

# 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
	NICKNAME	LAST	SUFFIX

Ms. Karen S. Price

**OFFICE USE ONLY**

Date Received

RECEIVED  
JAN 17 2024  
BY: JAC

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
	PO Box 1719 Center TX 75935				

Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
( 936 )	598-4106		

6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX

Mrs. Lisa D. Cummings

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
	413 Shelbyville St.		Center	TX	75935

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
( 936 )	598-2981		

9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	11	25	23		12	31	23

11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	03	05	2024	<input type="checkbox"/> General	<input type="checkbox"/> Special	

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	123rd Judicial District Attorney	123rd Judicial District Attorney

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	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

Karren S. Price

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

18 SIGNATURE

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



Signature of Candidate or Officeholder

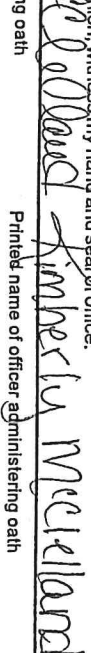
**Please complete either option below:**

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Karren S Price this the 17 day of January, 2024, 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)

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filer)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR *Mr.* FIRST *Jeffrey* MI *D*  
 NICKNAME LAST *Adams* SUFFIX  
*JEH*

OFFICE USE ONLY  
Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: *P.O. Box 1898, Center, TX 75935*  
 APT / SUITE #: CITY: STATE: ZIP CODE

RECEIVED  
JAN 12 2024  
Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(936) 598-4900*

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI  
 NICKNAME LAST SUFFIX  
*Mrs. Kacie Payne*

Date Processed  
Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
*105 San Augustine St. Center TX 75935*

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
*(936) 553-5507*

9 REPORT TYPE

January 15  30th day before election  Runoff  
 July 15  8th day before election  Exceeded Modified Reporting Limit  
 15th day after campaign treasurer appointment (Officeholder Only)  
 Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
*11 / 9 / 2023 THROUGH 12 / 31 / 2023*

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  Primary  Runoff  Other  
*3 / 5 / 24*  General  Special Description

12 OFFICE

OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)  
*Shelby County Attorney*

14 NOTICE FROM POLITICAL COMMITTEE(S)

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COMMITTEE TYPE COMMITTEE NAME  
 GENERAL  
 SPECIFIC  
 COMMITTEE ADDRESS  
 COMMITTEE CAMPAIGN TREASURER NAME  
 COMMITTEE CAMPAIGN TREASURER ADDRESS


GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

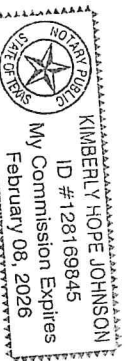
15 C/OH NAME	Jeff Adams		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4700.00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE:	\$ 0.00	
	4. TOTAL POLITICAL EXPENDITURES	\$ 7760.83	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8239.17	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,100.00	

**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 Jeff Adams this the 12<sup>th</sup> day of January, 2024 to certify which, witness my hand and seal of office.

Signature of officer/administering oath Kimberly Johnson Printed name of officer administering oath  
Title of officer administering oath Notary

