ELECTION			
12 OFFICE		13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)			
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS			

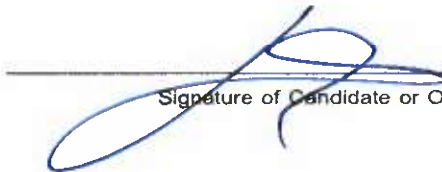
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

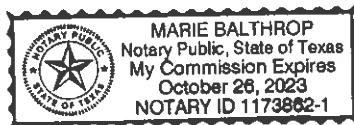
15 C/OH NAME Jeffrey L. Browning		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1730.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6350.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
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 Jeffrey L. Browning this the 10th day of October, 2023, to certify which, witness my hand and seal of office.
Marie Balthrop Marie Balthrop City Clerk / Notary
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
 My address is _____, _____, _____, _____, _____
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20_____
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19** FILER NAME**20** Filer ID (Ethics Commission Filers)**21** SCHEDULE SUBTOTALS
NAME OF SCHEDULESUBTOTAL
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 out-of-state PAC (ID#: Kenneth Haney 6 Contributor address; City; State; Zip Code WF, TX 76308	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/21/23	Full name of contributor out-of-state PAC (ID#: Jeffrey Haney Contributor address; City; State; Zip Code WF, TX 76308	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/22/23	Full name of contributor out-of-state PAC (ID#: Dwayne Bell Contributor address; City; State; Zip Code WF, TX 76308	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/22/23	Full name of contributor out-of-state PAC (ID#: TREPAC/Texas REALTORS Contributor address; City; State; Zip Code PO Box 2246, Austin Tx. 78768	Amount of contribution (\$) 1000.00
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:
2 FILER NAME Jeffrey L. Browning		3 Filer ID (Ethics Commission Filers)
4 Date 8/7/23	5 Full name of contributor out-of-state PAC (ID#: John Stafford 6 Contributor address; City; State; Zip Code WF, TX 76301	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/7/23	Full name of contributor out-of-state PAC (ID#: Marylyn Stafford Contributor address; City; State; Zip Code WF, TX 76301	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/16/23	Full name of contributor out-of-state PAC (ID#: Jeff Browning Contributor address; City; State; Zip Code WF, TX 76301	Amount of contribution (\$) 2000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/30/23	Full name of contributor out-of-state PAC (ID#: Robert Vinson Contributor address; City; State; Zip Code WF, TX 76301	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME 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; City; State; Zip Code 2407 82nd St., Lubbock Texas 79423	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Printing Expense	
	(b) Description Signs	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 10/2/23	Payee name Action Printing	
Amount (\$)	Payee address; City; State; Zip Code 2407 82nd St., Lubbock Texas 79423	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Printing Expense	
	Description Mailers	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-00H

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	RECEIVED IN CITY CLERK'S OFFICE 6/5/2024 9:23am By [Signature]		
	Mr.	Jeffrey	L.				
	NICKNAME	LAST	SUFFIX	Date Hand-delivered or Date Postmarked			
		Browning		Receipt #	Amount \$		
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 <input type="checkbox"/> Other (specify)			
				Date Processed	Date Imaged		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	07	01	23	THROUGH	09	28	23

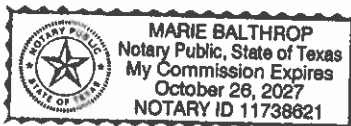
6 EXPLANATION OF CORRECTION

See attached explanation of correction.

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

Check ONLY if applicable:

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



Signature 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

Title of officer administering oath

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

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.

FORM C/OH
COVER SHEET PG 1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 1/1/2024

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)

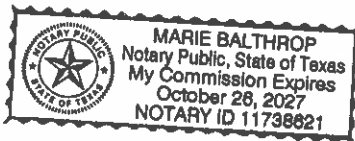
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,819.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,960.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,730.00
OUTSTANDING LOAN TOTALS	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, 2024, 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**

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# _____)

6 Contributor address;

City;

State;

Zip Code

Wichita Falls, TX 76308

7 Amount of contribution (\$)

50.00

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

Date

09/21/2023

Full name of contributor

Jeffrey Haney

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Wichita Falls, TX 76308

Amount of contribution (\$)

100.00

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

09/22/2023

Full name of contributor

Dwayne Bell

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

Wichita Falls, TX 76308

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

09/22/2023

Full name of contributor

TREPAC/Texas REALTORS Political Action Committee

out-of-state PAC (ID# _____)

Contributor address;

City;

State;

Zip Code

PO Box 2246, Austin, TX 78768

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Jeffrey L. Browning		3 Filer ID (Ethics Commission Filers)
4 Date 08/07/2023	5 Full name of contributor out-of-state PAC (ID#: John Stafford 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76301	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/07/2023	Full name of contributor out-of-state PAC (ID#: Marylyn Stafford Contributor address; City; State; Zip Code Wichita Falls, TX 76301	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/30/2023	Full name of contributor out-of-state PAC (ID#: Robert Vinson Contributor address; City; State; Zip Code Wichita Falls, TX 76301	Amount of contribution (\$) 200.00
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)
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 \$ 3,855.00	9 In-kind contribution description Political advertising for campaign - direct mail <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 \$ 3,975.00	In-kind contribution description Political advertising for campaign - data & survey <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: 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 <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.			

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Jeffrey L. Browning	3 Filer ID (Ethics Commission Filers)
4 Date 08/16/2023	5 Payee name Action Printing	
6 Amount (\$) 2,960.00	7 Payee address; City; State; Zip Code 2407 82nd St., Lubbock Texas 79423	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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		
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		
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		
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		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

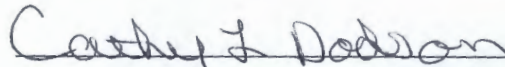
FORM C/OH
COVER SHEET PG 1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020

**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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR**(2) Unsworn Declaration**

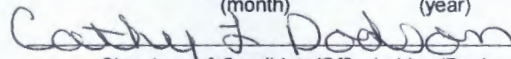
My name is Cathy L. Dodson, and my date of birth is [REDACTED].

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

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

Executed in Wichita County, State of Texas, on the 9th day of October, 2023.

