CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR МІ OFFICE USE ONLY **OFFICEHOLDER** B NAME Date Received 4 CANDIDATE/ **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ 6 CAMPAIGN TREASURER Date Processed NAME SUFFIX Date Imaged Durkhalter STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN ZIP CODE **TREASURER ADDRESS** P.O. Box 368 Juagoin (Residence or Business) 8 CAMPAIGN PHONE NUMBER EXTENSION **TREASURER** (9%) 577-4581 PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED THROUGH 11 ELECTION ELECTION TYPE Other Description Primary Runoff Month Special General 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) onstable 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

15 C/OH NAME	Cott Buckhalter 16 Files	r ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$			
	wear, or affirm, under penalty of perjury, that the accompanying report is true and couried to be reported by me under Title 15, Election Code.	prrect and includes all information			
	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.				
	Nancy Adams Elections P				
Signature of officer administer		Title of officer administering oath			
(2) Unsworn Declaration					
	Box 368 Jeaguan TX 3	5-1-1980 LEGEY Shall			
My address is <u>Y D</u>		(zip code) (country)			
Executed in 5hc/12.					
s and the second se	Signature of Candidate/Office	ceholder (Declarant)			

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE! MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME LAST SUFFIX 4 CANDIDATE! ADDRESS / PO BOX; APT / SUITE #: STATE: ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (936) PHONE Receipt # Amount \$ **CAMPAIGN** MI MS / MRS / MR FIRST **TREASURER** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); CITY; STATE; ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) EXTENSION CAMPAIGN AREA CODE PHONE NUMBER TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED **THROUGH ELECTION TYPE** 11 ELECTION **ELECTION DATE** Primary Runoff Other Month Day Yoar Dascriotion General Special 12 OFFICE OFFICE HELD (If any) 13 OFFICE SOUGHT (If known) 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GÖ TO PÄGE 2**

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS TOTAL POLITICAL EXPENDITURES** 4 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. **LOAN TOTALS** 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 this the _____ day of Swom to and subscribed before me by __ , to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration and my date of birth is (city) (state)

Revised 11/15/2022-----

Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX 4 CANDIDATE/ 132 Hudson St- Center, TX. 75955 **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (936) PHONE Receipt # Amount S MS / MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX STATE: ZIP CODE 7 CAMPAIGN 132 Hudson St. TREASURER ADDRESS (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER-PHONE (934) 598-9 REPORT TYPE 15th day after campaign treasurer appointment 30th day before election January 15 Runoff (Officeholder Only) **Exceeded Modified** July 15 8th day before election 7eb 24 +7 Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Description Month Day Year Special General OFFICE HELD (If any) 13 OFFICE SOUGHT (if known) 12 OFFICE 14 NOTICE FROM 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 OFFICEHOLDER'S REPRODUCED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

Omnature or Jan

· 67 75

GO TO PAGE 2

N FINANCE REPORT	
16	Filer ID (Ethics Commission Filers)
TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 5350.00
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
4. TOTAL POLITICAL EXPENDITURES	\$ 3687.18
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO	1 '
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	d correct and includes all information
4	
Signature of Candid	ate or Officeholder
Signature of Gardin	ate of emission
Please complete either option below:	
pefore me by this the	day of,
Nancy Adams Elections	Admin 15trator
ng oath Printed name of officer administering oath	Title of officer administering oath
Section 1.	
n	
f Grald Porbell Jr, and my date of birth is	01-62-1959
tudsonst. Centu, I	75935. Shelby.
(street) (city) (state	(country) (country)
Signature of Candidate/	Officeholder (Declarant)
	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. 4. TOTAL POLITICAL EXPENDITURES 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DO OF REPORTING PERIOD 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD Avear, or affirm, under penalty of perjury, that the accompanying report is true and united to be reported by me under Title 15, Election Code. Please complete either option below: Please complete either option below: Original printed name of office. And And Secondary County of the printed name of office administering oath Printed name of office administering oath Original printed name of office administering oath County, State of Texas, on the first day of the printed of the printed name of the printed of t

SUBTOTALS - C/OH

L					
19	9 FILER NAME 20 Filer ID (Ethics Con				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5 350.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3687.18			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete th	1 Total pages Schedule A1:			
2 FILER NAME	pert berg It Lorbell Jr.		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PA General Drivers, Warchers en 6 Contributor address; 1960 745 City; Dalla		7 Amount of contribution (\$) 5,000		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions) iau 745		
Date		AC (ID#:)	Amount of contribution (\$)		
1-4-24	Contributor address; City;	State; Zip Code	\$250.00		
. Delevier la constant		nter IX 75955	, , , , , , , , , , , , , , , , , , , ,		
m ana	ation / Job title (See Instructions)	Employer (See Instruct			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
1-4-24	Sammy Dance Contributor address; City; Center D	State; Zip Code	100.00		
Ω	ation / Job tille (See Instructions) Tired	Employer (See Instruct	ions)		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Warner a g.S. som	2Qta 4 521				
e in the second second	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr				

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel in District Food/Beverage Expense Contributions/Donations Made By Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salarles/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: 2 FILER NAME Albert Gerald Corbell Jr. 4 Date 5 Payee name 2-1-24 5 ; gru 5 hop 6 Amount (\$) 7 Payee address; 3 Filer ID (Ethics Commission Filers) Zip Code Printing Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY If direct Office sought expenditure to benefit C/OH Sim Shap 2-4-24 **PURPOSE** OF EXPENDITURE Check If Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name 7-1-24 Sign Shap Amount (\$) Zip Code - B. Cass- caid Pr. Center, (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Chack If Austin, TX, officaholder living expanse Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH.



