14 NOTICE FROM POLITICAL COMMITTEE(S) 12 6 œ (Residence or Business) OFFICE CANDIDATE / OFFICEHOLDER MAILING PERIOD COVERED CAMPAIGN TREASURER CAMPAIGN TREASURER ADDRESS CAMPAIGN TREASURER NAME CANDIDATE/ OFFICEHOLDER PHONE CANDIDATE / OFFICEHOLDER NAME ELECTION The C/OH Instruction Guide explains how to complete this form. Change of Address REPORT TYPE **ADDRESS** Additional Pages **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT 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 OFFICE HELD (if any) 3 (936 Mrs. 03 GENERAL SPECIFIC AREA CODE 123rd Judicial District District Attorney NICKNAME MS / MRS / MR STREET ADDRESS AREA CODE NICKNAME MS / MRS / MR ADDRESS / PO BOX; 936 Mrs. 413 PO January 15 July 15 **ELECTION DATE** 05 Box 11 Month She1byville Day (NO PO BOX PLEASE): 1719 COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE NAME COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE ADDRESS 2024 S 2 98-PHONE NUMBER Year 98-4106 PHONE NUMBER Day S Lisa Cummings Karren Price APT / SUITE #; LAST .2981 LAST FIRST FIRST 8th day before election 30th day before election GO X Primary 23 Year General 48 TO PAGE APT / SUITE Center CITY; _ 3 Filer ID (Ethics Commission Filers) THROUGH 13 Special Runoff N office sought (friknown) 123rd Judicial Di District Attorney XI EXTENSION STATE; EXTENSION Cente CITY; Exceeded Modified Reporting Limit Runoff Other Description ELECTION TYPE 75935 S ∶∀ SUFFIX Ξ ZIP CODE ₹ SUFFIX 12 Month Date imaged Date Processed N Date Hand-delivered or Date Postmarked Date Received Receipt # COVER 31 BY. Day Total pages filed: 15th day after campaign treasurer appointment (Officeholder Only) Distric Final Report (Attach C/OH - FR) STATE; OFFICE USE ONLY TX FORM 23 75935 ~~ ZIP CODE 2024 C/OH PG

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

Signature of Candidate

or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Signature of officer administering oath Sworn to and subscribed before me by leaghmi 724 to certify which, witness, my hand and seal of office. Karren Printed name of officer administering oath him her OR S Price michallan this the 7 Title of officer administering oath day of January Otary

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7 4 6 ω (Residence or Business) NOTICE FROM POLITICAL PERIOD COVERED CAMPAIGN TREASURER CANDIDATE/ OFFICEHOLDER PHONE CANDIDATE / OFFICEHOLDER MAILING OFFICE CAMPAIGN TREASURER ADDRESS ELECTION CANDIDATE / OFFICEHOLDER NAME CAMPAIGN TREASURER The C/OH Instruction Guide explains how to complete this form. COMMITTEE(S) REPORT TYPE PHONE NAME Change of Address **ADDRESS** CAMPAIGN FINANCE REPORT **CANDIDATE / OFFICEHOLDER** Additional Pages THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER'S CHORLOGES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR SUCH EXPENDITURES. COMMITTEE TYPE (93k) (93Lp OFFICE HELD (If any) NICKNAME $i\mathcal{N}$ January 15 AREA CODE MS / MRS / MR NICKNAME M/3AREA CODE P.O. BOX 1898 STREET ADDRESS (NO PO BOX PLEASE); ADDRESS / PO BOX; MS / MRS / MR SPECIFIC GENERAL たみ 200 July 15 ELECTION DATE Day 25 COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE NAME 8p 7 3 PHONE NUMBER PHONE NUMBER Day Year 2 Settry 1227 ~ Losostive i owine APT / SUITE #; LAST 8th day before election 30th day before election りた Certar IX 7dams GO N Primary のどのと General 00 APT / SUITE #; TO PAGE CITY; 0 Filer ID (Ethics Commission Filers) THROUGH ಭ Special Runoff 75 OFFICE EXTENSION STATE; EXTENSION Exceeded Modified Reporting Limit CITY: 82 Runoff SOUGHT (if known) ELECTION TYPE Other Description SUFFIX S \overline{U} 164 3 SUFFIX ZIP CODE 3 Month YANUG Receipt # Date Date Hand-delivered or Date Postmarked N Date Imaged Date Received COVER $\widetilde{\omega}$ 國民國的國 Day JAN Total pages filed: Processed 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) OFFICE USE ONLY Attorney N FORM C/OH SHEET PG 1 C1 0 2024 2 (V) 3

