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/ MI OFFICE USE ONLY **OFFICEHOLDER** James NAME Date Received SUFFIX Jr. immy 4 CANDIDATE / ADDRESS / PO BOX; ZIP CODE OFFICEHOLDER MAILING **ADDRESS** P.O. Box 8 Shelbyville, Tx. 75973 Change of Address 5 CANDIDATE/ **OFFICEHOLDER** (936) 591-1673 PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME STATE: ZIP CODE CAMPAIGN **TREASURER ADDRESS** 11014 54-87 5. Lot#lo Shelby ville, Tx. 75973 AREA CODE PHONE NUMBER EXTENSION (Residence or Business) 8 CAMPAIGN **TREASURER** PHONE 736) 591-1673 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 01/25/2024 02/24/ THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 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**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ames R	2. FA	WLKNER,	St.		16 Filer	ID (Eth	ics Commis	sion Filers)
17 CONTRIBUTION TOTALS		PLEDGES		AL CONTRIBUTIONS (ANTEES OF LOANS, C TRONICALLY)		l	\$	0	
	1		OLITICAL CONTRIE HAN PLEDGES, LOAI	BUTIONS NS, OR GUARANTEES	S OF LOANS)		\$	300.	0D
EXPENDITURE TOTALS	3. т	TOTAL UN	ITEMIZED POLITICA	L EXPENDITURE.			\$	0	
	4. T	OTAL PO	DLITICAL EXPEND	TURES			\$	403.	<i>60</i>
CONTRIBUTION BALANCE			LITICAL CONTRIBUT	IONS MAINTAINED A	S OF THE LAS	ST DAY	\$	195	.98
OUTSTANDING LOAN TOTALS			INCIPAL AMOUNT OF OF THE REPORTING	ALL OUTSTANDING PERIOD	LOANS AS O	F THE	\$	E)
			penalty of perjury, the me under Title 15, El	nat the accompanying ection Code.	report is true	e and cor	rect and	d includes	all information
			Please compl	sig	nature of Ca		or Office	eholder	
(1) Affidavit	è					ä			
NOTARY STAMP/SEAL	=:								
Sworn to and subscribed	before me by	у			this the		day o	f	,
20 to certify	which, witness	s my hand	and seal of office.	lans E	lection	s Ad	(mv)	~isha	An
Signature of officer administer	ring oath		Printed name of offic	er administering oath			Title of o	officer admir	nistering oath
				OR					
(2) Unsworn Declaration	on								
My name is	SR. Fa	rulkne	r, Jr.	, and my da	ite of birth is	02	-02	-70	*
My name is Ame My address is <i>//014_3</i>	54-875.	Cof 4	6	Shelbyr	ille	友	759	73 <u> </u>	Shelby.
Executed in <i>5he</i> .	1by Col	(street) unty, State	e of Texas	(city) , on the 2014 da	ay of February of (seconds)	tate) (z	zip code _, 20 <u>_</u> (ye	e) (cor ear)	untry)
				signati	ur of Candid	ate/Office	holder	(Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmissio	n Filers)
	JAMES R. FARYKNER IT.			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 3	300.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS		\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 4	63 .00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$	0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$	O

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	2 FILER NAME SAMES R. FAULKJER Jr. 4 Date 5 Full name of contributor out-of-state PAC (ID#:)			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
02-01-24	Gen 2 Propert 6 Contributor address;	City;	State; Zip Code	300.00
	l	Shelbyvil	k Tx. 75973	
8 Principal occu	pation / Job title (See Instructions)	,	9 Employer (See Instruc	etions)
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	tions)
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)	US. 40. 4. E. G. 4. E. F. G. 4. E. G. 4	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	NOT A	Employer (See Instruc	tions)
	ATTACH ADDITION		OF THIS SCHEDULE AS N	