**(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 <i>Jeffrey D. Adams</i>	20 Filer ID (Ethics Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4500. <sup>00</sup>	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200. <sup>00</sup>	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 12,100. <sup>00</sup>	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7760. <sup>83</sup>	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> 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: <b>1</b>
2 FILER NAME <b>Jeffrey D. Adams</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/24/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>R. Collin Underwood</b>	7 Amount of contribution (\$) <b>\$2500.00</b>
6 Contributor address: <b>Center TX 75633</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>11/29/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Jeremy S. Willis</b>	Amount of contribution (\$) <b>\$750.00</b>
Contributor address: <b>Mcgradys TX 75961</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/21/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Luke Motley III</b>	Amount of contribution (\$) <b>\$250.00</b>
Contributor address: <b>Center TX 75935</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>12/21/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>S.R. Frybarger</b>	Amount of contribution (\$) <b>\$1000.00</b>
Contributor address: <b>Center TX 75935</b>		
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 <i>Jeffrey D. Adams</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS  \$ <u>0.00</u>		
5 Date <i>12/1/23</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephanie Snell</i>	8 Amount of Contribution \$ <u>200.00</u>
	7 Contributor address: <i>Center TX 75935</i>	9 In-kind contribution description <i>Professional Photos</i>
	City: _____ State: _____ Zip Code _____	<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#: _____) Contributor address: _____ City: _____ State: _____ Zip Code _____	Amount of Contribution \$ _____ In-kind contribution description _____
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Contributor's principal occupation (FOR JUDICIAL)		Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		Law firm of contributor's spouse (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: <b>2</b>
2 FILER NAME <b>Jeffrey D. Adams</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ <b>0.00</b>
5 Date of loan <b>11/16/23</b>	7 Name of lender <b>Jeffrey D. Adams (self)</b>	9 Loan Amount (\$) <b>\$100,000</b>
6 Is lender a financial institution? <b>Y (N)</b>	8 Lender address: <b>P.O. Box 1898</b>	10 Interest rate <b>0%</b>
	<b>Center TX 75935</b>	11 Maturity date <b>N/A</b>
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	17 Name of guarantor	19 Amount Guaranteed (\$)
<input checked="" type="checkbox"/> not applicable	18 Guarantor address: <b>City: State: Zip Code</b>	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <b>12/8/23</b>	Name of lender <b>Jeffrey D. Adams (self)</b>	Loan Amount (\$) <b>\$10,000.00</b>
Is lender a financial institution? <b>Y (N)</b>	Lender address: <b>P.O. Box 1898</b>	Interest rate <b>0%</b>
	<b>Center TX 75935</b>	Maturity date <b>N/A</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed (\$)
<input checked="" type="checkbox"/> not applicable	Guarantor address: <b>City: State: Zip Code</b>	
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.



**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: <b>2</b>
2 FILER NAME <i>Jeffrey D. Adams</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS  \$ <i>0.00</i>		
5 Date of loan <i>12/21/23</i>	7 Name of lender <i>Jeffrey D. Adams (self)</i>	9 Loan Amount (\$) <i>\$2000.00</i>
6 Is lender a financial institution? <i>(N)</i>	8 Lender address: <i>P.O. Box 1898</i>	10 Interest rate <i>0%</i>
	<i>Centerville TX 75935</i>	11 Maturity date <i>N/A</i>
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	17 Name of guarantor	19 Amount Guaranteed (\$)
<input checked="" type="checkbox"/> not applicable	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? Y N	Lender address: City: State: Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION	Name of guarantor	Amount Guaranteed (\$)
<input type="checkbox"/> not applicable	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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solidation/Fundraising Expense             |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Printing Expense               | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor  | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                |                                | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |
- The instruction guide explains how to complete this form.

1 Total pages Schedule F1: **3**      2 FILER NAME **Jeffrey D. Adams**      3 Filer ID (Ethics Commission Filers)

4 Date **11/30/23**      5 Payee name **Harland Clarke Chk Order**

6 Amount (\$) **40.91**      7 Payee address: **Unknown (ACH from Bank)**      City:      State:      Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
<b>Accounting / Bankng</b>	<b>Check Order for News Account</b>

(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 **11/29/23**      Payee name **Shelby County Republican Party (SCRPP)**

Amount (\$) **750.00**      Payee address:      City:      State:      Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
<b>Fees</b>	<b>Filing Fees</b>

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 **12/8/23**      Payee name **Newman + Company**

Amount (\$) **4465.84**      Payee address:      City:      State:      Zip Code

**4465.84**      **5417 Pine Street, Bellare TX 77401**

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
<b>Advertising Expense</b>	<b>Christmas Card Mailer</b>

Check if travel outside of Texas. Complete Schedule T.       Check if Austin, TX, officeholder living expense

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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

