FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains ho	v to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages	filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR	Fern Fern		Thomas	OFFIC	E USE ONLY
NAME	NICKNAME	LAST Jernisan		SUFFIX	Date Received	TUES
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	682 CR 3			ATE; ZIP CODE	BY: U	5 2024
Change of Address				an		**********
5 CANDIDATE/ OFFICEHOLDER PHONE	(136)	572-3891	EX	TENSION		ed or Dale Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MYS.	Cortney		5 ^{MI}	Receipt # Date Processed	Amount \$
	NICKNAME	LAST LAST		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE): APT / SU	JITE #:	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS	180 CK	3685	700	aquin	TX	75954
(Residence or Business)				*		
8 CAMPAIGN TREASURER PHONE	AREA CODE (9310) 3	PHONE NUMBER 32-1143	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before el	ection	Runoff		after campaign appoinlment der Only)
	July 15	8th day before elec	ction	Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 16/24	THROUGH	Month	Day Ye	
11 ELECTION	Month Day	Year Primary	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)		· 1	FICE SOUGHT (if known		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS A EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN M	ADE WITHOUT THE CAN	DIDATE'S OR OFFICEHO	DLDER'S KNOWLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME	2			
Additional Pages	GENERAL	COMMITTEE ADDRESS				Was Miles
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	ASURER ADDRES	SS		
				2 4 H	· · · · · · · · · · · · · · · · · · ·	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GO TO I	PAGE 2	,		ž.

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15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAR CONTRIBUTIONS MADE ELECT		\$ 0
	TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPEND	ITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAS	\$ 150°°
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTIN	FALL OUTSTANDING LOANS AS OF G PERIOD	F THE \$
	wear, or affirm, under penalty of perjury, t uired to be reported by me under Title 15, E		e and correct and includes all information
		Teffe	
		Signature of Ca	indidate or Officeholder
	Please comp	lete either option below	<i>!</i> :
(1) Affīdavit	KIMBERLY MC Notary Public, St Comm. Expires	ate of Texas () 07-14-2024	
()	Notary ID 13		
NOTARY STAMP/SEAL			~ ~ ~ .
Swom to and subscribed		US JUNIOM this the	5 day of <u>HD</u> .
1/	which, witness my hand and seal of office.	1 200000	v \ 1
SAMONIA AND THE	calland timber	ly MCClothad	Motani
Signature of officer administer	ing oath Printed name of office	cer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaratio	on * ,		· ·
My name is	=	, and my date of birth is	
My address is			
	(street)	(city) (s	state) (zip code) (country)
Executed in	County, State of	_ , on the day of	, 20
()	AND AND STATE	(month	(year)
-	757	Signature of Candid	date/Officeholder (Declarant)

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form. 1 Filer ID (Ethics Commis	ssion Filers) 2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST MI	OFFICE USE ONLY Date Received
	NICKNAME LAST SUI	FFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		FEB 0 5 2024
Change of Address	Timpson, TX 75975	and and
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (770) 876-8518	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS) MRS / MR FIRST MI	Receipt # Amount \$ Date Processed
		PFIX Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY;	STATE: ZIP CODE
(Residence or Business)	305 (R 4378 Tenaha 7	75971
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION	
	(936) 554-7610	
REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before election Exceeded Reporting I	I mail topolit (Maoil O/O11-114)
0 PERIOD COVERED	Month Day Year THROUGH	Month Day Year
I ELECTION	Month Day Year Primary Runoff O	TION TYPE Other escription
2 OFFICE	OFFICE HELD (If any) 13 OFFICE SOUGH 17 IP 1	
4 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENTHE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION.	JT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
SOMMITTEL(S)	COMMITTEE TYPE COMMITTEE NAME	
	COMMITTEE ADDRESS	
Additional Pages	GENERAL GOMMITTEE ADDICESS	
Additional Pages	GENERAL COMMITTEE CAMPAIGN TREASURER NAME	

Sports Barrier Son

15 C/OH NAME		
15 C/OH NAME	Dec Dec 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	ST 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.	e and correct and includes all information
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	<i>/</i> :
(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.	en Alandotostas
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
	CR 4653 Timpson ,T	5-70-19-74 7597556169 (zip code) (country)
	Mee Dee X	(year)