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--- www.ethics.state.tx.us

Revised 11/15/2022

Executed in My address is My name is Signature of office (2) Unsworn Declaration 20 Sworn to and subscribed before me by (1) Affidavit **18 SIGNATURE** 15 EXPENDITURE TOTALS NOTARY STAMP/SEAL" OUTSTANDING LOAN TOTALS CONTRIBUTION TOTALS CONTRIBUTION C/OH NAME **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT BALANCE y'admi to certify which, witness my hand and seal of office. istering oath 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. -6 N 5 4 ω KIMBERLY HOPE JOHNSON ID #128169845 My Commission Expires Hebruary 08, 2026 County, State of TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD TOTAL POLITICAL EXPENDITURES TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) imbor 10 Please complete either option below: 100000 Printed name of officer administering oath HARMS OR DAMSON. on the and my date of birth is Signature of Candidate/Officeholder (Declarant) (city) Signature of Candidate or Officeholder day of this the (month) (state) 12 th day of MUNUALL 6 Filer ID (Ethics Commission Filers) FORM C/OH COVER SHEET PG 2 (zip code) Title of officer administering oath , 20 (year) 6 8 4 69 5 5 7760. 722g 12,130. (),00 O (country) ٦ 3 83

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

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SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	SCHEDULE E: LOANS	SCHEDULE B: PLEDGED CONTRIBUTIONS	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE SUBTOTALS NAME OF SCHEDULE	Jeffrey D. Adams	
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€9	G	49	69	49	49	49	\$7760,83	\$12,100.8	49	\$ 200.00	\$ 4500.°	SUBTOTAL	20 Filer ID (Ethics Commission Filers)	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

:EDED	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements
ons)	Principal occupation / Job title (See Instructions) Employer (See Instructions)
Amount of contribution (\$) \$\(\begin{align*} \O \O O \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Pate Full name of contributor □ out-of-state PAC (ID#: 2/21/23
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ons)	Principal occupation / Job title (See Instructions) Yorcepart Yorcepart
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\$2500,00	11/24/23
7 Amount of contribution (\$)	4 Date 5 Full name of contributor
3 Filer ID (Ethics Commission Filers)	2 FILER NAME Jeffrey D. Adams
1 Total pages Schedule A1:	The Instruction Guide explains how to complete this form.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form. 2 FILER NAME 2 FILER NAME 3 FORTH OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 6 Full name of contributor	JUTIONS SUTIONS IN TIONS IN TIONS	3 Filer ID (Ethics Commission Filers) 3 Filer ID (Ethics Commission Filers) 8 Amount of
If contributor is a child, law firm of parent(s) (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.	S SCHEDUL	_EAS NEEDED additional reporting requirements.