1 Total pages Schedule F1: 3 2 FILER NAME Jeffrey D. Adams 3 Filer ID (Ethics Commission Filers)

4 Date 12/14/23 5 Payee name Sprint 2 Print

6 Amount (\$) 2213.71 7 Payee address: 8748 Clay Road # 300 Houston TX 77080 City: State: Zip Code

8 PURPOSE OF EXPENDITURE  
 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Campaign Road Signs  
 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 12/18/23 Payee name Ace Hardware of East Texas  
 Amount (\$) 134.75 Payee address: 5438 Loop SDD E Center TX 75935 City: State: Zip Code  
 Category (See Categories listed at the top of this schedule) Advertising Expense Description T-Posts & ZipTies for 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 12/19/23 Payee name Ace Hardware of East Texas  
 Amount (\$) 77.81 Payee address: 5438 Loop SDD E Center TX 75935 City: State: Zip Code  
 Category (See Categories listed at the top of this schedule) Advertising Expense Description T-Posts for Signs  
 Check if travel outside of Texas. Complete Schedule T.  
 Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**  
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)

1 Total pages Schedule F1: 3 2 FILER NAME JERRY D. ADAMS 3 Filer ID (Ethics Commission Filers)

4 Date 12/22/23 5 Payee name Ace Hardware of East Texas

6 Amount (\$) 77.81 7 Payee address: 5438 Loop 500 E Center TX 75935 City: State: Zip Code

8 PURPOSE OF EXPENDITURE  
(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description T-Posts for 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 Payee name  
Amount (\$) Payee address: City: State: Zip Code

PURPOSE OF EXPENDITURE  
Category (See Categories listed at the top of this schedule) Description  
 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  
Candidate / Officeholder name Office sought Office held  
Complete ONLY if direct expenditure to benefit C/OH

Date Payee name  
Amount (\$) Payee address: City: State: Zip Code  
Category (See Categories listed at the top of this schedule) Description

PURPOSE OF EXPENDITURE  
Complete ONLY if direct expenditure to benefit C/OH  
 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  
Candidate / Officeholder name Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME  
 MS / MRS / MR FIRST Mr. John L.  
 NICKNAME LAST LAST SUFFIX SUFFIX

OFFICE USE ONLY  
 Date Received

RECEIVED  
 JAN 17 2024  
 P.V. [Signature]

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address  
 ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
 PO Box 1719 Center TX 75935

5 CANDIDATE / OFFICEHOLDER PHONE  
 AREA CODE PHONE NUMBER EXTENSION  
 (936 ) 598-2981

Date Hand-delivered or Date Postmarked

6 CAMPAIGN TREASURER NAME  
 MS / MRS / MR FIRST MI  
 NICKNAME LAST SUFFIX  
 MRS. Lisa D.  
 Cummings

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  
 413 Shelbyville St. Center TX 75935

8 CAMPAIGN TREASURER PHONE  
 AREA CODE PHONE NUMBER EXTENSION  
 (936 ) 598-2981

9 REPORT TYPE  
 January 15  
 July 15  
 30th day before election  
 8th day before election  
 Runoff  
 Exceeded Modified Reporting Limit  
 15th day after campaign treasurer appointment (Officerholder Only)  
 Final Report (Attach C/OH-FR)

10 PERIOD COVERED  
 Month Day Year Month Day Year  
 11 / 10 / 23 THROUGH 12 / 31 / 23

11 ELECTION  
 ELECTION DATE ELECTION TYPE  
 Month Day Year  
 03 / 05 / 2024  
 Primary  
 Runoff  
 General  
 Special  
 Other Description

12 OFFICE  
 OFFICE HELD (if any) OFFICE SOUGHT (if known)  
 Shelby County Attorney Shelby County Attorney

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 CANDIDATES OR OFFICEHOLDERS KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  
 Additional Pages  
 GENERAL  
 SPECIFIC  
 COMMITTEE TYPE  
 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  
John L. Price

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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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

  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by John L. Price this the 17th day of January, 2023, to certify which, witness my hand and seal of office.