SCHEDULE F1

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

	EXPENDITURE CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	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:	2 FILER NAME JAMES R. FAL	ULKNER TO	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	2 1	
0/-3/-24 6 Amount (\$)	7 Payee address;	City;	State; Zip Code
3.00	115 Shelbyville 54.	Center, TX	75935
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Accounting Banking	Bank Ac	count hees
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02-03-24	Alterd Baking	Company	
Amount (\$)	Payee address;	City;	State; Zip Code
100.00	177 CR 3330	Joaquin, TK.	75954
-	Category (See Categories listed at the top of this s	schedule) Description	
PURPOSE OF EXPENDITURE	Food Beverage Expen	se Baked	Goods
	Check if travel outside of Texas. Complete S	chedule T. Check if Austii	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	A STATE OF THE STA	
02-03-24	Timpson Masonia	e Lodge	
Amount (\$)	Payee address;	City;	State; Zip Code
	499 Washington	St. Timps	on Tk. 75975
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE OF	CD/Rave	March	11:11 (11.1 1
EXPENDITURE	Check if travel outside of Texas, Complete So	hedule T Check if Misting	I, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held



Filer name

(1) Affidavit

AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

An exemption affidavit must be submitted with each paper report.

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in <u>any</u> calendar year must file all subsequent reports electronically.

OFFICE	OFFICE USE ONLY				
Date Received					
Date Hand-delivered or Date Postmarked					
Receipt #	Amount \$				
Date Processed					
Date Imaged					

- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.

Filer ID #

- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the <u>Courty Clerk</u> report due on <u>02-26-24</u> I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

NOTARY STAMP/SEAL	——————————————————————————————————————	Signature of Filer
Sworn to and subscribed before me by		_ this the day of,
20, to certify which, witness my hand a	and seal of office.	
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
Like I and Talling War was a second	OR	
(2) Unsworn Declaration My name is <u>Tames R. Faulkner</u> My address is <u>11014 SH-87 5.</u> (street) Executed in <u>Swelly</u> County, State	of Texas, on the 26% day of	of birth is 02-02-70 Alle, 70, 75773 Shelby. (state) (zip code) (country) of kebruary , 20 24. (month) (year) Signature of Filer (Declarant)
FILERS WHO ARE EXE	MPT FROM THE ELECTRONIC FILE	LING REQUIREMENT

ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

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 fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST		MI G		USEONLY
NAME	NICKNAME	Cheatwoo	đ	SUFFIX	Date Received	RIWER
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY; STATE;	ZIP CODE	₩ FEB	2 6 2024 🖔 Val
Change of Address	1199 a	R 3804 JOS	aguinTZ	15954	AD di acca	
5 CANDIDATE/ OFFICEHOLDER PHONE	The second secon	PHONE NUMBER 572-038リ	EXTENS	SION		or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
NAME	NICKNAME	KOY LAST		SUFFIX	Date Processed	
		Cheatwood			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY	′ :	STATE;	ZIP CODE
(Residence or Business)	1199 CE	3804 Joo	goin TX	-15954	-1	,
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENS	ION		
	(906)	572-0381	1			
9 REPORT TYPE	January 15	30th day before		noff	15th day af treasurer a (Officeholde	
	July 15	8th day before ele	ecuon	ceeded Modified porting Limit	Final Repor	rt (Atlach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	•
	/	/ /	THROUGH			
11 ELECTION	ELECTION DA	Year I. Primary	Runoff	Other		
	Month Day のろ/05/	real	Special	Description		
12 OFFICE	OFFICE HELD (if any)			SOUGHT (if known		
		-k Pct 3			, PC+.3	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE	WITHOUT THE CANE	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
(-,	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
	,	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	<i>u</i> ···	se.	
<u> </u>		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HAN \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	(s) \$ 250°C
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7.5000
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LOF REPORTING PERIOD	LAST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$
18 SIGNATURE Is	wear, or affirm, under penalty of perjury, that the accompanying report is t	true and correct and includes all information
	uired to be reported by me under Title 15, Election Code.	
	Signature of	Candidate or Officeholder
	Di esta esta esta esta esta esta esta esta	
	Please complete either option belo	ow:
(1) Affidavit		
(I) Alliuavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this th	ne day of,
	which, witness my hand and seal of office.	
		ins Administration
Signature of officer administer		Title of officer administering oath
	OR.	
(2) Unsworn Declaration		
(2) Uliswolli Decialatio	n ,	
My name is	4 Cheatwood, and my date of birth	is 3-9-58.
My address is 1190	7 CR 3804 . Voaquin -	TX .75954. Shelby.
<u> </u>	(street) (city)	(state) (zip code) (country)
Executed in Shelb	The second secon	Druky, 2024.
5 &	(mor	nth) (year)
	Signature of Can	didate/Officeholder (Declarant)
	Ognative of Gain	didate/Officeriolder (Decidiant)