LOANS

SCHEDULE E

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	Employer (See Instructions)		on (See Instructions)	Principal Occupation (See Instructions)
	State; Zip Code	City;	Guarantor address:	not applicable
Amount Guaranteed (\$)		*:	Name of guarantor	GUARANTOR INFORMATION
Check if personal funds were deposited into political account (See Instructions)	Check if personal fund account (See Instruction		ateral	Description of Collateral
	Employer (See Instructions)		Principal occupation / Job title (See Instructions)	Principal occupatio
Maturity date	~ TX 75935	Center	P.O. Box 1898	Y (N)
Interest rate O~%	State; Zip Code	City;	Lender address;	Is lender a financial
Loan Amount (\$) \$ 10,000. 6	Out-of-state PAC (ID#:) Adums (SCIF)	□ out-of-state PAC (ID#:	Name of lender	12/8/23
	21 Employer (See Instructions)		tion (See Instructions)	20 Principal Occupation (See Instructions)
	State; Zip Code	City;	18 Guarantor address;	
19 Amount Guaranteed (\$)			17 Name of guarantor	16 GUARANTOR INFORMATION
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11 Maturity date	TX 75935	Center	P.D.Bx 1878	Institution?
S 100 1 00 100 100 100 100 100 100 100 1	PAC (ID#) State; Zip Code	Out-of-state PAC (ID#	Name of lender Seffrey 8 Lender address;	5 Date of loan (1 / 1 / 2 / 2 / 2 / 3 6 Is lender a financial
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LOANS

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SCHEDULE F1

	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		PURPOSE OF EXPENDITURE		HW. 50/1-11	Amount (\$)	12/8/23	Date	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		PURPOSE OF EXPENDITURE		750,00	Amount (\$)	11/29/23	Date	9 Complete ONLY if direct expenditure to benefit C/OH		PURPOSE OF EXPENDITURE	œ	10,91	r	4 Date 11/30/23	1 Total pages Schedule F1:	Credit Card Payment	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Candidate / Officeholder name	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense		Category (See Categories listed at the top of this schedule) Description	5417 Pine Street, Bellaire TX 77401	Payee address; City; State; Zip Code	Neumann & Company	Payee name	Candidate / Officeholder name Office sought Office held	Check if travel outside of Texas, Complete Schedule T. Check If Austin, TX, officeholder living expense	Fees Filing Fees	Category (See Categories listed at the top of this schedule) Description		Payee address; City; State; Zip Code	Shelby County Republican Party (SCRP)	Payee name	Candidate / Officeholder name Office sought Office held	(c) Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense	Accounting / Benking Check Order for New Account	(a) Category (See Categories listed at the top of this schedule) (b) Description	Unknown (ACH from Bonk)	0	Harland Clarke Chk Order	2 FILER NAME 2 FILER NAME 3 Filer ID (Ethics Commission Filers)	tion Guide explains how to complete this form.	Event Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Food/Beverage Expense Office Overhead/Rental Expense Fravel In District Office Overhead/Rental Expense Travel Out Of District Travel Out Of District Travel Out Of District Travel Out Of District Other (enter a category not listed above)	EXPENDITURE CATEGORIES FOR BOX 8(a)

SCHEDULE F1

Advertising Expense	EXPENDITURE CATEGORICATE Expent Expense	
Accounting Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment	בטששו	Inbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains h	this form. 3 Filer ID (Ethics Commission Filers)
W	n	<u></u>
	5 Payoe name Sorint 2 Print	
6 Amount (\$)		City; State; Zip Code
7213,71	8748 Clay Road # 300	Houston TX 77080
8	(a) Category (See Categories listed at the top of this schedule) (b) Description	scription
PURPOSE OF EXPENDITURE	Advertising Expense (Compaign Road Signs
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
12/18/23	Ace Hadwar of East	of Texas
Amount (\$)	Payee address; C	City; State; Zip Code
134,75	5438 Loop 500 E Center	to TX 75935
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description AUUTISIVA EXPENSE	Tolosis & LipTies for Signs
	Check it travel outside of lexas. 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 $12/19/23$	Ace Hardware of East Te	exas
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77,81	5438 Loop SDO E Cer	Center TX 75935
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office	Office sought Office held
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SCHEDULE F1

