

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Samuel	MI S	OFFICE USE ONLY		
	NICKNAME Sam	LAST Pak	SUFFIX	Date Received 25 Dec 2024		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2918 Kyle Cove Wichita Falls, Texas 76308			Time: 1624		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 867-9396	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Wayne	MI B	Receipt # Amount		
	NICKNAME Barney	LAST Fudge	SUFFIX	Date Processed 25 Dec 2024		
				Date Imaged By:		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 411 South FM			CITY; STATE; ZIP CODE Burkburnett Texas 76354		
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 782-3886	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 8	Day 19	Year 24	Month 12	Day 31	Year 24
11 ELECTION	ELECTION DATE Month Day Year 12 / 14 / 24		ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) At-Large		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
Additional Pages	COMMITTEE TYPE <input type="checkbox"/> GENERAL	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

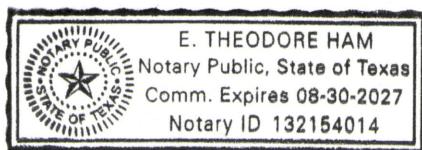
**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$ 930.58
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 930.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Samuel Park this the 31st day of December,
20 21 to certify which, witness my hand and seal of office.

Signature of officer administering oath

Theodore Ham
Printed name of officer administering oaths

Deputy City Clerk
Title of officer administering oath

(2) Unsworn Declaration

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

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

(street)

(city)

(stat)

e) (zip code)

(country)

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

Signature of Candidate/Officeholder (Declarant)

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

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 880.58
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 50.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
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	\$ 880.58
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 12/31/2024	5 Full name of contributor Samuel Pak	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 880.58
	6 Contributor address; 2918 Kyle Cove	City; Wichita Falls State; Zip Code Texas 76308	
8 Principal occupation / Job title (See Instructions) Financial Advisor		9 Employer (See Instructions) Ameriprise Financial	
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.**

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A2:</p>
<p>2 FILER NAME Samuel Pak</p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				<p>\$ 50.00</p>
<p>5 Date 12/14/2024</p>	<p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Various</p>			<p>8 Amount of Contribution \$</p>
	<p>7 Contributor address; Various</p>	<p>City;</p>	<p>State;</p>	<p>Zip Code</p>
				<p>9 In-kind contribution description Home made signs painted over from past campaigns, Sticks, and paint</p>
<p>Check if travel outside of Texas. Complete Schedule T.</p>				
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Various</p>				<p>11 Employer (FOR NON-JUDICIAL)(See Instructions) Various</p>
<p>12 Contributor's principal occupation (FOR JUDICIAL) Various</p>				<p>13 Contributor's job title (FOR JUDICIAL)(See Instructions) Various</p>
<p>14 Contributor's employer/law firm (FOR JUDICIAL) Various</p>				<p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>Date</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:</p>			<p>Amount of Contribution \$</p>
	<p>Contributor address;</p>	<p>City;</p>	<p>State;</p>	<p>Zip Code</p>
				<p>In-kind contribution description</p>
				<p>Check if travel outside of Texas. Complete Schedule T.</p>
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p>				<p>Employer (FOR NON-JUDICIAL)(See Instructions)</p>
<p>Contributor's principal occupation (FOR JUDICIAL)</p>				<p>Contributor's job title (FOR JUDICIAL)(See Instructions)</p>
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>				<p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p>
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Samuel Pak		3 Filer ID (Ethics Commission Filers)		
4 Date 08/18/2024	5 Payee name City of Wichita Falls				
6 Amount (\$) 100.00	7 Payee address; 1300 7th Street, Room 104		City;	State;	Zip Code Wichita Falls TX 76301
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee		(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 09/06/2024	Payee name Got Print				
Amount (\$) 141.62	Payee address; 7651 N. San Fernando Rd.		City;	State;	Zip Code Burbank CA 91505
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		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 09/16/2024	Payee name Design a Shirt				
Amount (\$) 106.52	Payee address; 905 N. Scottsdale Rd.		City;	State;	Zip Code Tempe AZ 85288
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description T-Shirts		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Samuel Pak		3 Filer ID (Ethics Commission Filers)		
4 Date 12/06/2024	5 Payee name Facebook				
6 Amount (\$) 532.44	7 Payee address; 1 Hacker Way		City;	State;	Zip Code Menlo Park CA 94025
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Facebook boosts		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Samuel Pak At-Large Expenses