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	Roy Cheaty	vood		3 Filer ID (Ethics Commission Filers)
4 Date 2 (4 2 4	5 Full name of contributor CALLY BAGE 6 Contributor address; pation / Job title (See Instructions)	out-of-state PAC	State; Zip Code State; Zip Code State: A TOTO 9 Employer (See Instruc	7 Amount of contribution (\$)
Date	Full name of contributor Contributor address;	out-of-state PAC	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	State; Zip Code	Amount of contribution (\$)
Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	itions)
Date	Full name of contributor Contributor address;	out-of-state PAC	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
	ATTACH ADDITION	IAL COPIES C	OF THIS SCHEDULE AS N	IEEDED
	If contributor is out-of-state PAC, ple	ease see Instru	uction guide for additional r	reporting requirements.

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

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME SOU Cheatwo	,	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
25000	320 W. Panola St	Carthau	ne TR 75633	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description)	
PURPOSE OF EXPENDITURE	Advertisina Expanse	519	n5	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
	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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED	

		TICEHOLDER CE REPORT	4		ORM C/OH SHEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages f	filed: 7
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	B	OFFICE	EUSEONLY
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BO	Blackus II X: APT/SUITE #; C State Hus	CITY; STATE; ZIP CODE	MMMT W FEB 2	3 2024
MAILING ADDRESS Change of Address	Cento	4 TE 759	3.5	BY:?	A
5 CANDIDATE/ OFFICEHOLDER PHONE	(936) 5	72 - 3300	EXTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	Blacke	suffix	Date Imaged	â
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU State Itw	TITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)	Centra	r, Tx 7593	35		
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)5	PHONE NUMBER 90-1855	EXTENSION		
9 REPORT TYPE	January 15	30th day before ele	Runoff		fter campaign ppointment er Only)
	July 15	8th day before elect	tion Exceeded Modified Reporting Limit	Final Repo	rf (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year /2(a / 2 4	Month THROUGH ()2/	Day Year	
11 ELECTION	ELECTION DA Month Day	Year Primary	ELECTION TYPE Runoff Other		
	03/05,	General General	Description		
12 OFFICE	OFFICE HELD (If any)	0	13 OFFICE SOUGHT (If known) Shoriff		,
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES N	CCEPTED OR POLITICAL EXPENDITURES MA MAY HAVE BEEN MADE WITHOUT THE CAND ED TO REPORT THIS INFORMATION ONLY IF TH	IDATE'S OR OFFICEHOL	DER'S KNOW! FDGE OR
0000001122(0)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME		
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS		
		GO TO P	AGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAIVIPAIGI	N FINANCE REPORT	OOVER CHEET I G Z
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TO PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	han \$
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	NS) \$ 500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2165.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY \$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	s of the \$ 0.00
req	quired to be reported by me under Title 15, Election Code. Live BB Signature of	Candidate or Officeholder
	Please complete either option bel	ow:
My Notary	TH BEARDEN / ID # 7107007 ugust 22, 2024	
Swom to and subscribed to	pefore me by WIS B. BUNGWWW Affris to the period and seal of office.	he 13 pt day of KEBLUMY.
20 ZA II, to certify w	hich, witness my hand and seal of office.	NOTAMIPUBLIC
Signature of officer administeri	ng bath Printed name of officer administering oath	Title of officer administering oath
的。其他有关的数	OR:	
2) Unsworn Declaration	n	
My name is	, and my date of birth	ı is
My address is		
executed in	(street) (city) County, State of , on the day of (mo	(state) (zip code) (country) onth) (year)
8)	(mo	onth) (year)
	Signature of Car	ndidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILERNAME Willis B. Blackwell Sc 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2090.11
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 74.89
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OR	\$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

www.ethics.state.tx.us

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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			3 Filer ID (Ethics Commission Filers)		
Wi	Ilis B. Blackwell Sr.	1			
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)		
2/15/24	Quonymous 6 Contributor address; City;		- M		
211314	6 Contributor address; City;	State; Zip Code	500.00		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor ut-of-state PAC ((ID#:)	Amount of contribution (\$)		
			(4)		
	Contributor address; City;	State; Zip Code			
Principal secur	ation / Job title (See Instructions)		lions)		
i moipai occup	and you the (See Instructions)	Employer (See Instruct	uons)		
Date	Full name of contributor	UD#.			
Date	Total Harrie of Contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
	Contributor address, City,	State, Zip Code			
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	iions)		
		T			
Date	Full name of contributor	ID#:	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occupa	Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

