The C/OH Instruction	Guide explains how	to comple	te this form.	1 Filer	ID (Ethics Co	ommission Filors)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR		FIRST David Cheati	wood	•••••	SUFFIX	OFFICE	EUSE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	PO Bo	~	PT / SUITE #; C	XX XX	STATE:	ZIP CODE 5954	M FEB 2	2 6 2024 U
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936)	PHONE 371	NUMBER -427	7	EXTENSIO	N	Date Hand-delivere	ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME		enst Jenn Last	ifer	• • • • • • • • • • • • • • • • • • • •	MI K SUFFIX	Data Processed	Allount 5
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	CR	JEASE); APT/SU	JITE #;	CITY:	aguir	STATE;	75954
8 CAMPAIGN TREASURER PHONE	(936)	PHONE I	1UMBER 3 –04	72	EXTENSIO	N _.	,14	
9 REPORT TYPE	January 15		30th day before el			off eded Modified rling Limit	treasurer (Officohol	after campaign appointment der Only) ort (Allach C/OH - FR)
10 PERIOD COVERED	Month	Day /	Yoar	THR	OUGH	Month	Day Ya	ar
11 ELECTION	ELECTION DAY	Yoar	Primary Goneral	_	unoff [Olher Description		
12 OFFICE	OFFICE HELD (If any)				omm	SSIDNER	- Precini	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE ! DEGIC	CUAINED TH	OLDERS ARE REQUIR	S MAY HAVE I	RFFN MADF W	THOUT THE CAN	DIDATE'S OR OFFICER	OMMITTEES TO SUPPORT OLDER'S KNOWLEDGE OR OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC		E ADDRESS	ASURER NA	AME			
a Armunane		COMMITTE	E CAMPAIGN TRE					
17 /			GO TO	PAGE	2			***

15 C/OH NAME	David Cheaturood 1	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)	\$ 8
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 8
	4. TOTAL POLITICAL EXPENDITURES	\$ \(\int \)
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	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 uired to be reported by me under Title 15, Election Code.	and correct and includes all information
		in 1 - 000
	Signature of Cano	didate or Officeholder
	Please complete either option below:	,
(1) Affidavit		
NOTARY STAMP/SEAL		
Swom to and subscribed	before me by this the _	day of,
20 to certify	which, witness my hand and seal of office. Nancy Adams Elections	Administrator
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	and the control of th	
(2) Unsworn Declaratio	n	
My name is David	Cheatwood, and my date of birth is	2/12/1978
My address is POB	5x5 , Jagun , 1/	X . 15954. USA .
Executed in Shell	(street) (street) (city) (street) (stre	ate) (zip code) (country)
	Signature of Candida	ate/Officeholder (Declarant)

The C/OH Instruction	Guide explains hov	w to complete this form.	1 Filer ID (Ethics of	Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST		MI B		USEONLY
	NICKNAME	Burkhal-	ter	SUFFIX	Date Received	IVEN
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		CITY; STATE;	ZIP CODE	BA: J	6 2024
Change of Address	POBOX		WINTR TE	3954		
5 CANDIDATE/ OFFICEHOLDER PHONE	(436)	PHONE NUMBER '	EXTENS	ION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	P	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	<u>~</u>	SUFFIX	Date Processed	
		Burkhatte	~	APPY TREE SE Studies	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;		STATE;	ZIP CODE
ADDRESS (Residence or Business)	POB	Ox 368 .	Joaqui	100	759	54
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSI	ON		1
PHONE	(936)	57-2-458) (
9 REPORT TYPE	January 15	30th day before e	election Run	noff	15th day aft treasurer ap (Officeholder	
	July 15	8th day before ele	ection Exc	eeded Modified orting Limit		(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
	,		THROUGH	/	/ <u>/</u>	
11 ELECTION	ELECTION DA	☐ Briman		ELECTION TYPE		
	Month Day	Year Primary	Runoff [Other Description		
	3/5/	2024 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	SOUGHT (if known)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIR	S MAY HAVE REEN MADE V	NITHOUT THE CAND	NDATE'S OD DEELCEUDI I	DEDIC KNOW! EDGE OD
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			-
		GO TO	PAGE 2			