(month) (year)


Signature of Candidate/Officeholder (Declarant)

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

1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 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. ■ 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: one (1)
2 FILER NAME Cathy Dodson		3 Filer ID (Ethics Commission Filers)
4 Date 09/07/2023	5 Full name of contributor out-of-state PAC (ID#: Patriot Strength 6 Contributor address; City; State; Zip Code 3410 Taft Blvd. Wichita Falls, TX 76308	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) advocacy organization		9 Employer (See Instructions) NA
Date 09/12/2023	Full name of contributor out-of-state PAC (ID#: Wichita Falls Tea Party Contributor address; City; State; Zip Code 4514 NW Freeway, Wichita Falls, TX 76306	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) advocacy organization		Employer (See Instructions) NA
Date 08/11/2023	Full name of contributor out-of-state PAC (ID#: Robert E. Vinson Contributor address; City; State; Zip Code [REDACTED], Wichita Falls, TX 76301	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) O&G Investments / NA		Employer (See Instructions) Retired
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: (2) two	2 FILER NAME Cathy L. Dodson		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name Various (under \$190)			
6 Amount (\$) 201.36 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address;		City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event and advertising expenses		(b) Description Venue fee; materials purchases	
	(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 7-10-2023	Payee name Good Guy Signs			
Amount (\$) 270.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 5002 N. Howard Ave,		City; Tampa	State; FL Zip Code 33603
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Custom Outdoor Lawn Signs	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 9/21/23	Payee name Uprinting			
Amount (\$) 199.40 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 8000 Haskell Ave.		City; Van Nuys	State; CA Zip Code 91406
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Custom Door Hangers	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: (2) two	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; City; State; Zip Code 704 8th St. Argyle TX 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 (\$) 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	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR MS</div> <div>FIRST BEVERLY</div> <div>MI A</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST ELLIS</div> <div>SUFFIX</div> </div>	<div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px;">Date Received</div> <div style="border: 1px solid black; padding: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px;">Receipt # Amount \$</div> <div style="border: 1px solid black; padding: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX; PO BOX 351</div> <div>APT / SUITE #; CITY; STATE; ZIP CODE WICHITA FALLS, TX. 76307</div> </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (940)</div> <div>PHONE NUMBER 337-6246</div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR MS</div> <div>FIRST BEVERLY</div> <div>MI A</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST ELLIS</div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE); PO BOX 351</div> <div>APT / SUITE #; CITY; STATE; ZIP CODE WICHITA FALLS, TX. 76307</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (940)</div> <div>PHONE NUMBER 337-6246</div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div>Month Day Year 08 / 21 / 2023</div> <div>THROUGH</div> <div>Month Day Year 09 / 28 / 2023</div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div>ELECTION DATE Month Day Year 11 / 7 / 23</div> <div>ELECTION TYPE Primary Runoff Other Description <div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">General</div> Special</div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) MAYOR									
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<p><small>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</small></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; border: 1px solid black; text-align: center;">COMMITTEE TYPE</td> <td style="border: 1px solid black;">COMMITTEE NAME BEVERLY TAYLOR ELLIS FOR MAYOR</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">GENERAL</td> <td style="border: 1px solid black;">COMMITTEE ADDRESS P.O. BOX 351 - WICHITA FALLS, TX 76307</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">SPECIFIC</td> <td style="border: 1px solid black;">COMMITTEE CAMPAIGN TREASURER NAME BEVERLY TAYLOR ELLIS</td> </tr> <tr> <td style="border: 1px solid black;"></td> <td style="border: 1px solid black;">COMMITTEE CAMPAIGN TREASURER ADDRESS P.O. BOX 353 - WICHITA FALLS, TX 76307</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME BEVERLY TAYLOR ELLIS FOR MAYOR	GENERAL	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 353 - WICHITA FALLS, TX 76307
COMMITTEE TYPE	COMMITTEE NAME BEVERLY TAYLOR ELLIS FOR MAYOR										
GENERAL	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 353 - WICHITA FALLS, TX 76307										

GO TO PAGE 2

FORM C/OH
COVER SHEET PG 2

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
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is BEVERLY TAYLOR ELLIS, and my date of birth is [REDACTED].

My address is 1605 PARKDALE DRIVE WICHITA FALLS TX. 76306 USA

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

Executed in WICHITA County, State of TEXAS, on the 10th day of OCTOBER, 2023
(month) (day) (year)

Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

Received in City Clerk's Office
Date: 10/15/2023
By: [Signature]
Time: 1:20pm

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

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

☐ July 15

☐ 8th day before election

☐ Exceeded Modified
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

11 ELECTION

ELECTION DATE

Month

Day

Year

☐ Primary

☐ Runoff

ELECTION TYPE

☐ Other
Description

11 / 07 / 2023

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Kevin 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

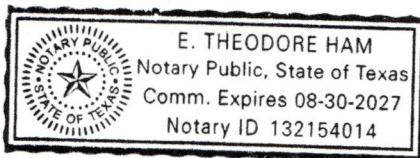
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information
required to be reported by me under Title 15, Election Code.

Kevin Neal Hunter

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kevin Hunter this the 5 day of October,
20 23, to certify which, witness my hand and seal of office.

[Signature]

Theodore Ham

Deputy City Clerk

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____,

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

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.

1 Total pages Schedule A1:

1 of 3

2 FILER NAME

Kevin N. Hunter

3 Filer ID (Ethics Commission Filers)

4 Date

8-3-23

5 Full name of contributor

☐ out-of-state PAC (ID#)

Kevin N. Hunter

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

City;

State;

Zip Code

WF

8 Principal occupation / Job title (See Instructions)

Consultant Self-Employed

9 Employer (See Instructions)

Self

Date

8-10-23

Full name of contributor

☐ out-of-state PAC (ID#)

Dave Lilley

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

WF

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-11-23

Full name of contributor

☐ out-of-state PAC (ID#)

David H. Gray

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

Burkburnett

TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8-11-23

Full name of contributor

☐ out-of-state PAC (ID#)

Robert Vinson

Amount of contribution (\$)

\$250.00

Contributor address;

City;

State;

Zip Code

WF

940-322-7252

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 of 3

2 FILER NAME

Kevin N. Hunter

3 Filer ID (Ethics Commission Filers)

4 Date

8-17-23

5 Full name of contributor

out-of-state PAC (ID#)

Doug Lindemann

7 Amount of contribution (\$)

\$1000.00

6 Contributor address;

City;

State;

Zip Code

940-691-1344

8 Principal occupation / Job title (See Instructions)

Oil & Gas Driller

9 Employer (See Instructions)

Self

Date

8-17-23

Full name of contributor

out-of-state PAC (ID#)

Barry McCarthy

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

In Person

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Self

Date

9-11-23

Full name of contributor

out-of-state PAC (ID#)

Kim & Marvin Stuckey

Amount of contribution (\$)

\$500.00

Contributor address;

City;

State;

Zip Code

WF

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9-11-23

Full name of contributor

out-of-state PAC (ID#)

Katherine McGreggor

Amount of contribution (\$)

\$100.00

Contributor address;

City;

State;

Zip Code

WF

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 3

2 FILER NAME

Kevin H. Hunter

3 Filer ID (Ethics Commission Filers)

4 Date

9-11-23

5 Full name of contributor

out-of-state PAC (ID#)

Carla Schmehl - Patriot Strength

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

City;

State;

Zip Code

WF

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.