Signature of officer administering oath Kimberly McCelland Printed name of officer administering oath Notary  
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) \_\_\_\_\_

# 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 Files)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR  
FIRST  
LAST  
NICKNAME

Williams  
Blackwell

MI  
SUFFIX

OFFICE USE ONLY

Date Received

RECEIVED  
JAN 17 2024

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE  
4017 State Hwy 7E  
Canton, TX 75935

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(936) 572. 3300

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST LAST  
Ann

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE  
4017 State Hwy 7E  
Canton, TX 75935

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
(936) 590-1855

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 (Alean C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
12 / 15 / 2023 THROUGH 1 / 15 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year Primary Runoff Other Description  
/ / General Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)  
Sheriff

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 CANDIDATES OR OFFICEHOLDERS KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

Additional Pages

COMMITTEE TYPE  
 GENERAL  
 SPECIFIC

COMMITTEE 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

Willis Blackwell

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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0
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	\$	0
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0

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

Willis B. Blackwell  
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Willis B. Blackwell this the 18<sup>th</sup> day of January, 2024, to certify which witness my hand and seal of office.

Signature of officer administering oath

Mary Beth Bearden  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath

(2) Unsworn Declaration

My name is Willis Blackwell and my date of birth is 3-8-48  
 My address is 4017 St Hwy 7 E, Center, TX, 75935, Shelby.  
 (street) (city) (state) (zip code) (county)  
 Executed in Shelby County, State of Texas, on the 18<sup>th</sup> day of January, 2024.  
 (month) (Year)  
Willis B. Blackwell  
 Signature of Candidate/Officeholder (Declarant)



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST LAST NICKNAME  
 Albert Corbell Sr.  
 MI SUFFIX

OFFICE USE ONLY  
 Date Received

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE  
 132 Hudson St. Center, TX 75935

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (936) 598-4316 -

Receipt # Amount \$  
 Date Processed  
 Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST LAST NICKNAME  
 Linda Corbell K.  
 MI SUFFIX

STATE: ZIP CODE  
 TX. 75935

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE  
 132 Hudson St. Center, TX. 75935

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (936) 598-4316 -

9 REPORT TYPE

January 15  
 July 15  
 30th day before election  
 8th day before election  
 Runoff  
 Exceeded Modified Reporting Limit  
 15th day after campaign treasurer appointment (Officeholder Only)  
 Final Report (Attn: C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year Primary Runoff Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)  
 Sheriff

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 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	Gerald Colbert		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)	\$ 3690.75	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE:	\$	
CONTRIBUTION BALANCE	4. TOTAL POLITICAL EXPENDITURES	\$ 3281.30	
	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 of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Gerald Colbert this the 12 day of January, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath Johnitor Sunkin Printed name of officer administering oath Garry Clark  
Signature of officer administering oath \_\_\_\_\_ Title of officer administering oath \_\_\_\_\_

OR

**(2) Unsworn Declaration**

My name is Gerald Colbert and my date of birth is 11/21/1954.  
My address is 132 Hudson St, (street) Germ, (city) TX, (state) 75045, Spain, (zip code) (country).  
Executed in Brewer County, State of TX, on the 12 day of Jan, 2024, (month) (year).