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s s
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	(s)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 610.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	AST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is	true and correct and includes all information
req	uired to be reported by me under Title 15, Election Code.	
,	Signature of	Candidate or Officeholder
		-
	Please complete either option belo	ow:
(1) Affidavit		
(1) Allidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by this tr	ne, day of,
20, to certify v	which, witness my hand and seal of office.	
Nava	, , , , , , , , , , , , , , , , , , , ,	ons Administrator
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	/OR	
(2) Unsworn Declaration	11/	
My name is	Swithalto, and my date of birth	is 05.02-1980
My address is	BOX 368 , Joaquia,	TX 75954, Shelby.
< L . VI	(street) (city)	(state) (zip code) (country)
Executed in	County, State of $\frac{12 \times 23}{\text{(mode)}}$, on the $\frac{26\%}{\text{County}}$ day of $\frac{12}{\text{County}}$	
	Signature of Car	didate/Officeholder (Declarant)

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 7 Payee address; City; State; Zip Code Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** POS+ OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions Intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Pavee address: City; State; Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE 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

Office sought

Candidate / Officeholder name

Office held

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 FIRST М 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Mr. John NAME Date Received LAST SUFFIX NICKNAME Price 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE OFFICEHOLDER MAILING TX75935 PO Box 1719 Center **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (936)598-2981 PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI CAMPAIGN **TREASURER** Lisa ...Mrs.....D. • Date Processed NAME NICKNAME LAST Date Imaged Cummings STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: 7 CAMPAIGN STATE: ZIP CODE TREASURER **ADDRESS** 75935 413 Shelbyville St. Center TX(Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN **EXTENSION** TREASURER PHONE (936)598-2981 9 REPORT TYPE 15th day after campaign 30th day before election January 15 Runoff treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED THROUGH 01 / 26 2024 02 24 2024 11 ELECTION ELECTION DATE **ELECTION TYPE** X Primary Runoff Description General Special 03/05/2024 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Shelby County Attorney Shelby County Attorney 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 KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE 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

GO TO PAGE 2

O'Alali 7 (10)	11 110 1110 1111	
15 C/OH NAME	hn L. Price	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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate or Officeholder
	_	
	DI	
	Please complete either option below	':
Providence of the Province of	The state of the s	
	KIMBERLY MCCLELLAND Notary Public, State of Texas	
W.S.	Comm. Expires 07-14-2024	
(1) Affidavit	Notary ID 130739361	
Lawrence of the Control of the Contr	Million and the second	
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	26th day of February
20, <u>724</u> , to certify	which, witness my hand and seal of office.	X Stora Poblic
Signature of officer administer	oring oath Printed name of officer administering oath	Title of officer administering oath
Signature of Simoor Burning Hate		A Argon a minimum and wall will be over the day of the con-
學的學家學術的學術	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is		
		state) (zip code) (country)
Executed in	County, State of, on the day of	
ZAGOGGG III	county, state of , on the day of (month	, 20 (year)
	22 (10 (10 (10 (10 (10 (10 (10 (10 (10 (10	
	Signature of Candid	date/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MI MS (MRS) MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME STATE: ZIP CODE 4 CANDIDATE/ ADDRESS / PO BOX; **OFFICEHOLDER** Tennessee Rd MAILING Tenaha, Tx. 75974 **ADDRESS** Change of Address AREA CODE EXTENSION PHONE NUMBER Date Hand-delivered or Date Postmarked 5 CANDIDATE/ **OFFICEHOLDER** - 9899 PHONE Amount \$ Receipt # MI 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME Date Imaged CITY: ZIP CODE STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; 7 CAMPAIGN Tenaha, Tx 75974 TREASURER **ADDRESS** (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN **TREASURER** PHONE 903) 1092-9890 15th day after campaign 9 REPORT TYPE 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election July 15 Reporting Limit Year 10 PERIOD Day COVERED THROUGH ELECTION TYPE 11 ELECTION **ELECTION DATE** V Primary Runoff Other Month Day Year Description Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) 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 NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