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>1,606</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>\$1,606</u>	9 In-kind contribution description <u>yard signs</u> <u>discounts</u>
7 Contributor address; City; State; Zip Code <u>2303</u> <u>Old Jacksboro 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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:			Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code				<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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1		2 FILER NAME Kevin N. Hunter		3 Filer ID (Ethics Commission Filers)	
4 Date 8-15-23		5 Payee name Falls Truck Center			
6 Amount (\$) \$1660⁰⁰		7 Payee address; City; State; Zip Code 2303 Old Jacksboro Hwy Wichita Falls TX			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description yard signs		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 8-29-23		Payee name Falls Truck Center.			
Amount (\$) \$814⁰⁰		Payee address; City; State; Zip Code 2303 Old Jacksboro Hwy Wichita Falls TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description yard signs + Banner Patches		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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. Stephen T <hr/> NICKNAME LAST SUFFIX Steve Jackson	OFFICE USE ONLY Date Received <div style="text-align: center; color: red; font-weight: bold; transform: rotate(-90deg);"> RECEIVED IN CITY CLERK'S OFFICE DATE: 10/19/2023 TIME: 1:40P BY: </div>																		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1027 Crescent Lane Wichita Falls TX 76306	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged																		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (940) 631-9910	Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged																		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mr. Maurice J <hr/> NICKNAME LAST SUFFIX Joe Gauthier	Date Hand-delivered or Date Postmarked 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 4809 Whirlwind Dr. Wichita Falls TX 76310																			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (505) 463-2884																			
9 REPORT TYPE	<table style="width:100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>		<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)										
<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	<table style="width:100%;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>THROUGH</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>8</td> <td>1</td> <td>23</td> <td></td> <td>9</td> <td>28</td> <td>23</td> </tr> </table>		Month	Day	Year	THROUGH	Month	Day	Year	8	1	23		9	28	23				
Month	Day	Year	THROUGH	Month	Day	Year														
8	1	23		9	28	23														
11 ELECTION	<table style="width:100%;"> <tr> <td colspan="3">ELECTION DATE</td> <td colspan="3">ELECTION TYPE</td> </tr> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Primary</td> <td>Runoff</td> <td>Other Description</td> </tr> <tr> <td>11</td> <td>07</td> <td>23</td> <td>General</td> <td>Special</td> <td></td> </tr> </table>		ELECTION DATE			ELECTION TYPE			Month	Day	Year	Primary	Runoff	Other Description	11	07	23	General	Special	
ELECTION DATE			ELECTION TYPE																	
Month	Day	Year	Primary	Runoff	Other Description															
11	07	23	General	Special																
12 OFFICE	OFFICE HELD (if any) City Council District 5	13 OFFICE SOUGHT (if known) City Council District 5																		
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.																			
COMMITTEE TYPE	COMMITTEE NAME																			
GENERAL	COMMITTEE ADDRESS																			
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																			
SPECIFIC	COMMITTEE CAMPAIGN TREASURER ADDRESS																			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME 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
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

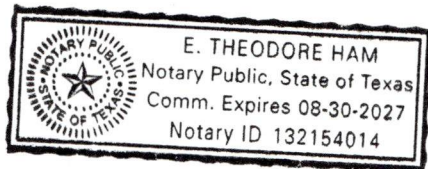
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Steve Jackson

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Steve Jackson this the 9 day of October, 2023, to certify which, witness my hand and seal of office.

[Signature] Theodore Ham Deputy City Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME 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 out-of-state PAC (ID#: _____) Ed & Linda Lane 6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76309	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/10/2023	Full name of contributor out-of-state PAC (ID#: _____) Joe Hill Contributor address; City; State; Zip Code [REDACTED] Henrietta TX 763	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Mike Yandell Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76310	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/17/2023	Full name of contributor out-of-state PAC (ID#: _____) Stella Yandell Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76310	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

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

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Steve Jackson		3 Filer ID (Ethics Commission Filers)
4 Date 09/11/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Patriot Strength 6 Contributor address; City; State; Zip Code 4020 Rhea Rd. Suite 8-A Wichita Falls TX 76306	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Scott Nelson Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76306	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME Steve Jackson	3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2023	5 Payee name Politicalawnsigns.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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Steve Jackson	Office sought City Council District 5
		Office held City Council District 5
Date 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. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Steve Jackson	Office sought City Council District 5
		Office held City Council District 5
Date 09/18/2023	Payee name Falls Truck Center	
Amount (\$) 715.29	Payee address; 2303 Old Jacksboro Hwy	City; State; Zip Code W.7.TX 76302
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Banners
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Steve Jackson	Office sought City Council District 5
		Office held City Council District 5
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
	NICKNAME LAST SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	RECEIVED IN CITY CLERK'S OFFICE 10/10/2023 Time 10:42 am	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION	Date Hand Delivered or Date Mailed	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI	Receipt # Amount By	
	NICKNAME LAST SUFFIX	Date Processed	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE	Date Imaged	
8 CAMPAIGN 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 Day Year 7 / 1 / 23 THROUGH Month Day Year 10 / 10 / 23		
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year 11 / 7 / 23	Primary Runoff <input checked="" type="checkbox"/> Other Description Mayoral General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Mayor	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Carol Murray

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

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

\$ 2,068.01

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 3502.93

CONTRIBUTION
BALANCE

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

\$ 423.95

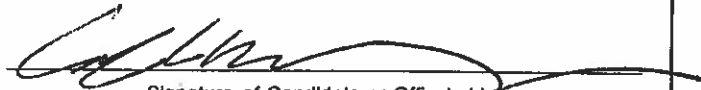
OUTSTANDING
LOAN TOTALS

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

\$

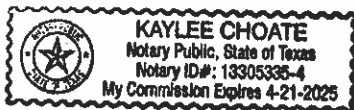
18 SIGNATURE

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


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

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

20 23 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.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1505.0
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 563.01
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ 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.	■ 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 out-of-state PAC (ID#: Bob Hampton 6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76302	7 Amount of contribution (\$) 100.0
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 08/02/2023	Full name of contributor out-of-state PAC (ID#: Sally Gray Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	Amount of contribution (\$) 300.0
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Welcome To Texoma
Date 08/11/2023	Full name of contributor out-of-state PAC (ID#: Suzanne Trelegan Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308	Amount of contribution (\$) 50.0
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 08/18/2023	Full name of contributor out-of-state PAC (ID#: Michael G. Minter Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76306	Amount of contribution (\$) 250.0
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

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

Judy A. Stephenson**7** Amount of contribution (\$)**50.0****6** Contributor address;

City;

State;

Zip Code

Wichita Falls, TX 76309**8** Principal occupation / Job title (See Instructions)**Retired****9** Employer (See Instructions)

Date

09/27/2023

Full name of contributor

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

Doris F. King

Amount of contribution (\$)

30.0

Contributor address;

City;

State;

Zip Code

Wichita Falls, TX 76302

Principal occupation / Job title (See Instructions)

CPA

Employer (See Instructions)

Self Employed

Date

09/28/2023

Full name of contributor

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

Katherine Smith

Amount of contribution (\$)

200.0

Contributor address;

City;

State;

Zip Code

Wichita Falls, TX 76309

Principal occupation / Job title (See Instructions)

Business Owner

Employer (See Instructions)

Smith's Gardentown

Date

07/13/2023

Full name of contributor

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

Suzanne Trelegan

Amount of contribution (\$)

50.0

Contributor address;

City;

State;

Zip Code

, Dallas, TX 75238

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

, 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

, 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

, 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

, 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 7 Contributor address: City: State: Zip Code Wichita Falls, TX 76305	8 Amount of Contribution \$ 400.0	9 In-kind contribution description Provide Storage Space for Campaign signs, etc. 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 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherrie Childers Contributor address: City: State: Zip Code Wichita Falls, TX 76305	Amount of Contribution \$ 30.47	In-kind contribution description Refreshments for Event/Meeting 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.			