Signature of Candidate/Officeholder (Declarant) Gerald Colbert

# SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

<b>19 FILER NAME</b>  <i>Gerald Corbell</i>	<b>20 Filer ID (Ethics Commission Filers)</b>	
<b>21 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12. <input type="checkbox"/> 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 <i>Albert Gerald Corbell Jr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-10-2023</i>	5 Full name of contributor <i>Larry J. Inc. Eaves</i>	7 Amount of contribution (\$) <i>\$1,190.75</i>
6 Contributor address: City: _____ State: _____ Zip Code _____		
8 Principal occupation / Job title (See Instructions) <i>OWNER</i>		9 Employer (See Instructions) <i>SELF</i>
Date <i>12-01-23</i>	Full name of contributor <i>Bob Cline</i>	Amount of contribution (\$) <i>\$2,000.00</i>
Contributor address: City: _____ State: _____ Zip Code _____		
Principal occupation / Job title (See Instructions) <i>OWNER</i>		Employer (See Instructions) <i>SELF</i>
Date <i>01-05-23</i>	Full name of contributor <i>CLIFF LIGHTFOOT</i>	Amount of contribution (\$)
Contributor address: City: _____ State: _____ Zip Code _____		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address: City: _____ State: _____ Zip Code _____		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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 **Albert Gerald Corbell Jr.** 3 Filer ID (Ethics Commission Filer)

4 Date **12-13-23** 5 Payee name **Printing & Designs**  
6 Amount (\$) **51.00** 7 Payee address: **1097 FM 417 West Concho, TX 75935** City: State: Zip Code

8 PURPOSE OF EXPENDITURE **Printing Expense**  
(a) Category (See Categories listed at the top of this schedule) **Printing Expense** (b) Description **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 **10-18-23** Payee name **Printing & Designs.**  
Amount (\$) **51.00** Payee address: City: State: Zip Code

**51.00** Category (See Categories listed at the top of this schedule) **Printing Expense** 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 **01-05-24** Payee name **Spoon Shop**  
Amount (\$) **454.65** Payee address: **158-B Cass - Laird Dr. Concho, TX 75935** City: State: Zip Code

PURPOSE OF EXPENDITURE **Printing Expense** 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

**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	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officer/holder/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: 3 2 FILER NAME Albert Gerald Corbell Jr. 3 Filer ID (Ethics Commission Filers)

4 Date 11-2-23 5 Payee name Sign Shop. 6 Amount (\$) 207.84 7 Payee address: City: State: ZIP Code

8 PURPOSE OF EXPENDITURE Printing Expense (a) Category (See Categories listed at the top of this schedule) 158-B Cass-Caid Dr. Center, TX 75435 (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 / Officer/holder name Office sought Office held

Date 10-10-23 Payee name Sign Shop City: State: ZIP Code  
 Amount (\$) 1190.75 Payee address: 158-B Cass Caid Dr. Center, TX 75435  
 PURPOSE OF EXPENDITURE Printing Expense Category (See Categories listed at the top of this schedule) 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 / Officer/holder name Office sought Office held

Date Payee name  
 Amount (\$) Payee address: City: State: ZIP Code  
 Category (See Categories listed at the top of this schedule) Description

PURPOSE OF EXPENDITURE  
 Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  
 Candidate / Officer/holder name Office sought Office held  
 Complete ONLY if direct expenditure to benefit C/OH.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributors/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: <i>3</i>	2 FILER NAME <i>Albert Gerald Corbett Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2-1-24</i>	5 Payee name <i>Stem Shop</i>	
6 Amount (\$) <i>433.00</i>	7 Payee address: <i>158-B. Cass Laird Dr.</i>	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	<i>Printing Expense</i>	<i>Signs-</i>
	<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	

Date <i>12-14-23</i>	Payee name <i>Sign Shop.</i>	City:	State:	Zip Code
Amount (\$) <i>433.00</i>	Payee address: <i>158-B Cass Laird Dr,</i>	City:	State:	Zip Code <i>75935</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	<i>Printing Expense</i>	<i>Signs</i>		
	<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 <i>11-20-23</i>	Payee name <i>Sign Shop.</i>	City:	State:	Zip Code
Amount (\$) <i>433.00</i>	Payee address: <i>158-B. Cass Laird</i>	City:	State:	Zip Code <i>TX. 75935</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	<i>Printing Expense</i>	<i>Signs</i>		
	<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 Filer)

2 Total pages filed:

OFFICE USE ONLY

Date Received

PROCESSED  
JUN 08 2024  
15:26:26

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR **Mr.** FIRST **James** MI **R.**  
NICKNAME LAST **James** SUFFIX  
**Jimmy** LAST **Faulkner** SUFFIX **Jr.**