4 10 PERIOD COVERED 2 9 11 ELECTION (Residence or Business) POLITICAL COMMITTEE(S) CAMPAIGN TREASURER PHONE CANDIDATE / OFFICEHOLDER MAILING CANDIDATE / OFFICEHOLDER NAME CAMPAIGN TREASURER ADDRESS OFFICE CAMPAIGN TREASURER The C/OH Instruction Guide explains how to complete this form. CANDIDATE/ OFFICEHOLDER PHONE REPORT TYPE ADDRESS CAMPAIGN FINANCE REPORT Change of Address Additional Pages THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE Mr. (936 Shelby OFFICE HELD (if any) (936 Month 2 Mrs. AREA CODE NICKNAME NICKNAME MS / MRS / MR MS / MRS / MR AREA CODE ADDRESS / PO BOX; SPECIFIC GENERAL STREET ADDRESS 03, PO 41 January 15 July 15 ω ELECTION DATE Box 05 11 Month Shelbyville Day County 1719 (NO PO BOX PLEASE): 2024 COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME S PHONE NUMBER PHONE NUMBER Year 0 Day 98 - 2981....Lisa..... 98-2981 Price John APT / SUITE #; Cummings LAST FIRST Attorney 8th day before election CAMPAIGN TREASURER ADDRESS 30th day before election 2 **GO TO PAGE 2** Year \times ω S General Primary (+ APT / SUITE Center CITY; 7 Filer ID (Ethics Commission Filers) THROUGH ಚ Special Runoff Shelby County OFFICE SOUGHT (if known) STATE; EXTENSION TX Cente EXTENSION CITY; Runoff Exceeded Modified Reporting Limit ... **ELECTION TYPE** 75935 Other Description SUFFIX SUFFIX ₹ ₹ Ð. ZIP CODE K 12 Month Date Processed Receipt # Date Hand-delivered or Date Date Received N ω Day Attorney Total pages filed: Imaged 15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) TX STATE: OFFICE USE ONLY 2 FORM ZIP CODE Amount S 75935 -----Postmarked 2024

CANDIDATE

/ OFFICEHOLDER

COVER

C/OH PG _

Executed in My address is My name is (2) Unsworn Declaration Signature of officer administering oath Sworn to (1) Affidavit 18 7 15 C/OH NAME The second of EXPENDITURE TOTALS NOTARY STAMP/SEAL OUTSTANDING LOAN TOTALS SIGNATURE CONTRIBUTION CONTRIBUTION TOTALS CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT BALANCE and subscribed before me by , to certify which, witness my hand and seal of office. John I swear, required to be reported by me under Title 15, Election Code. /CCD:000 :10 12 :-6 ω 5 4 or affirm, under penalty of perjury, that the accompanying report is true . County, State of TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD TOTAL POLITICAL EXPENDITURES TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) Price (street) John L Price Please complete either option below: Printed name of officer administering oath imberly Mcclella on the and my date of birth is Signature of Candidate/Officeholder (Declarant) Signature of Candidate or Officeholder day of OF LOANS) this (month) the (state) 16 Filer ID (Ethics Commission Filers) and correct and includes all 17th day of January COVER (zip code) Title of officer administering oath , 20 (year) 6 69 69 69 69 69 0 0 0 0 0 0 btanc FORM C/OH SHEET PG 2 00 00 00 00 00 00 (country) information