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 B Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing	verhead/Rental Expense : ixpense : Expense : Wages/Contract Labor (Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Olher (enter a category not listed above)		
Total pages Schedule F1: 27-24	2 FILER NAME Albert Gerald Corbell	Jr-	Filer ID (Ethics Commission Filers)		
4 Date 1-27-24	5 Payee name Joaquin Volunten	Zine Ript.			
6 Amount (\$)	7 Payee addreks; Joaquin, 7X	City; V	State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Anction-Sale	Donat	ion		
	(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				
2-3-24	Masonie Ladge-				
Amount (\$)	Payee address;	City;	State; Zip Code		
500.	Timpson	17.			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Anctra- Sale	Der	nation		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, 1	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, 1	IX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Caradate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Contributions/Donalions Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Legal Services The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F2: 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) Zip Code 8 Payee address; City; State: TYPE OF Political Non-Political EXPENDITURE (b) Description 10 (a) Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE (c) Check If Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. 11 Complete ONLY if direct Office held Office sought Candidate / Officeholder name expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address; TYPE OF Non-Political Political **EXPENDITURE** Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Complete ONLY if direct Office sought Office held Candidate / Officeholder name expenditure to benefit C/OH ~ j.. -

The C/OH Instruction (Guide explains how	to complete this form.	1 File	r ID (Ethics Co	ommission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS) MR	FIRST		1	Μſ	OFFIC	EUSEONLY
NAME	NICKNAME	LAST			SUFFIX	Date Received	
	NIORNAME	5-100	n		COLLIN	73 F 1/20	
4 CANDIDATE/	ADDRESS / PO BOX	APT / SUITE #:	CITY;	STATE;	ZIP CODE		
OFFICEHOLDER MAILING ADDRESS	844 TE	ennessee Rd		· · · · · · · · · · · · · · · · · · ·		E FEB	0 5 2024
Change of Address	IEna	ma, Tx. 75°	174			BY:	Mh
5 CANDIDATE/	AREA CODE	PHONE NUMBER		EXTENSIO	NC	Date Hand-delive	red or Date Postmarked
OFFICEHOLDER PHONE	(903)6	92-9899					
6 CAMPAIGN	MS / MRS / MR	FIRST			МІ	Receipt #	Amount \$
TREASURER NAME		Cristi			<u></u> :	Date Processed	
7.0.000	NICKNAME	LAST			SUFFIX	Date Imaged	
		Estes				2410 11114	
7 CAMPAIGN	 Interpretation of actual variable 	NO PO BOX PLEASE); APT /	- 1	CITY;		STATE;	ZIP CODE
TREASURER ADDRESS	844 7	ennessee	Kd	Teno	dha -	Texas	15974
(Residence or Business)		×					
8 CAMPAIGN	AREA CODE	PHONE NUMBER	=	EXTENSIO	N		
TREASURER PHONE	(903)	092-9899	1. 2.				1 1
9 REPORT TYPE	January 15	30th day before	election	Rund	off	treasure	v after campaign r appointment older Only)
	July 15	8th day before e	election	1	eded Modified orling Limit	Final Re	port (Altach C/OH - FR)
10 PERIOD COVERED	Month	Day Year			Month	Day Y	'ear
COVENED		/ /	THE	ROUGH	/		
11 ELECTION	ELECTION DA	TE			ELECTION TYPE		
Continues and Superior St. Vo.	Month Day	Year Primary	,	Runoff [Other Description		
		Genera	u 🗆 s	Special	Description		
	2/5/	7074					
12 OFFICE	OFFICE HELD (if any)	CE	1	OFFICE S	OUGHT (if known	n) >	0
	() lat 55	钉		Dug	rice of	r the	reace
14 NOTICE FROM POLITICAL	THE CAMPIDATE ! OFFIC	E OF POLITICAL CONTRIBUTION EHOLDER. <i>THESE EXPENDITUR</i> AND OFFICEHOLDERS ARE REQ	CC MAY UNIVE	DEEN MADE V	VITHOUT THE CAN	DIDATES OR OFFICE	DOLUER'S MNONLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TF	REASURER N	IAME		.23	
							i i
0.4	The same same	COMMITTEE CAMPAIGN T	REASURER	AUURESS	Y* = #5	e in the contract of the contr	:6- 1 5-
The same of the sa	mit a f f ,	GOTO	PAGE	2	to you of the confidence	25.5	