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

**P.O. Box 8 Shelbyville, Tx. 75973**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  
 Change of Address

AREA CODE PHONE NUMBER EXTENSION

**(936) 591-1673**

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

6 CAMPAIGN TREASURER NAME

MS / MRS / MR **Mr.** FIRST **James** MI **R.**  
NICKNAME LAST **James** SUFFIX  
**Jimmy** LAST **Faulkner** SUFFIX **Jr.**

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE

**11014 Hwy 87 South Lot #6 Shelbyville, TX. 75973**

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
**(936) 591-1673**

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officerholder 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  
**09 / 26 / 2023 THROUGH 12 / 31 / 2023**

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
**03 / 05 / 2024**  Primary  Runoff  Other  
 General  Special Description

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)  
**N/A** **Sheriff**

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

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2



**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME <i>James Robert Faulkner, Jr.</i>		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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1200
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 948.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 251.67
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 \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_  
20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

*Nancy Adams*  
Printed name of officer administering oath

*Elections Administrator*  
Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is *James R. Faulkner, Jr.*, and my date of birth is *02-02-70*  
My address is *11014 Hwy 87 South Lot #6*, *Shelbyville, TX 75973* *Shelby*.  
(street) (city) (state) (zip code) (country)  
Executed in *Shelby* County, State of *Texas*, on the *3<sup>RD</sup>* day of *January*, 20*24*.  
(city) (state) (zip code) (country) (Month) (Year)  
*James R. Faulkner, Jr.*  
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
<i>James Robert Faulkner, Jr.</i>		
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1200
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 600.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 948.33
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> 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: <i>2</i>
2 FILER NAME <i>James Robert Faulkner, Sr.</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-05-23</i>	5 Full name of contributor <i>Jim and Mary Culver</i>	7 Amount of contribution (\$) <i>\$200.00</i>
6 Contributor address: <i>Shelbyville, TX 75973</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <i>10-05-23</i>	Full name of contributor <i>David and Renea Sanders</i>	Amount of contribution (\$) <i>\$500.00</i>
Contributor address: <i>Shelbyville, TX 75973</i>		
Principal occupation / Job title (See Instructions)		

Date <i>10-06-23</i>	Full name of contributor <i>James and Hortense Faulkner, Sr.</i>	Amount of contribution (\$) <i>\$200.00</i>
Contributor address: <i>Gory, TX 75643</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		

Date <i>11-08-23</i>	Full name of contributor <i>Randy Robertson</i>	Amount of contribution (\$) <i>\$100.00</i>
Contributor address: <i>Center, TX. 75935</i>		
Principal occupation / Job title (See Instructions)		

Principal occupation / Job title (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

3 Filer ID (Ethics Commission Filers)

2 FILER NAME  
*James Robert Faulkner, Jr.*

4 Date *12-18-23* 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_) 7 Amount of contribution (\$) *420.00*

*Broek's Rocks*  
6 Contributor address: City: State: Zip Code

*Shelbyville, Tx. 75973*

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: 1

2 FILER NAME

*James E. Faulkner, Jr.*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 600.00

5 Date

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
 7 Contributor address: *Bobby + Debbie Davis*  
*10-13-23* City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code *Tenaha TX 75954*

8 Amount of Contribution \$ 600.00

9 In-kind contribution description  
5yrs Pens, Cards

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

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

Check if travel outside of Texas. Complete Schedule T.

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
	Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
	Contributor's principal occupation (FOR JUDICIAL)		Employer (FOR NON-JUDICIAL)(See Instructions)
	Contributor's employer/law firm (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)
	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		Law firm of contributor's spouse (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  
The instruction guide explains how to complete this form.