SCHEDULE 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 Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Frinting Expense
Printing Expense
Travel Out Of District
Salaries/Wages/Contract Labor
Other (enter a category not listed above)

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.		•
1 Total pages Schedule F1	: 2 FILER NAME WILLS B. Blacking	1 Sr	3 Filer ID (Ethi	ics Commission Filers)
4 Date 2 - 2 - 2 +	5 Payee name	Č.		
6 Amount (\$)	7 Payee address	(City;	State;	Zip Code
# 300 00		Joaquin	TX	759gd
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Contribution/Doxoti	TN)		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
2/3/24	Timpson Masonic	Lodge		
Amount (\$)	Payee address;	City;	State;	Zip Code
#800.00		Tumpron	- TX	75975
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
2/16/24	Center Volunteer	Fire Do	P4	
Amount (\$)	Payee address;	City;	State;	Zip Code
500.00	C	enter	TX	75935
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation			
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin	ı, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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** Accounting/Banking Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Polling Expense Travel In District Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Credit Card Payment Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 2-20-24 Zip Code 490.4 137 San Hugust 75935 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Advartising Print ad OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held 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 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 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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (aging a gategory not listed above)

Contributions/Donations Mad- Candidate/Officeholder/Poli Credit Card Payment		Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain		xpense Vages/Contract Labor	Travel 0	Out Of District enter a category	y not listed above)
1 Total pages Schedule G:	2 FILER NA		عداد	Sr.	3 File	r ID (Ethics	Commission Filers)
4 Date 2 - 20 - 24	5 Payee nar	ne ht & Cham	o te	on Dei	دد		
6 Amount (\$) 14.89 Reimbursement from political contributions intended	7 Payee add	dress; an Augustine	L S#	City;	Dec	State;	Zip Code
8 PURPOSE OF EXPENDITURE	Ad	(See Categories listed at the top of this so		(b) Description	A.A.	holder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholder name ·		Office sought			Office held
Date	Payee nam	ne	-				
Amount (\$) Reimbursement from political contributions intended	Payee add	ress;		City;		State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description			
	c	heck if travel outside of Texas, Complete Sch	nedule T.	Check if Aus	itin, TX, office	holder living ex	pense
Complete ONLY if direct expenditure to benefit C/C		ite / Officeholder name	C	Office sought		(Office held
Date	Payee nam	е					70
Amount (\$)	Payee add	ress;		City;		State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this sci	hedule)	Description			
	CH	neck if travel outside of Texas. Complete Scho	edule T.	Check if Aus	tin, TX, officet	older living exp	pense
Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candida	te / Officeholder name	C	Office sought		C	Office held
	ATTAC	CH ADDITIONAL COPIES OF	THIS SCI	HEDULE AS NEE	DED		

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/ MI **OFFICEHOLDER** OFFICE USE ONLY NAME Date Received SUFFIX 4 CANDIDATE / ADDRESS / PO BOX; OFFICEHOLDER MAILING P.O. Box 1898 Center TX 75935 **ADDRESS** Change of Address 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (936) 598 - 4900 PHONE Receipt # Amount \$ 6 CAMPAIGN MI **TREASURER** NAME Date Processed Date Imaged STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 7 CAMPAIGN STATE; ZIP CODE TREASURER **ADDRESS** 105 San Ayustine St. Center (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (936) 9 REPORT TYPE 30th day before election 15th day after campaign Runoff treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD **COVERED** 26/2024 **THROUGH** 11 ELECTION ELECTION DATE **ELECTION TYPE** Runoff Other Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) County 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 KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S 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 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