15 C/OH NAME	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$
OUTSTANDING LOAN TOTALS 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
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 Can	didate or Officeholder
Please complete either option below:	:
(1) Affidavit	
NOTARY STAMP/SEAL	
Swom to and subscribed before me by this the	, day of,
20, to certify which, witness my hand and seal of office.	· Al Distortal
Signature of officer administering oath Printed name of officer administering oath	Title of officer administering oath
OR	
(2) Unsworn Declaration	
	9-20-1968 5x. 75974 Shelby. (zip code) (country)
Executed in Shelby County, State of lexas, on the 26th day of February (month) Signature of Candida	year), 20 T.Y. (year)

		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains hov	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	stevie Stevie	MI	OFFICE USE ONLY
NAME	NICKNAME	Smith	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	C; APT / SUITE #; C	CITY; STATE; ZIP CODE	×
Change of Address	PO BOX	160 Joa	QUINTX 75954	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 591-4311	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	МІ	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
		Smith		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	-	(NO PO BOX PLEASE); APT / SU		STATE: ZIP CODE
(Residence or Business)	PO B	0x.160	Youquin TX	75954
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 591-43	EXTENSION	
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month THROUGH	Day Year
11 ELECTION	ELECTION DA	Year	ELECTION TYPE Runoff Other Description	
	03/05/	2024 General	Special	
12 OFFICE	OFFICE HELD (if any)	sioner, Pct.	3 OFFICE SOUGHT (if known	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	ALL TO RELIGIT THE INTO CHILATER CHILETIN	TEL NEGETIE NOTICE OF SOON EXPERIENCES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
	(4.6) (20)	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
		GO TO	PAGE 2	

15 C/OH NAME	Stevie Smith	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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 48002
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 uired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate 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	Administration
Signature of officer administer		Title of officer administering oath
表码(安全的)。	OR	的种种类型。但是是一种
(2) Unsworn Declaration		
My name is		7 75954 Shelby
		ate/Officeholder (Declarant)

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

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Exp

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Poli Credit Card Payment	tical Committee	Legal Services		es/Wages/Contract Labor	Other (enter a catego	
Gradit Guid Layment		The Instruction (Guide explains how	to complete this form.		
1 Total pages Schedule G:	2 FILER NA	nte Vie	Smi	th	3 Filer ID (Ethics	s Commission Filers)
4 Date	5 Payee na		OFFICE	1 12 21		
2-16-2024	Centery	d Fire Dep	r+	WestShell	by County R	VC DED+
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended	110 Pat	ton St Com	tuTX 759	35		
8 PURPOSE	(a) Category	(See Categories listed at	the top of this schedule)	(b) Description		
OF EXPENDITURE	Care	Auction	Donatio	- Campa	ugn Ra	lly
		Check if travel outside of Tex		Check If Aust	in, fx, officeholder living e	xpense 0
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candid	ate / Officeholder n	ame	Office sought		Office held
Date	Payee nan	ne				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
Reimbursement from political contributions Intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at	the top of this schedule)	Description		
		heck if travel outside of Texa	s. Complete Schedule T.	Check if Aust	in, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C/C		te / Officeholder na	ame	Office sought		Office held
Date	Payee nam	e				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
Reimbursement from political contributions intended				O.ly,	diate,	zip code
PURPOSE OF EXPENDITURE	Category (See Categories listed at th	ne top of this schedule)	Description		
	CH	eck if travel outside of Texas	s. Complete Schedule T.	Check If Austin	n, TX, officeholder living ex	kpense
Complete ONLY If direct expenditure to benefit C/OH	Candida	te / Officeholder na	ıme	Office sought		Office held
Parameter to believe and a second			120 - 14 (1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- x = - 4	
	ATTAC	H ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NEED	DED	