Loan Repayment/Reimbursement  
Office Overhead/Rental 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)

1 Total pages Schedule F1: <b>2</b>		2 FILER NAME <b>James Robert Faulkner Jr</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>10-18-23</b>	5 Payee name <b>Excelsior TSD</b>				
6 Amount (\$) <b>\$50.00</b>	7 Payee address: <b>11270 54-7 w. Center, Tx. 75935</b>		City: <b></b>	State: <b></b>	Zip Code <b></b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description <b>Political Advertising</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(e) <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date <b>10-23-23</b>	Payee name <b>Farmers State Bank</b>		City: <b></b>	State: <b></b>	Zip Code <b></b>
Amount (\$) <b>\$27.44</b>	Payee address: <b>115 Shelbyville, St. Center, TX. 75935</b>				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Bank Account Fees</b>		
	<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					
Date <b>11-11-23</b>	Candidate / Officeholder name <b>James R. Faulkner, Jr.</b>		Office sought <b>Sheriff</b>	Office held <b>None</b>	
Amount (\$) <b>\$750.00</b>	Payee name <b>Shelby County Republican Party</b>				
PURPOSE OF EXPENDITURE	Payee address: <b>1112 Springs Branch</b>		City: <b></b>	State: <b></b>	Zip Code <b></b>
	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Candidate Filing Fee</b>		
<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 <b>James R. Faulkner, Jr.</b>		Office sought <b>Sheriff</b>		Office held <b>None</b>	

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <i>2</i>	2 FILER NAME <i>James Robert Faulkner, Jr.</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-12-23</i>	5 Payee name <i>Tractor Supply Co.</i>	
6 Amount (\$) <i>\$96.05</i>	7 Payee address: <i>1155 Tenaha St. Center, TX. 75935</i>	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>T-Posts for Campaign Signs</i>
	(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 <i>James R. Faulkner, Jr.</i> Office sought <i>Sheriff</i> Office held <i>None</i>	
Date <i>12-20-23</i>	Payee name <i>Tractor Supply Co.</i>	
Amount (\$) <i>24.84</i>	Payee address: <i>1155 Tenaha St. Center, TX. 75935</i>	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>T-Posts for Campaign Signs</i>
	(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 <i>James R. Faulkner, Jr.</i> Office sought <i>Sheriff</i> Office held <i>None</i>		
Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	(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 <i>James R. Faulkner, Jr.</i> Office sought <i>Sheriff</i> Office held <i>None</i>		

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 LAST MI  
 MRS. DeBorja K  
 NICKNAME LAST SUFFIX  
 Riley

OFFICE USE ONLY

Date Received

RECEIVED  
 JAN 17 2024  
 BY: JMK

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZIP CODE  
 649 CR 4243  
 Tenaha, TX 75974

Date Hand-delivered or Date Postmarked

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (936) 332-7966

Receipt #

Amount \$

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST LAST MI  
 Mrs. Deborja K  
 NICKNAME LAST SUFFIX  
 Riley

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE)- APT / SUITE #: CITY: STATE: ZIP CODE  
 649 CR 4243 Tenaha TX 75974

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION  
 (936) 332-7966

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
 10 / 26 / 2023 THROUGH 1 / 15 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE  
 Month Day Year  
 03 / 05 / 2024  
 Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)  
 Tax Assessor-Collector Tax Assessor-Collector

14 NOTICE FROM POLITICAL COMMITTEE(S)

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COMMITTEE TYPE

COMMITTEE NAME

Additional Pages

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

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

**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.

*Deborah Riley*  
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 **Elections Administrators**  
Signature of officer administering oath \_\_\_\_\_ Title of officer administering oath

**(2) Unsworn Declaration**

My name is Deborah Riley and my date of birth is 7/30/1971

My address is 649 CR 9243, Texas, TX, 75974, Shelby, Texas  
(street) (city) (state) (zip code) (country)

Executed in Shelby County, State of Texas, on the 17<sup>th</sup> day of January, 2021.  
(month) (Year)  
Deborah Riley  
Signature of Candidate/Officeholder (Declarant)