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 09/17/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: 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 <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Consultant		11 Employer (FOR NON-JUDICIAL) (See Instructions) SJC Consulting	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sherrie Childers Contributor address: City: State: Zip Code Wichita Falls, TX 76305	Amount of Contribution \$ 45.53	In-kind contribution description Refreshments for event <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Consultant		Employer (FOR NON-JUDICIAL) (See Instructions) SJC Consulting	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

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: City: State: 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: 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
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: 3		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; City; State; Zip Code 1920 McKinney Ave 7th floor, Dallas, TX 75201			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking		(b) Description Online contribution fee		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
Date 07/20/2023		Payee name Lance Spruiell Business Forms			
Amount (\$) 162.38		Payee address; City; State; Zip Code 4707 Lydia, Wichita Falls, TX 76308			
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 ONLY 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; City; State; Zip Code 2968 Linville Rd, Wichita Falls, TX 76305			
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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Office sought Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

**POLITICAL EXPENDITURES MADE
FROM POLITICAL CONTRIBUTIONS****SCHEDULE F1**

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

EXPENDITURE CATEGORIES FOR BOX 8(a)Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card PaymentEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3		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; City; State; Zip Code 1920 McKinney Ave 7th floor, Dallas, TX 75201			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking		(b) Description Online contribution fee		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> 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; City; State; Zip Code 3410 Taft Blvd, Wichita Falls, TX 76308			
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 <u>ONLY</u> 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; City; State; Zip Code 704 8th St., Argyle, TX 76336			
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 <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: **3** 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; City; State; Zip Code
1920 McKinney Ave 7th floor, Dallas, TX 75201

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

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

Date **10/04/2023** Payee name **Lindmark Billboards**
Amount (\$) **1350.0** Payee address; City; State; Zip Code
3514 McNeil, Wichita Falls, TX 76308

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

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

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

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 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 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 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 Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 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 7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025
✓ Reimbursement from political contributions intended

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

Date 08/31/2023 Payee name Facebook

Amount (\$) 23.08 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025
✓ Reimbursement from political contributions intended

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 Office sought Office held

Date 09/09/2023 Payee name Facebook

Amount (\$) 250.0 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park, CA 94025
✓ Reimbursement from political contributions intended

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 Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 3		2 FILER NAME Carol Murray		3 Filer ID (Ethics Commission Filers)	
4 Date 09/30/2023		5 Payee name Facebook			
6 Amount (\$) 120.1 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Boost Facebook Posts		
	(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 09/19/2023		Payee name Frank & Joe's Coffee			
Amount (\$) 31.34 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 2919 Bob Ave., Wichita Falls, TX 76308			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Coffee for event		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date		Payee name			
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY				
	Mr	Samuel	S					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME	LAST	SUFFIX	Date Received RECEIVED IN CITY CLERK'S OFFICE DATE: 10/10/2023 TIME: 14:11 BY:				
	Sam	Pak						
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE			
	2918 Kyle Cove		Wichita Falls TX		76308			
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked				
	(940)	867-9396						
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$			
	Mr	Warren						
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX	Date Processed				
		Ayers						
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE);				APT / SUITE #;	CITY;	STATE;	ZIP CODE
	1404 Tanglewood Dr					Wichita Falls	TX	76309
10 PERIOD COVERED	AREA CODE				PHONE NUMBER	EXTENSION		
	(940)				781-7322			
11 ELECTION	<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)							
12 OFFICE	Month	Day	Year	Month	Day	Year		
	4	6	23	10	10	23		
13 OFFICE SOUGHT (if known)	ELECTION DATE		ELECTION TYPE					
	Month	Day	Year	Primary	Runoff	Other Description		
14 NOTICE FROM POLITICAL COMMITTEE(S)	11		7		23			
	General		Special					
Additional Pages	OFFICE HELD (if any)				OFFICE SOUGHT (if known)			
					City Council District 4			
COMMITTEE TYPE	COMMITTEE NAME							
	COMMITTEE ADDRESS							
GENERAL	COMMITTEE CAMPAIGN TREASURER NAME							
	COMMITTEE CAMPAIGN TREASURER ADDRESS							
SPECIFIC								

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

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

\$

4,325.40

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2,685.32

CONTRIBUTION
BALANCE

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

\$

1,640.08

OUTSTANDING
LOAN TOTALS

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

\$

0.00

18 SIGNATURE

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Samuel Dek, and my date of birth is [REDACTED].

My address is 2918 Kyle Cove, Wichita Falls, Tx, 76308, USA.

(street)

(city)

(state)

(zip code)

(country)

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

(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.	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.

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 06/14/2023	5 Full name of contributor Warren Ayers out-of-state PAC (ID#:			7 Amount of contribution (\$) 310.00	
	6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76309				
8 Principal occupation / Job title (See Instructions) Oil man			9 Employer (See Instructions) Eagle Oil & Gas		
Date 03/25/2023	Full name of contributor Samuel Pak out-of-state PAC (ID#:			Amount of contribution (\$) 325.00	
	Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76308				
Principal occupation / Job title (See Instructions) Financial Advisor			Employer (See Instructions) Ameriprise Financial		
Date 7/7/23	Full name of contributor Jim Jennings out-of-state PAC (ID#:			Amount of contribution (\$) 200.00	
	Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76301				
Principal occupation / Job title (See Instructions) Oil man			Employer (See Instructions) Self		
Date 8/2/23	Full name of contributor Janice Sons out-of-state PAC (ID#:			Amount of contribution (\$) 100.00	
	Contributor address; City; State; Zip Code [REDACTED] [REDACTED]				
Principal occupation / Job title (See Instructions) Retired			Employer (See Instructions)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>					

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME
Samuel Pak

4 Date
08/02/2023

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

6 Contributor address; City; State; Zip Code
[REDACTED] Wichita Falls TX 76305

7 Amount of contribution (\$)

100.00

8 Principal occupation / Job title (See Instructions)
Retired

Date
08/14/2023

Full name of contributor out-of-state PAC (ID#): _____
Wayne Pharries

Contributor address; City; State; Zip Code
[REDACTED] Wichita Falls TX 76308

Amount of contribution (\$) **50.00**

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#): _____

Contributor address; City; State; Zip Code
[REDACTED] [REDACTED] Wichita Falls TX 76308

Amount of contribution (\$) **400.00**

Principal occupation / Job title (See Instructions)
Manager of Public Affairs

Employer (See Instructions)
Atmos Energy

Date
09/13/2023

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

Joshua Michaels

Contributor address; City; State; Zip Code
[REDACTED] Richardson TX 75081

Amount of contribution (\$) **500.00**

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Griffith Davidson

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

5 Full name of contributor

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

6 Contributor address;

City; State; Zip Code

7 Amount of contribution (\$)

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date _____

Full name of contributor

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

Louis Wilson

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# _____)