The C/OH Instruction (Guide explains how	v to complete	e this form.	1 File	er ID (Ethics	Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Ferr	AST	^	Th	MI DM a 5 SUFFIX	Date Received	USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		T/SUITE#		STATE;		BY: No	6 2024 19
Change of Address	682 CR	> /67	35 000	1901 V	IX	15727		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936)	PHONE N	IUMBER		EXTEN	SION	Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR M/3		neu			J ^{MI}	Date Processed	Amount \$
NAME	NICKNAME		AST			SUFFIX		
	STREET ADDRESS	T.				55.71%	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PI	LEASE); APT / S	UITE #;	CIT	Y;	STATE;	ZIP CODE
(Residence or Business)	680 CE	2, 368	5 10	agu	1.h -	TX 70	5954	
8 CAMPAIGN TREASURER	AREA CODE	PHONE N	UMBER	1	EXTENS	SION	,	
PHONE	(936)	337	- 114	3				
9 REPORT TYPE	January 15		30th day before e	election	R	unoff	15th day af treasurer a (Officeholde	
	July 15	Ly-	8th day before ele	ection		ceeded Modified eporling Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD	Month	Day	Year			Month	Day Year	
COVERED	1	1201	2024	THE	ROUGH	21	124/2	024
11 ELECTION	ELECTION DA	ATE				ELECTION TYPE		
	Month Day	Year	Primary	_	Runoff	Other Description		
	3/5/	2024	General	؛ لــا	Special			
12 OFFICE	OFFICE HELD (if any)	l		1		SOUGHT (if known	Pc+ 3	
14 NOTICE FROM	THIS BOY IS FOR NOTIC	CE OF POLITICAL	CONTRIBUTIONS	ACCEPTED			ADE BY POLITICAL COM	MITTEES TO SUBBORT
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THE	SE EXPENDITURES	S MAY HAVE	BEEN MADE	WITHOUT THE CANE	DIDATE'S OR OFFICEHOL THEY RECEIVE NOTICE OF	DER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE	NAME					
Additional Pages	GENERAL	COMMITTEE	ADDRESS					
_	SPECIFIC	COMMITTEE	CAMPAIGN TRE	ASURER N	IAME			
	,	COMMITTEE	CAMPAIGN TRI	EASURER A	ADDRESS	- 20		
		l	,					
		2	GO TO	PAGE	2			

15 C/OH NAME	In Thomas Jernigan, Jr	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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 6
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$
14000 14010 14010 14010 14010 14010	wear, or affirm, under penalty of perjury, that the accompanying report is truquired to be reported by me under Title 15, Election Code.	e and correct and includes all information
· ·	Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
(1) Affidavit		
NOTARY STAMP/SEA	L	
Swom to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office. A ancy Adams Rec	ions Administrator
Signature of officer administe		Title of officer administering oath
在表现的能力的	OR	
(2) Unsworn Declaration	on	
,	(3000)	state) (zip code) (country)
Executed in Shell	Fen M. Grant	

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/I MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** D NAME Date Received NICKNAME SUFFIX Dec.De 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; **OFFICEHOLDER** CR. 4653 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (7770) PHONE Receipt # Amount \$ (MS/MRS/MR CAMPAIGN MI TREASURER NAME Date Processed NICKNAME SUFFIX Date Imaged McDanald STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE; ZIP CODE **TREASURER ADDRESS** 305 CR 4378 (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month **COVERED THROUGH** 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Description 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 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 COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

15 C/OH NAME	Dee Dee Green	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)	\$
	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	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 uired to be reported by me under Title 15, Election Code.	and correct and includes all information
·	Signature of Car	ndidate or Officeholder
	Please complete either option below	:
(1) Affidavit		
NOTARY STAMP/SEAL		
Swom to and subscribed	before me by this the _	day of,
Swom to and subscribed	before me by this the _ which, witness my hand and seal of office.	,
Swom to and subscribed	before me by this the	day of, 1 S A Lowing Strator Title of officer administering oath
Swom to and subscribed 20, to certify	before me by this the	15 Administrator
Swom to and subscribed 20, to certify v	before me by this the	15 Administrator