CAMPAIGI	A LIIA-IIOE ICELOIXI	<u> </u>
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Cristi Es	sten
•	Signature of Car	ndidate or Officeholder
	Please complete either option below	re.
(1) Affidavit		
NOTARY STAMP/SEA		
Course to and pulposithed	hafara ma hu	, day of,
Sworn to and subscribed		
20, to certify	which, witness my hand and seal of office. Alaman Alams Election	a Adamonistrator
Signature of officer administe		Title of officer administering oath
Signature of officer authorists	Printed Hallie of Office deliminations great	- Table 1
(2) Haswara Daglareti		
(2) Unsworn Declaration		
My name is		109-20-1968
My address is SYY		R. 75974, Shelby.
•	(street) (city) (s	state) (zip code) (country)
Executed in Shall	County, State of Tours, on the 5th day of teles (month)	ntes
	Signature of Candid	date/Officeholder (Declarant)

The C/OH Instruction	Guide explains hov	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	James	R.	OFFICE USE ONLY
INCHIL	NICKNAME	Faulkn	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	C; APT / SUITE #; C	TK.75973	JAN 2 9 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936)	PHONE NUMBER 591-1673	EXTENSION	Date Hand-fell ered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	James	R.	Receipt # Amount \$
	NICKNAME	Faulkn	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	NO PO BOX PLEASE); APT / SU		STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	9. 1 Sowth 2 PHONE NUMBER 591-1673	Lot#6 Shelbyvi	lle, Tx. 75973
9 REPORT TYPE	January 15	30th day before el		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
40 DEDICE		our day before elec-	Reporting Limit	
10 PERIOD COVERED	Month O/	Day Year / 01 / 2024	THROUGH 0/	Day Year / 25 / 2024
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known	1)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	NADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES,
	OOMMITTEE TITE	- COMMITTEE TO ME		
Additional Pages	GENERAL	COMMITTEE CAMPAIGN TOE	ACUPED NAME	
	SPECIFIC	COMMITTEE CAMPAIGN TREA	OUNCK NAME	
**************************************	. 5	COMMITTEE CAMPAIGN TRE		Shape
		GO TO I	PAGE 2	0

15 C/OH NAME James R	. Faulkner Jr.	Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	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)	\$ 450.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0				
	4. TOTAL POLITICAL EXPENDITURES	\$ 52.69				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	\$ 298.98				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	* O				
	wear, or affirm, under penalty of perjury, that the accompanying report is true ar uired to be reported by me under Title 15, Election Code.	nd correct and includes all information				
	Signature of Candidate or Officeholder					
	Please complete either option below:					
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed I	pefore me by this the	day of,				
M	which, witness my hand and seal of office. Nany Adams Election					
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath				
OR (2) Unsworn Declaration						
My address is LOKE House	Refrest Faultener Jr. , and my date of birth is	c) (zin code) (country)				
Executed in Shelling	County, State of Fire , on the 29-7 day of Janua (mouth)	Officeholder (Declarant)				

SUBTOTALS - C/OH

19	James R. Faulkner, Jr.				
21	21 SCHEDULE SUBTOTALS				
	NAME OF SCHEDULE	AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 100.00			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ O			
4.	4. SCHEDULE E: LOANS				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ O			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ O			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s 0			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	он \$ О			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 0			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

_				
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	ames Robert Faul	knor, Ji	F.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Valerie Warren 6 Contributor address;	City,	C (ID#:) State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	Center	7x. 75935 9 Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PA(N/A C (ID#:)	Amount of contribution (\$)
			State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	itions)
			(and	4 C 10 10 10 10 10 10 10 10 10 10 10 10 10
	ATTACH ADDITI	and the second second second second	OF THIS SCHEDULE AS Nuction guide for additional r	

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:	
James R. Faulkner Jr.			3 Filer ID (Ethics Co	mmission Filers)
ł.	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 350	, 00
5 Date 6 Full name of contributor out-of-state PAC (ID#:) 8 Bobby + Debbie Daw 7 Contributor address; City; State; Zip Code			8 Amount of Contribution \$	9 In-kind contribution description
	Tenaha, Tk. 15	9 <i>5</i> 4		 de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	**	c	12
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outside	le of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
			alle spilling to	herediga .
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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.		
1 Total pages Schedule F1:	Since to Superior to a tree separation	3 Filer ID (Ethics Commission Filers)
4 Date	JAMES ROBERT FAULKNET 5 Pavee name	r, ur.
01-01-23	Farmers State Bank	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
3.00	115 Shelbyville St. Center	r, Tx. 75935
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE		D 1. A L Free
OF EXPENDITURE	Fees	Bank Account Fees
	(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	H James R. Faulkner, Jr.	Office sought Office held
Date	Payee name	
01-06-24	Tractor Supply Co.	
Amount (\$)	Payee address;	City; State; Zip Code
49.69	1155 Tenaha 54. C	enter, Tx. 75935
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	Toposts for Compaign signs
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Tomes R. Faulfny Jr.	Office sought Office held, Sheriff N/A
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
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		