Gary McLendon

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#): _____

Danny and Janet Shine

Contributor address:

City: State: Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Electrician

Employer (See Instructions)

Willen Electric

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 out-of-state PAC (ID#: _____) Tim Foley	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76307		
8 Principal occupation / Job title (See Instructions) General Superintendent		9 Employer (See Instructions) City Concrete
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) Retired		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Samuel Pak		3 Filer ID (Ethics Commission Filers)	
4 Date 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 Office held	
Date 07/24/2023		Payee name Micheal Bauman			
Amount (\$) 20.00		Payee address; City; State; Zip Code 8232 Rogers Wichita Falls 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 Office held	
Date 07/24/2023		Payee name City of Wichita Falls			
Amount (\$) 100.00		Payee address; City; State; Zip Code 1300 1 st St Wichita Falls 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 E 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 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 ONLY 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; City; State; Zip Code 2618 Southwest Pkwy 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 ONLY 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; City; State; Zip Code 3923 Kell E Blvd Wichita Falls TX 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 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 ONLY 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 ONLY 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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 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; 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

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	FIRST	MI	Date Received	Received in City Clerk's Office Date: 10/10/2023 Time: 1411 By: [Signature]	
	NICKNAME	LAST	SUFFIX			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report	Date Hand-delivered or Date Postmarked		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit		Receipt #	Amount	
	<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		
5 ORIGINAL PERIOD COVERED	Month	Day	Year	Month	Day	Year
	4	6	23	10	10	23

6 EXPLANATION OF CORRECTION

Forgot to add 2 to 50 to make 250

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 [REDACTED]

My address is 2918 Kyle Cove, Wichita Falls, Tx, 76308, USA
(street) (city) (state) (zip code) (country)

Executed in Wichita County, State of Texas, on the 30 day of October, 2023
(month) (year)

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#: _____) 6 Contributor address; [REDACTED] City; State; Zip Code Byers TX 76357	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#: _____) Contributor address; [REDACTED] City; State; Zip Code Wichita Falls TX 76301	Amount of contribution (\$) 2 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#: _____) 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#: _____) 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.		

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: <u>5:10pm</u>								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mr</div> <div>FIRST Scott</div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Poenitzsch</div> <div>SUFFIX</div> </div>	<div style="border: 2px solid red; padding: 5px; transform: rotate(-90deg); transform-origin: center;"> RECEIVED IN CITY CLERK'S OFFICE </div> <div style="color: blue; font-size: 1.2em; margin-top: 10px;"> 10/6/2023 </div> <div style="color: red; font-size: 0.8em; margin-top: 5px;"> Time </div>									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> 408B Morningside Dr Wichita Falls, TX 76301										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (217)</div> <div>PHONE NUMBER 617-8046</div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR Mrs</div> <div>FIRST Angels</div> <div>MI</div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST Dove</div> <div>SUFFIX</div> </div>										
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div> 1020 Yucca Burkburnett, TX 76354										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE (940)</div> <div>PHONE NUMBER 867-2520</div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 8 / 19 / 23 </div> <div>THROUGH</div> <div> Month Day Year 10 / 5 / 23 </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 11 / 7 / 23 </div> <div> ELECTION TYPE <input checked="" type="checkbox"/> Primary Runoff Other Description General Special </div> </div>										
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Mayor									
14 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 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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;">GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;">SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
GENERAL	COMMITTEE ADDRESS										
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										
GO TO PAGE 2											

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Scott Poenitzsch

16 Filer ID (Ethics Commission Filers)

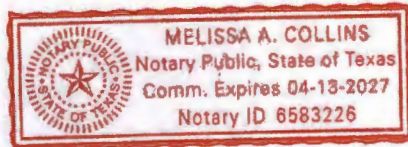
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 55.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 135.61
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,475.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

[Signature]
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Scott Poenitzsch this the 16th day of October

2022, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Melissa Collins
Printed name of officer administering oath

Admin
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 out-of-state PAC (ID#: Robert Jones 6 Contributor address; City; State; Zip Code Burkburnett, TX 76354	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/25/2023	Full name of contributor out-of-state PAC (ID#: Marvin Groves II Contributor address; City; State; Zip Code Wichita Falls, TX 76302	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/21/2023	Full name of contributor out-of-state PAC (ID#: Carla Schmehl FBO Patriot Strength Contributor address; City; State; Zip Code 4020 Rhea Rd Suite 8-A Wichita Falls, TX 76308	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/27/2023	Full name of contributor out-of-state PAC (ID#: Love to the moon Inc - Debby Dobbins Contributor address; City; State; Zip Code 2404 Rockhill Rd Wichita Falls TX 76308	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 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#: 6 Contributor address; City; State; Zip Code Wichita Falls, TX 76306	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#: Contributor address; City; State; Zip Code	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Scott Poentizsch		3 Filer ID (Ethics Commission Filers)	
4 Date 09/01/2023		5 Payee name Marcom Products			
6 Amount (\$) 40.59		7 Payee address; 600 Ohio Ave		City; Wichita Falls	State; TX Zip Code 76301
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		(b) Description Business 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 09/08/2023		Payee name Marcom Products			
Amount (\$) 40.59		Payee address; 600 Ohio Ave		City; Wichita Falls	State; TX Zip Code 76301
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description 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 09/06/2023		Payee name Signs on the Cheap Signsontecheap.com			
Amount (\$) 611.83		Payee address; 11525 Stonehollow Dr B220		City; Austin	State; TX Zip Code 78758
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing 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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME Scott Poenitzsch		3 Filer ID (Ethics Commission Filers)
4 Date 09/29/2023	5 Payee name First Graphic Services		
6 Amount (\$) 612.70	7 Payee address; City; State; Zip Code 229 Garvon St Garland TX		
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; City; State; Zip Code 600 Ohio Ave 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

FORM C/OH
COVER SHEET PG 1

Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME

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

**OUTSTANDING
LOAN TOTALS**

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

\$ 0.00

18 SIGNATURE

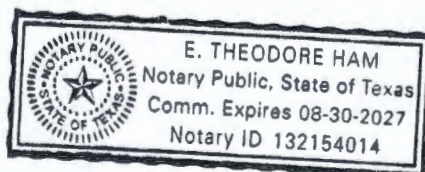
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

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]