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 OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX 4 CANDIDATE/ ADDRESS / PO BOX; **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 98- 4316 PHONE Receipt # Amount S MS / MRS / MR CAMPAIGN TREASURER Date Processed NAME NICKNAME Date Imaged CAMPAIGN ZIP CODE **TREASURER ADDRESS** (Residence or Business) 8 CAMPAIGN PHONE NUMBER **EXTENSION TREASURER** PHONE 9 REPORT TYPE January 15 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 Day Year COVERED **THROUGH** 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Month Day Year Description General Special 12 OFFICE 13 OFFICE SQUGHT (if known) OFFICE HELD (if any) 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. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED 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 **GO TO PAGE 2**

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	\$ 1,816,00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	'			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$			
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.					
	9/1	,/			
	Stople				
	Signature of Ca	ndidate or Officeholder			
	*				
	Places complete either entien below	/·			
	Please complete either option below	/·			
(1) Affidavit					
NOTARY STAMP/SEAL					
Swom to and subscribed	before me by this the	day of,			
20, to certify which, witness my hand and seal of office.					
My Con Nancy Adams Elections Administrator					
Signature of officer administer	Printed name of officer administering oath	Title of officer administering oath			
Construction of the second					
(2) Unsworn Declaration					
My name is					
My address is 132 Hu dson St. Center. TX. 75935. Shelby.					
(street) (city) (state) (zip code) (country) Executed in 5/4/by County, State of 7x, on the 2/1/2 day of (month), 2024.					
~	(month)	(year)			
Signature of Candidate/Officeholder (Declarant)					

SUBTOTALS - C/OH

19 FILER NAME / 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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 E Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins 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:	Albert Gerald Co	bell Ja-	3 Filer ID (Ethics Commission Filers)			
4 Date 24-24	Printing + Desse	กร	=			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
15100	1897 7m 417 (a) Category (See Categories listed at the top of thi	West, Contro, X is schedule) (b) Description	15975			
PURPOSE		(c) zeconplion	1			
OF EXPENDITURE	Printing Expense	. Care	of			
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if Austi	in, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
2-14-24	Light + Cham	ypion				
Amount (\$)	Payee address;	City;	State; Zip Code			
le 40,00	137 San Angust	Line, St Center,	TX 75935			
PURPOSE OF EXPENDITURE	category (See Categories listed at the lop of this NEWS Paper Ads Campaign	schedule) Description Campo	zign Ad			
	Check if travel outside of Texas. Complete		n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
2-14-24	Shelpy Count	1 Today.	•			
Amount (\$)	Payee address;	City;	State; Zip Code			
\$175,00	202 Field St.	Center, 1/2	75935			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this services)	schedule) Description Campai	gn A 25-			
	Check if travel outside of Texas. Complete S	Schedule T. Check if Austin	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit COH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Candidate/Officeholder/Politica Credit Card Payment			t Of District er a category not listed above)		
oroak out a ymonk	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	4/bert berald Property	ell Jr. 3 Filer I	D (Ethics Commission Filers)		
4 Date 2 - 7 - 2 - 2 U	5 Payee name	Lce=# 437			
2-3-2024 6 Amount (\$)	7 Payee address;		State; Zip Code		
\$500.00	Timpson, Tr.	199 was hineto	n 5%.		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Donation - cake Anction	Compargn B	9/1/9		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeh	older living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name + 5 help County Center Vol. Fine D.	Fire Dept- a	rton, TX		
2-16-2024	Center Vol. Fine D.	est- 110 Patto	m St, Centak. 15935		
Amount (\$)	Payee address;	City;	State; Zip Code		
450.00	110 Patfon 5t- Cent	In 18 75985			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Dona from Cale Anction	Compaign.	Ra/1,		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeh	older living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name		i i		
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, officeh	older living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					