	THE NEW YORK THE THE				
15 C/OH NAME	Jeffrey D.	Adams	16 File	r ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POL PLEDGES, LOANS, OR GE CONTRIBUTIONS MADE B	ITICAL CONTRIBUTIONS (OTHER UARANTEES OF LOANS, OR ELECTRONICALLY)	THAN	\$ 0,00	
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,	TRIBUTIONS LOANS, OR GUARANTEES OF LO	DANS)	\$ 1851,44	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLI	TICAL EXPENDITURE.		\$ 0.00	
	4. TOTAL POLITICAL EXPE	ENDITURES		\$ 6916,51	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRI OF REPORTING PERIOD	IBUTIONS MAINTAINED AS OF TH	E LAST DAY	\$ 5754	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	T OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE	\$16,516,00	
18 SIGNATURE I sv	vear, or affirm, under penalty of perjur uired to be reported by me under Title 1	y, that the accompanying report 5, Election Code.	is true and co	rrect and includes all information	
			11		
		Signature	of Candidate	or Officeholder	
	N	T 4 345 45 4	-		
Please complete either option below:					
(1) Affidavit SHILOH HOOPER					
(1) Fundavit			Nota	ry ID #125814172	
		1 (3)	My C	ommission Expires ugust 24, 2026	
NOTARY STAMP/SEAL		James de la company de la comp			
\sim 1	efore me by	,	the <u>26</u>	day of Torvery.	
20 22 to certify w	hich, witness my hand and seal of office	11.11	a n	ntous	
	A SN	VION ITOOPEN	41	WIMWY	
Signature of officer administering	ng oath Printed name of	officer administering oath		Title of officer administering oath	
Basic to the		OR			
(2) Unsworn Declaration					
~				1	
My name is		, and my date of bir	th is		
My address is			<i>-</i>		
	(street)	(city)	(state) (zip code) (country)	
xecuted in	County, State of	, on the day of		_, 20	
		(n	nonth)	(year)	
	1	Signature of Ca	andidate/Office	cholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Jeffney D. Adams 20 Filer ID (Ethics Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 950,00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 901,44
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 4416,00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4416.51
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

is the report.					
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:		
2 FILER NAME	Jeffrey D. Adams	Ś	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:			7 Amount of contribution (\$)		
8 Principal occu	upation / Job title (See Instructions) 9	Employer (See Instruct	ions)		
2/14/24	Suc A Russell	#:)	Amount of contribution (\$)		
	Center TX	l l	2001		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)		
Date		#:	Amount of contribution (\$)		
2/14/24	Tenaha T		50000		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor	:	Amount of contribution (\$)		
		State; Zip Code			
Principal occup	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 for	m. 1 Total pages Schedule A2:			
2 FILER NAME Jeffrey D. Adams	3 Filer ID (Éthics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$ (), 20			
5 Date 6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description 70 44 Pallet of Zip Code bottled water 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 out-of-state PAC (ID#: Contributor address; City; State;	Amount of Contribution \$ In-kind contribution description Zip Code Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)			
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.				
The	The Instruction Guide explains how to complete this form.			
2 FILER NAME	Jeffry D. Adams	,	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UN	NITEMIZED LOANS		\$ (),00	
5 Date of loan 2/23/24	7 Name of lender out-of-state I		9 Loan Amount (\$) L/L//Le:	
6 Is lender a financial Institution?	8 Lender address; City; P.O. Box 1898 Cento	State; Zip Code	10 Interest rate % 11 Maturity date	
Y (N) 12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	NA	
14 Description of Coll	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political lions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
√ not applicable	18 Guarantor address; City;	State; Zip Code		
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
Y N			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited Into political ions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
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.				

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME JEffrey D. Adams 3 Filer ID (Ethics Commission I			
4 Date 1/31/24	5 Payee name Promo Gifts LLC			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
61,19	19514 Meadow Ct.	Humble	77346	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Freis	ht on items	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2/2/24	Jeguia VFD		4	
Amount (\$)	Payee address;	City;	State; Zip Code	
500,00	124 Preston St.	Joquin	75954	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	For New	VFD Builday	
	Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living exper			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
213/24	Timpson Masonic Le	odge		
Amount (\$)	Payee address;	City;	State; Zip Code	
500,00	499 Washington St.	Tinyson	TX 75975	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Donation	For pew r	out on building	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

SCHEDULE 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 Event Expense Loan Repayment/Relmbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Polling Expense Contributions/Donations Made By Printing 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; Zip Code 99.48 1000 Teraha sentur 75935 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Cake for a raffle Contribution **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 2/14/24 Amount (\$) Payee address; City; Zip Code 1000 . 32 Category (See Categories listed at the top of this schedule) **PURPOSE** Center + West Shelly VFDS Donation 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 Neumann & Company Payee address; City; Zip Code Bellaire 77401 Category (See Categories listed at the top of this schedule) Description PURPOSE Havertism Expense Tebrury Mailes **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