E Theodore Ham

Deputy city clerk

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

My address is _____,

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

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

Tim Short

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

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,800.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 19.20
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 8,926.31
6.	■ 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 out-of-state PAC (ID#: _____) Lynda & Brent Hillery 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) Financial Services		9 Employer (See Instructions)
Date 07/05/2023	Full name of contributor out-of-state PAC (ID#: _____) Drew Carnes Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76310	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions) Small Businessperson		Employer (See Instructions)
Date 07/06/2023	Full name of contributor out-of-state PAC (ID#: _____) Joseph Stokes Contributor address; City; State; Zip Code [REDACTED] Canyon TX 79015	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 07/10/2023	Full name of contributor out-of-state PAC (ID#: _____) Ronald Albus Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76308	Amount of contribution (\$) 50.00
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 out-of-state PAC (ID#: _____)
Morris Stone**6** Contributor address; City; State; Zip Code
[REDACTED] Wichita Falls TX 76301**7** Amount of contribution (\$)**100.00****8** Principal occupation / Job title (See Instructions)
Small Businessperson**9** Employer (See Instructions)Date
07/16/2023Full name of contributor out-of-state PAC (ID#: _____)
Nancy & Jim MarksContributor address; City; State; Zip Code
[REDACTED] Wichita Falls TX 76308

Amount of contribution (\$)

100.00Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
07/17/2023Full name of contributor out-of-state PAC (ID#: _____)
Ken HinesContributor address; City; State; Zip Code
[REDACTED] Wichita Falls TX 76308

Amount of contribution (\$)

200.00Principal occupation / Job title (See Instructions)
Small Businessperson

Employer (See Instructions)

Date
07/27/2023Full name of contributor out-of-state PAC (ID#: _____)
David & Donna HaleContributor address; City; State; Zip Code
[REDACTED] Wichita Falls TX 76308

Amount of contribution (\$)

500.00Principal 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

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

Carla Rogers

7 Amount of contribution (\$)**1,000.00****6** Contributor address;

City;

State;

Zip Code

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

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

Gary Southard

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Wichita Falls TX 76308

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

09/08/2023

Full name of contributor

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

Terry Paul & Teresa W Caves

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

Wichita Falls TX 76302

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

09/11/2023

Full name of contributor

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

Ray Lunger

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

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 out-of-state PAC (ID#: Ray Lunger 6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76308	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 out-of-state PAC (ID#: Dr. Sandra Vergara 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 09/12/2023	Full name of contributor out-of-state PAC (ID#: Michael Edgin Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76308	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Small Businessperson		Employer (See Instructions)
Date 09/12/2023	Full name of contributor out-of-state PAC (ID#: Randy Martin Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76308	Amount of contribution (\$) 250.00
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 out-of-state PAC (ID#: _____) 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 out-of-state PAC (ID#: _____) Anonymous Contributor address; City; State; Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/22/2023	Full name of contributor out-of-state PAC (ID#: _____) TREPAC 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 out-of-state PAC (ID#: _____) Wichita Falls Police Officers Association PAC 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.

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 10/02/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Dale Harvey 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> Wichita Falls TX 76308	7 Amount of contribution (\$) <div style="font-size: 2em; font-weight: bold; text-align: center;">250.00</div>
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.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

\$ 19.20

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

Robert & Lori Payton

8 Amount of Contribution \$

9 In-kind contribution description

Software
Subscription

Check if travel outside of Texas. Complete Schedule T.

7 Contributor address; City; State; Zip Code

Wichita Falls 76309

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

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

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

Date _____

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)

Contributor's job title (FOR JUDICIAL) (See Instructions)

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Tim Short		3 Filer ID (Ethics Commission Filers)	
4 Date 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Tim Short		3 Filer ID (Ethics Commission Filers)	
4 Date 10/07/2023		5 Payee name Prosperity Bank			
6 Amount (\$) 30.00		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 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; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans LA 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					
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political CommitteeEvent Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal ServicesLoan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1	2 FILER NAME Tim Short	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date 10/07/2023	6 Payee name Hoegger Communications	
7 Amount (\$) 5,349.49	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 Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign materials and services
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 09/29/2023	Payee name Mike Stevens	
Amount (\$) 12,277.00	Payee address; City; State; Zip Code 6923 Indiana Ave., Box 292 Lubbock TX 79413	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political 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 Date Received: <u>6/12/21</u> Date Hand-delivered or Date Postmarked: <u>6/12/21</u> Receipt #: <u>1039</u> Date Processed: <u>6/12/21</u> Date Imaged: <u>6/12/21</u> BY: <u>[Signature]</u> RECEIVED IN CITY CLERK'S OFFICE
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	
	NICKNAME	LAST	SUFFIX	
4 ORIGINAL REPORT TYPE	Mr.	Timothy	D.	
	Tim	Short		
5 ORIGINAL PERIOD COVERED	<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) _____	
Month Day Year		Month Day Year		
07 / 01 / 23		THROUGH 10 / 7 / 23		

6 EXPLANATION OF CORRECTION

See attached explanation of correction.

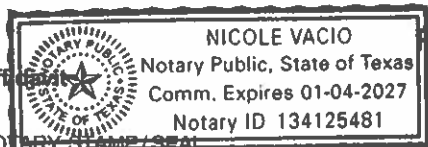
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

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

[Signature]

Signature of Candidate/Officeholder



Please complete either option below:

(1) Affirmation

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

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

Nicole Vacio

Nicole Vacio

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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

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

(street)

(city)

(state)

(zip code)

(country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

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 Mr.		FIRST Timothy	MI D.	OFFICE USE ONLY Date Received
	NICKNAME Tim		LAST Short	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1732 Woodridge Wichita Falls, TX 76310			ZIP CODE	
	Date Hand-delivered or Date Postmarked				
	Receipt #		Amount		
	Date Processed				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.		FIRST Robert	MI W	Date Imaged
	NICKNAME Bob		LAST Payton	SUFFIX	
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4015 Kingsbury Drive		APT / SUITE #;	CITY; Wichita Falls	STATE; TX
					ZIP CODE 76309
7 CAMPAIGN TREASURER PHONE	AREA CODE (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	Day 01	Year 2023	THROUGH	Month 09
	Day 28	Year 2023			
10 ELECTION	ELECTION DATE Month 11		Day 07	Year 2023	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) Mayor, City of Wichita Falls	

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS****FORM C/OH
COVER SHEET PG 2**

2 of 12

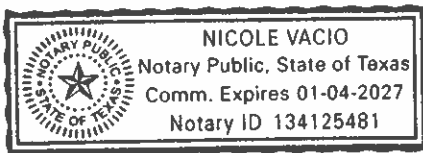
13 C / OH NAME	Short, Timothy D. (Mr.)	14 Filer ID	
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <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.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> 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)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	37,331.20
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	8,976.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	9,827.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

17 AFFIDAVIT

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



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering

Nicole Vacio

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

3 of 12

18 FILER NAME Short, Timothy D. (Mr.)		19 Filer ID	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	10,550.00
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

The Instruction Guide explains how to complete this form.

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

2 FILER NAME

Short, Timothy D. (Mr.)

3 Filer ID

4 Date

07/10/2023

5 Full name of contributor

Albus, Ronald

☐ out-of-state PAC (ID#: _____)

6 Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76308

7 Amount of Contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

Project Manager

9 Employer (See Instructions)

Date

09/17/2023

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

09/18/2023

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

07/05/2023

Full name of contributor

Carnes, Drew

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76310

Amount of Contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Small Businessperson

Employer (See Instructions)

Date

09/08/2023

Full name of contributor

Caves, Terry Paul & Teresa W

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76302

Amount of Contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

2 FILER NAME

Short, Timothy D. (Mr.)