14 NOTICE FROM POLITICAL COMMITTEE(S) 12 OFFICE ⇉ 6 G (Residence or Business) PERIOD CAMPAIGN TREASURER PHONE OFFICEHOLDER PHONE CAMPAIGN TREASURER ADDRESS CANDIDATE / OFFICEHOLDER MAILING ELECTION CANDIDATE / OFFICEHOLDER NAME NAME The C/OH Instruction Guide explains how to complete this form. REPORT TYPE CAMPAIGN Change of Address TREASURER ADDRESS **CANDIDATE / OFFICEHOLDER** CAMPAIGN FINANCE REPORT Additional Pages THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDERS. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE TYPE OFFICE HELD (If any) January 15 (9EP) AREA CODE GENERAL 236) 590-1855 SPECIFIC NICKNAME MS / MRS / MR AREA CODE NICKNAME MS / MRS / MR STREET ADDRESS ADDRESS / PO BOX; るこ さら Course Cantor July 15 ELECTION DATE Month Day U (NO PO BOX PLEASE): 77 公古が COMMITTEE CAMPAIGN TREASURER ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE ADDRESS COMMITTEE NAME S PHONE NUMBER PHONE NUMBER Day Year 1 Z. Jack Well APT / SUITE # CITY; Dis Cocker! N LAST 30th day before election 8th day before election 800 **GO** J 0 General Primary ナルケ らりら TO PAGE APT / SUITE #; 2 CITY; (1) Vi U Filer ID (Ethics Commission Filers) THROUGH 17 Special Runoff ಭ (TI N Shari +4 EXTENSION STATE; EXTENSION CITY; Runoff Reporting Limit Exceeded Modified ELECTION TYPE Other Description SUFFIX Suffix ₹ ZIP CODE Month Date Hand-delivered or Date Postmarked N Date Imaged Date Processed Receipt # **Date Received** COVER Vi Day Total pages filed: 15th day after campaign treasurer appointment (Officeholder Only) JAN Final Report (Attach C/OH - FR) OFFICE USE ONLY N Year FORM C/OH SHEET PG 1 Ü N Amount 2024

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

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

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:

	COMMIT	SPECIFIC COMMITTEE	Additional Pages GENERAL COMMIT		14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLIT THE CANDIDATE / OFFICEHOLDER. CONSENT. CANDIDATES AND OFFICE ON SERVI. CANDIDATES AND OFFICE ON SERVI. CANDIDATES AND OFFICE OF POLITICAL CONSENT. CANDIDATES AND OFFICE OFF	12 OFFICE OFFICE HELD (If any)	11 ELECTION Month Day Year	COVERED	. July 15	9 REPORT TYPE January 15	(93b)	AREA CODE		7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE):	NICKNAME	6 CAMPAIGN MS/MRS/MR TREASURER	5 CANDIDATE/ OFFICEHOLDER (936) 59	MAILING ADDRESS / 32 Hu dsorr	4 CANDIDATE / ADDRESS / PO BOX:	NOKNAME	3 CANDIDATE / MS / MRS /	The C/OH Instruction Guide explains how to complete this form.	
GO TO PAGE 2	COMMITTEE CAMPAIGN TREASURER ADDRESS	TEE CAMPAIGN TREASURER NAME	COMMITTEE ADDRESS	COMMITTEE NAME	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	13 OFFICE SOUGHT (If known) Sher; ff	Primary Runoff Other Description Special	Year THROUGH	Bih day before election Exceeded Modified Reporting Limit	30th day before election Runoff	598-4316 -	PHONE NUMBER EXTENSION	St. Cont	(PLEASE): APT / SUITE #; CITY;	LAST SUFFIX	Linda K.	598-4316 EXTENSION	son St. Center, TX. 75935	CITY; STATE;	SUFFIX Tr.	hert G.	ete this form. 1 Filer ID (Ethics Commission Filers)	
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15 C/OH NAME 17 CONTRIBUTION TOTALS **18 SIGNATURE** My address is My name is Signature of officer administering oath (1) Affidavit Executed in (2) Unsworn Declaration Swom to and subscribed before me by _ EXPENDITURE TOTALS OUTSTANDING LOAN TOTALS CONTRIBUTION BALANCE CAMPAIGN FINANCE **CANDIDATE / OFFICEHOLDER** NOTARY STAMP/SEAL Track , to certify which, witness my hand and seal of office. Dellar (vachla) provide あろけでい 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 Las por 4 ω 12 -6 5 County, State of TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD TOTAL POLITICAL EXPENDITURES TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) (street) madical beaution REPORT Please complete either option below: Printed name of officer administering oath OR 20/20% Somitor burgain on the Crye and my date of birth is_ Signature of Candidate/Officeholder (Declarant) city) Signature of Candidate or Officeholder this the (state) 16 Filer ID (Ethics Commission Filers) COVER SHEET PG 2 SUNTY (JOH (zip code) 6 Title of officer administering oath 5 5 20.45 8 day of Sunhawy , 20 2 | 1 (year) 1954 FORM C/OH (country)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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SCHEDULE F1