Date	Cost	Paid to	What for
8/19/2024	\$100.00	City of WF	Filing Fee
9/6/2024	\$141.62	Got Print	Cards
9/16/2024	\$106.52	Design a shirt	Shirts
10/21/2024	\$75.00	Facebook	Ads
10/21/2024	\$75.00	Facebook	Ads
10/24/2024	\$75.00	Facebook	Ads
10/29/2024	\$75.00	Facebook	Ads
11/1/2024	\$75.00	Facebook	Ads
11/5/2024	\$54.04	Facebook	Ads
11/5/2024	\$19.79	Facebook	Ads
?	\$50.00	In-Kind	paint
12/5/2024	\$75.00	Facebook	Ads
12/6/2024	\$8.61	Facebook	Ads
Total	\$930.58		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

** Complete only if "Report Type" on page 1 is marked "Final Report" **

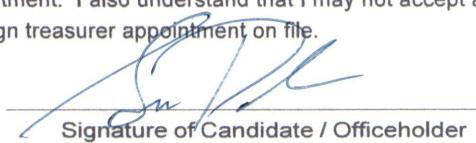
1 C/OH NAME

Samuel Pak

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.



Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

** Complete A & B below only if you are not an officeholder. **

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

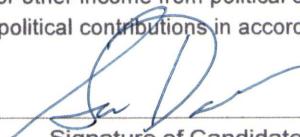
I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.



Signature of Candidate

5 OFFICEHOLDER

** Complete this section only if you are an officeholder **

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

These instructions are for candidates and officeholders using SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS.

Use this schedule to disclose information about political expenditures from personal funds that were made during the reporting period. Alternatively, you may choose to disclose political expenditures from personal funds as a loan on Schedule E (see the Schedule E instructions above for more information). Do not enter on this schedule information about personal funds deposited in an account in which political contributions are held as permitted by section 253.0351(c) of the Election Code. (Report the deposit of personal funds into a political account as a loan on Schedule E.)

Expenditures Made by Credit Card: You must disclose expenditures charged to a credit card on Schedule F4 and *not* on this schedule. When you pay the credit card bill, you must disclose the payment to the credit card issuer on Schedule F1 (used for political payments from political contributions), Schedule G (used for political payments from personal funds), Schedule H (used for payments from political contributions made to a business that you own or control), or Schedule I (used for non-political payments from political contributions), as applicable. See instructions for Schedule F4: Expenditures Made by Credit Card for more information.

If you intend to seek reimbursement *in any amount* from political contributions for a political expenditure made from personal funds, you must either report the expenditure on Schedule E or itemize the expenditure on this schedule and check the box in Section 6 to indicate that you intend to seek reimbursement from political contributions. ***You may not correct a report to allow reimbursement.*** When you reimburse yourself, disclose the reimbursement as an outgoing political expenditure on Schedule F1.

See the Campaign Finance Guide for important restrictions regarding the use of political funds to rent or purchase real property.

Itemization: If you choose to report political expenditures from personal funds on this schedule, you must itemize political expenditures paid to one individual or entity during the reporting period that in the aggregate exceed \$220 on this schedule. If you made more than one expenditure to the same payee during the reporting period, the total of which exceeded \$220, enter each expenditure separately. Although you are not required to do so, you may also report expenditures to one person that do not exceed \$220 in the period on this schedule. You must total all political expenditures from personal funds that you do not itemize on this schedule and include them in the total of unitemized political expenditures on the Cover Sheet, page 2, section 17, line 3.

Officeholder expenditures from personal funds for which you do not intend to seek reimbursement are not required to be reported on this schedule or included in the total of unitemized political expenditures.

Each numbered item in these instructions corresponds to the same numbered item on the form.