3 Filer ID

4 Date
09/11/2023

5 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Lunger, Ray

7 Amount of Contribution (\$)
\$400.00

6 Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76308

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)

Date
07/16/2023

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Marks, Nancy & Jim

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76308

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

Date
09/12/2023

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

Amount of Contribution (\$)
\$250.00

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76308

Principal occupation / Job title (See Instructions)
Financial Services

Employer (See Instructions)

Date
08/03/2023

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

Amount of Contribution (\$)
\$1,000.00

Contributor address; City; State; Zip Code

[REDACTED]

Iowa Park, TX 76367

Principal occupation / Job title (See Instructions)
Small Businessperson

Employer (See Instructions)

Date
09/06/2023

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

Amount of Contribution (\$)
\$100.00

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76308

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

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

2 FILER NAME

Short, Timothy D. (Mr.)

3 Filer ID

4 Date

07/06/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Stokes, Joseph

7 Amount of Contribution (\$)

\$250.00

6 Contributor address; City; State; Zip Code

[REDACTED]

Canyon, TX 79015

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

07/14/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Stone, Morris

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76301

Principal occupation / Job title (See Instructions)

Small Businessperson

Employer (See Instructions)

Date

09/22/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

TREPAC / Texas REALTORS Political Action Committee

Amount of Contribution (\$)

\$5,000.00

Contributor address; City; State; Zip Code

P.O. Box 2246

Austin, TX 78768

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

09/12/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Vergara, Sandra (Dr.)

Amount of Contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

[REDACTED]

Wichita Falls, TX 76310

Principal occupation / Job title (See Instructions)

Small Businessperson

Employer (See Instructions)

Date

09/27/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wichita Falls Police Officers Association PAC

Amount of Contribution (\$)

\$750.00

Contributor address; City; State; Zip Code

3411 McNeil Avenue, Suite 302

Wichita Falls, TX 76308

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
Sch: 1/2 Rpt: 8/12

2 FILER NAME

Short, Timothy D. (Mr.)

3 Filer ID

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

09/28/2023

6 Full name of contributor

Payton, Robert & Lori

☐ out-of-state PAC (ID#: _____)

7 Contributor address; City; State; Zip Code

Wichita Falls, TX 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

09/28/2023

Full name of contributor

Wichita Falls Fire PAC

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

1209 Oakhurst Drive

Wichita Falls, TX 76302

Amount of contribution (\$)
\$10,152.00

In-kind contribution description
Political advertising for campaign - direct mail

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

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

Employer (FOR NON-JUDICIAL) (See instructions)

Contributor's principal occupation (FOR JUDICIAL)

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

Contributor's employer/law firm (FOR JUDICIAL)

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

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

Date

09/28/2023

Full name of contributor

Wichita Falls Fire PAC

☐ out-of-state PAC (ID#: _____)

Contributor address; City; State; Zip Code

1209 Oakhurst Drive

Wichita Falls, TX 76302

Amount of contribution (\$)
\$11,050.00

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)

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: 9/12

2 FILER NAME

Short, Timothy D. (Mr.)

3 Filer ID

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

09/28/2023

6 Full name of contributor

☐ 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 (\$)
\$2,800.00

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

☐ 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 (\$)
\$2,760.00

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)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/2 Rpt: 10/12		2 FILER NAME 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	
Complete <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 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 ONLY 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 ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: Sch: 1/1 Rpt: 12/12	2 FILER NAME Short, Timothy D. (Mr.)	3 Filer ID
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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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
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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
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FORM C/OH
COVER SHEET PG 1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020

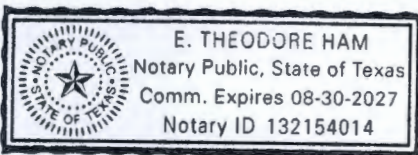
CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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.

Thomas J. Taylor
Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Thomas Taylor this the 10 day of October, 2023, to certify which, witness my hand and seal of office.
[Signature] Theodore Ham Deputy City Clerk
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____
 My address is _____, _____, _____, _____, _____
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20_____
 (month) (year)

 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****THOMAS H. 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 out-of-state PAC (ID#: _____) 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#: _____) 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.		

SCHEDULE A1 - 30 DAY REPORT
MONETARY POLITICAL CONTRIBUTIONS

DONOR & ADDRESS	DATE	METHOD	AMOUNT	RUNNING 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
					[REDACTED],
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
					[REDACTED]
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
					[REDACTED],
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
					[REDACTED],
LEO LANE	8/28/23	CHECK	\$ 500.00	\$ 9,900.00	WF TX
					[REDACTED], WF
GARY STEPHENSON	8/28/23	CHECK	\$ 200.00	\$ 10,100.00	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	[REDACTED], WF TX
TREY SRALLA		CASH	200.00	\$	10,850.00	[REDACTED], WF TX
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	[REDACTED], WF TX
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 AS
OF SEP 28, 2023 \$ 17,425.00

CONTRIBUTIONS NOT DEPOSITED AS OF S 2023

GEORGE CLAY	29-Sep-23	CHECK	1,000.00	\$	1,000.00	[REDACTED] BOWIE TX
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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME 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; City; State; Zip Code SEE ATTACHED SPREADSHEET		
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			
Date	Candidate / Officeholder name Office sought Office held		
Amount (\$)	Payee name 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			
Date	Candidate / Officeholder name Office sought Office held		
Amount (\$)	Payee name 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			
Date	Candidate / Officeholder name Office sought Office held		
Amount (\$)	Payee name 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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED


SCHEDULE F~~1~~ - 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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2		2 FILER NAME 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1	2 FILER NAME THOMAS H. 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; City; State; Zip Code 2318 ROCKHILL DR WF TX 76306		
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 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

SCHEDULE ^G 12 - 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	TONY ROBERT	TOM CASH		\$ 150.00
	HHH CRITERION PACE CAR - ADVERTISING	CHIP FILER	TOM CASH		\$ 150.00
		OFFICE	TOM CREDIT		
9/20/2023	ADDRESS LABELS	DEPOT	CARD	\$ 24.24	
			TOM CREDIT		
9/22/2023	USPS STAMPS - 100	USPS	CARD	\$ 66.00	
	CAMPAIGN CONSULTANT		TOM CREDIT		
9/25/2023	PYMT	HOEGGER	CARD	\$ 3,999.00	
	98 DAYS, AVG 15 MILES, =				
9/28/2023	1470 MILES @\$0.655= \$962.85			\$ 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 6 Address of person from whom amount is received; City; State; Zip Code	8 Amount (\$) 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 Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
Purpose for which amount is received Check if political contribution returned to filer		
Date	Name of person from whom amount is received Address of person from whom amount is received; City; State; Zip Code	Amount (\$)
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: 14 June 2024 Time: 1:41 PM Date Received Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI		
	Mr.	Thomas	H		
	NICKNAME	LAST	SUFFIX		
	Tom	Taylor			
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Final report		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit	<input type="checkbox"/> Other (specify)		
	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
	<input type="checkbox"/> 8th day before election				
5 ORIGINAL PERIOD COVERED		Month Day Year	Month Day Year		
		08 / 10 / 23	THROUGH 09 / 28 / 23		

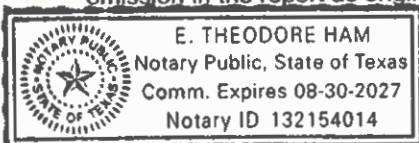
6 EXPLANATION OF CORRECTION

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.