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SCHEDULE F1

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4 = 0 9 œ 0 12 OFFICE (Residence or Business) CANDIDATE/ OFFICEHOLDER PHONE CANDIDATE / OFFICEHOLDER MAILING CANDIDATE / OFFICEHOLDER NAME CAMPAIGN TREASURER PHONE The C/OH Instruction Guide explains how to complete this form. CAMPAIGN TREASURER ADDRESS PERIOD COVERED CAMPAIGN TREASURER NOTICE FROM POLITICAL Change of Address ADDRESS NAME ELECTION **CANDIDATE / OFFICEHOLDER** COMMITTEE(S) REPORT TYPE CAMPAIGN FINANCE REPORT Additional Pages Pio. Box HIOIH 37. THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. (936 (936) COMMITTEE TYPE January 15 NICKNAME OFFICE HELD (if any) $\tilde{\mathcal{S}}$ AREA CODE STREET ADDRESS (NO PO BOX PLEASE); NICKNAME AREA CODE ADDRESS / PO BOX; 3 MS / MRS / MR Month MS / MRS / MR Cimmy GENERAL SPECIFIC July 15 **ELECTION DATE** D 1. S. F. 25 9 Month Day 00 Stop COMMITTEE NAME 26 COMMITTEE COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER ADDRESS 37 South PHONE NUMBER PHONE NUMBER Day James Faulkner 591-1673 91-1673 APT / SUITE #; taulkner James LAST 30th day before election 8th day before election Shelbuville 2023 CAMPAIGN TREASURER NAME Primary GO General APT / SUITE #; 70 CITY; PAGE Filer ID (Ethics Commission Filers) THROUGH ಚ Special Runoff Shelbyille 2 STATE; Sheriff EXTENSION EXTENSION OFFICE SOUGHT CITY: Exceeded Modified Reporting Limit Runoff ナ ELECTION TYPE SUFFIX SUFFIX 75973 ZIP CODE Other Description いつ・ Month (if known) Date Received N COVER Receipt Date Imaged Date Processed Date Hand-delivered or Date Postmarked 3 Total pages filed: Day 80111 15th day after campaign treasurer appointment (Officeholder Only) OFFICE USE ONLY Final Report (Attach C/OH - FR) STATE: 2023 FORM O ZIP CODE 75973 6.0 C/OH PG 1991

:;