Thomas S. Taylor
Signature of Candidate/Officeholder

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

OR

(2) Unsworn Declaration

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

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

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

Signature of Candidate/Officeholder (Declarant)

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

Form COR-C/OH
Attachment

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
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Thomas	MI H.
	NICKNAME Tom	LAST Taylor	SUFFIX
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		ZIP CODE
	Date Hand-delivered or Date Postmarked		Receipt #
	Date Processed		Date: By:
	Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Trey	MI
	NICKNAME	LAST Sralla	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 401 N. Scott Ave. Wichita Falls TX 76306		
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 Day Year THROUGH Month Day Year 08/10/2023 09/28/2023		
10 ELECTION	ELECTION DATE Month Day Year 11/07/2023		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) City Council, District 5

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

2 of 21

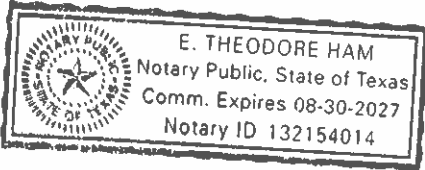
13 C / OH NAME	Taylor, Thomas H. (Mr.)	14 Filer ID
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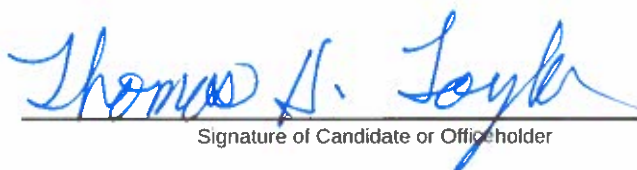
15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 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.

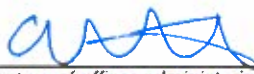




Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thomas Taylor, this the 14 day of June, 2024, to certify which, witness my hand and seal of office.



Signature of officer administering

Theodore Ham

Printed name of officer administering

Deputy City Clerk

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

3 of 21

18 FILER NAME Taylor, Thomas H. (Mr.)		19 Filer ID
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 <input type="checkbox"/> out-of-state PAC (ID#: Ayres, Larry 6 Contributor address; City; State; Zip Code 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 <input type="checkbox"/> out-of-state PAC (ID#: Ayres, Warren Contributor address; City; State; Zip Code 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 <input type="checkbox"/> out-of-state PAC (ID#: Bracket, Jim Contributor address; City; State; Zip Code 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 <input type="checkbox"/> out-of-state PAC (ID#: Buckingham, Paul & Donna Contributor address; City; State; Zip Code 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 <input type="checkbox"/> out-of-state PAC (ID#: Coleman, Darrell Contributor address; City; State; Zip Code Wichita Falls, TX 76309	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/21
2 FILER NAME Taylor, Thomas H. (Mr.)		3 Filer ID
4 Date 08/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Desi 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Wichita Falls, TX 76306	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heiman, Jim Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Wichita Falls, TX 76302	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman Jr., M. Anthony Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Wichita Falls, TX 76308	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koszarek, Joe & Tina Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Wichita Falls, TX 76306	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lane, Leo Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Wichita Falls, TX 76302	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) McLendon, Gary <hr/> 6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Mills, Josh & Nan <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Nimz, Dustin <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neal, Cliff <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> 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 <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Neal, Cliff <hr/> Contributor address; City; State; Zip Code <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Wichita Falls, TX 76306	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/21
2 FILER NAME Taylor, Thomas H. (Mr.)		3 Filer ID
4 Date 09/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Petros, Brett	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76306	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramo, Joyce & Tony	Amount of Contribution (\$) \$1,000.00
	Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76310	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ringwood, Charlie	Amount of Contribution (\$) \$2,000.00
	Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76309	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sralla, Trey	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76306	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, Gary	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76306	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 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 ☐ out-of-state PAC (ID#: _____)
Wise, Jim

7 Amount of Contribution (\$)
\$100.00

6 Contributor address: City, State, Zip Code

[REDACTED]

Wichita Falls, TX 76306

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
09/10/2023

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

Amount of Contribution (\$)
\$100.00

Contributor address: City, State, Zip Code

[REDACTED]

Wichita Falls, TX 76306

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/2 Rpt: 11/21	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____) Wichita Falls Fire PAC <hr/> 7 Contributor address; City; State; Zip Code 1209 Oakhurst Drive Wichita Falls, TX 76302	8 Amount of contribution (\$) \$5,274.00	9 In-kind contribution description Political advertising for campaign - direct mail <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 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wichita Falls Fire PAC <hr/> Contributor address; City; State; Zip Code 1209 Oakhurst Drive Wichita Falls, TX 76302	Amount of contribution (\$) \$4,419.00	In-kind contribution description Political advertising for campaign - data & survey <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)			
Date 09/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wichita Falls Fire PAC <hr/> Contributor address; City; State; Zip Code 1209 Oakhurst Drive Wichita Falls, TX 76302	Amount of contribution (\$) \$1,750.00	In-kind contribution description Political advertising for campaign - signage <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)			

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 ☐ 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 (\$)
\$889.00**9** In-kind contribution description
Political advertising for campaign - digital/online streaming/social media☐ 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 <u>ONLY</u> 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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/3 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 ONLY 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 ONLY 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 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: 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; State; Zip Code 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; State; Zip Code 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; State; Zip Code 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
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: Sch: 1/3 Rpt: 16/21		2 FILER NAME Taylor, Thomas H. (Mr.)		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 ONLY 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 ONLY 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 ONLY 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: Sch: 2/3 Rpt: 17/21		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 \$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	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Domain Registration	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political				
(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 ONLY 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	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Address Labels	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political				
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 \$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	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		(b) Description Postage expense - stamps	
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political				
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY 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: 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; City, State, Zip Code 2700 Central Freeway Wichita Falls, TX 76306
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 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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code 1300 7th Street Wichita Falls, TX 76301			
8 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 Campaign filing fee	
9 Complete ONLY 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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code 4014 Sheppard Access Road Wichita Falls, TX 76306			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Food/Beverage Expense		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 ONLY 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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code Exec Dir, HotterN Hell Hundred Endurance Rides 900 8th Street Wichita Falls, TX 76301			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Advertising Expense		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 ONLY 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: 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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		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 <input checked="" type="checkbox"/> Reimbursement from political contributions intended		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

08/31/2023

5 Name of person from whom amount is received

Union Square Credit Union

8 Amount (\$)

\$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

☐ Check if political contribution returned to filer