Executed in My address is 11014 Hwy My name is Signature of officer administering oath (2) Unsworn Declaration Sworn to and subscribed before me by (1) Affidavit **18 SIGNATURE** 5 17 CONTRIBUTION TOTALS EXPENDITURE TOTALS NOTARY STAMP/SEAL OUTSTANDING LOAN TOTALS CONTRIBUTION C/OH NAME CAMPAIGN FINANCE REPORT **CANDIDATE / OFFICEHOLDER** BALANCE James James to certify which, witness my hand and seal of office. required to be reported by me under Title 15, Election Code. I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 6 G 4 ω N .taukner County, State of TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD TOTAL POLITICAL EXPENDITURES TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) (street) OR Faul Kner Please complete either option below: Printed name of officer administering oath らなっ 9440 exas Adams , on the 3 Ray day of Shelbyville, Signature of Candidate/Officeholder (Declarant) (city) Signature of Candidate or Officeholder this the (state) 16 Filer ID (Ethics Commission Filers) 02-02-70 COVER 75773 (zip code) Title of officer administering oath \$251.67 \$ 948,33 day of 20**24** (year) 4 4 69 6 Administrator 1,200 FORM C/OH SHEET PG 2 0 Shelby. (country)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.	ATTACH ADDITI
ns) Employer (See Instructions)	Principal occupation / Job title (See Instructions)
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9 Emplo	8 Principal occupation / Job title (See Instructions)
Shelby ville, TX 15973	10-05-13 6 Contributor address; Shelby Ville
out-of-state PAC (ID#:) 7 Amount of contribution (\$)	4 Date 5 Full name of contributor
3 Filer ID (Ethics Commission Filers)	2 FILER NAME James Robert Faulkner, Jr.
how to complete this form. 1 Total pages Schedule A1:	The Instruction Guide explains how to complete this form.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.	Principal occupation / Job title (See Instructions) Employer (See	Contributor address; City; State; Zip Code	Date Full name of contributor ☐ out-of-state PAC (ID#:	Principal occupation / Job title (See Instructions)	Contributor address; City; State; Zip Cod-	Date Full name of contributor out-of-state PAC (ID#	Principal occupation / Job title (See Instructions) Employer (See	Contributor address; City; State; Zip Cod	Date Full name of contributor □ out-of-state PAC (ID#:	8 Principal occupation / Job title (See Instructions) 9 Employer (See	Shelbyville, Tx. 75	12-18-23 6 Contributor address; City; State; Zip Cod	4 Date 5 Full name of contributor ☐ out-of-state PAC (ID#:	2 FILER NAME Zames Robert Faulkner Jr.	The Instruction Guide explains how to complete this form.	
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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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14 Contributor's	14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	IAL)
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If contributor	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
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SCHEDULE F1

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SCHEDULE F1

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

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	COMMITTEE CAMPAIGN TREASURER ADDRESS		
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IDE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.	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	NOTICE FROM POLITICAL COMMITTEE(S)	4
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Day Year 15 / 2024	Month Day Year Month O / 26 / 2023 THROUGH	PERIOD COVERED	5
15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	ary 15 30th day before election Runoff 15 Sth day before election Exceeded Modified Reporting Limit	REPORT TYPE January 15	9
	.) 332-7akk	PHONE (9%)	
7	PHONE NUMBER EXTENSION	CAMPAIGN AREA CODE	8 =
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JAN 1 7 2024	ADDRESS / PO BOX: APT / SUITE #) CITY: STATE: ZIP CODE	CANDIDATE / ADDRES OFFICEHOLDER MAILING ADDRESS	4
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2 Total pages filed:	ins how to complete this form. 1 Filer ID (Ethics Commission Filers)	The C/OH Instruction Guide explains how to complete this form.	

Executed in My address is My name is Signature of officer administering oath (2) Unsworn Declaration 20 Sworn to and subscribed before me by (1) Affidavit **18 SIGNATURE** 17 15 C/OH NAME NOTARY STAMP/SEAL OUTSTANDING LOAN TOTALS CONTRIBUTION TOTALS CONTRIBUTION BALANCE EXPENDITURE TOTALS CAMPAIGN FINANCE REPORT CANDIDATE / OFFICEHOLDER to certify which, witness my hand and seal of office. 2 I swear, or affirm, under penalty of perjury, that the accompanying report is true required to be reported by me under Title 15, Election Code. 6 5 4 ω N ._ M County, State of S TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD TOTAL POLITICAL EXPENDITURES TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES TOTAL UNITEMIZED POETICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 243 Please complete either option below: Printed name of officer administering oath 5 Chan Adam - OR on the 7 th ena and my date of birth is W Signature of Candidate/Officeholder (Declarant) (city) _ day of \ e DOG T Signature of Candidate or Officeholder OF LOANS) (month) (state) and र्व O Filer ID (Ethics Commission Filers) COVER 一十, 20 <u>(year)</u> correct (zip code) とった Title of officer administering oath Adaministrator day of 200 8 5 6 4 3 8 and includes FORM (Selve 一十つ一 <u>a</u> information C/OH PG N