The C/OH Instruction (Suide explains hov	v to complete t	his form.	1 Filer	ID (Ethics C	Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	Ms/MRs/MR Mr.	FIRS Jo				мі L.		USEONLY
NAME	NICKNAME	LAS				SUFFIX	Date Received	
		Pr	ice				,65,	v en ei in ein ein
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box	K; APT /	SUITE #;	enter	STATE;	ZIP CODE 75935	FEB 0	2 2024
Change of Address	ļ						HV:7/	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUM	/BER		EXTENSI	ON	Date Hand-delivered	or Date Postmarked
PHONE	(936)	598-2	981				Receipt #	Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRS	šT			MI	Nobelpt if	Allount \$
NAME	Mrs	LAS.				D.	Date Processed	
		Cu	mmings	3			Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEA	ASE); APT / SI	UITE #;	CITY;		STATE;	ZIP CODE
TREASURER ADDRESS	413 She	1 herri 1 1	o C+		Cont		TX	75025
(Residence or Business)	413 3110	TOYVILL	e st.		Cent	er	IX	75935
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUM			EXTENSIO	ОИ		
9 REPORT TYPE	(936 /	598-2	981					
9 REPORT TYPE	January 15	X 30	Oth day before e	election	Run	off	15th day af treasurer a (Officeholds	
	July 15	8th	n day before ele	ection		eeded Modified orling Limit	Final Repo	t (Allach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year			Month	Day Year	1
10 2 11 blood drivers	01 /	/ 01 / :	2024	THRO	UGH	01 /	25 / 20	24
11 ELECTION	ELECTION DA	ATE				ELECTION TYPE		
	Month Day	Year	X Primary	Rur	noff [Other Description		
	03/05/	2024	General	Spe	ecial	Description	****	
12 OFFICE	OFFICE HELD (if any)			13	OFFICE S	OUGHT (if known)	·	
	Shelby Co	ounty A	ttorne				y Attorn	ev
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE	CE OF POLITICAL CO	ONTRIBUTIONS A	ACCEPTED OR	POLITICAL E	EXPENDITURES MA	ADE BY POLITICAL COM	MITTEES TO SUPPORT
COMMITTEE(S)	CONSENT. CANDIDATES COMMITTEE TYPE	COMMITTEE N	ERS ARE REQUIR	RED TO REPORT	THIS INFOR	RMATION ONLY IF TI	HEY RECEIVE NOTICE O	F SUCH EXPENDITURES,
		COMMITTEE AD						
Additional Pages	GENERAL	COMMITTEE AL	JUKE 55					
	SPECIFIC	COMMITTEE CA	AMPAIGN TREA	ASURER NAM	IE			
		COMMITTEE C	AMPAIGN TRE	EASURER AD	DRESS			
A	ωυ ea	. 100		e	* ,	, 3h	ea	- avec 3 3
			GO TO I	PAGE 2)			

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 LAS OF REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- uired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Signature of Ca	ndidate or Officeholder
	La contraction of the contractio	
	Please complete either option below	r:
(1) Affidavit	KIMBERLY MCCLELLAND Notery Public, State of Texas Comm. Expires 07-14-2024 Notery ID 130739351	
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by	2nd day of February,
20 24 , to certify we have been signature of officer administer	which, witness my hand and seal of office. Color of the	Notary
	The state of the s	Title of officer administering oath
(2) Unsworn Declaration		
My name is	, and my date of birth is	
My address is		
Executed in		state) (zip code) (country)
Executed in	County, State of, on theday of(month	
		date/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 NICKNAME 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ **OFFICEHOLDER** (936) 591-4311 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR **TREASURER** Date Processed NAME NICKNAME Date Imaged 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: STATE; ZIP CODE TREASURER **ADDRESS** DO BOX 160 JOAquin TX 75954 AREA CODE PHONE NUMBER EXTENSION (Residence or Business) 8 CAMPAIGN **TREASURER** PHONE (936) 591-4311 9 REPORT TYPE 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Month Year COVERED THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Other Description Day 03/05/2024 General Special 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 KNOWLEGGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S 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	Stevie Smith		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL C PLEDGES, LOANS, OR GUARANT CONTRIBUTIONS MADE ELECTRO	EES OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	XPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITU	RES	\$ 480.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LAS	TDAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF AL LAST DAY OF THE REPORTING PI		THE \$
18 SIGNATURE I st	wear, or affirm, under penalty of perjury, that	the accompanying report is true	and correct and includes all information
	uired to be reported by me under Title 15, Electi		and defrest and includes all information
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	·		······································
		Signature of Car	didate or Officeholder
	Please complet	e either option below	:
			·
(1) Affidavit			*
The Commencer report			
NOTARY STAMP/SEAL	v		5
Sworn to and subscribed	before me by	this the _	, day of,
20, to certify v	vhich, witness my hand and seal of office.		
Much	- Nancy A	dams Electron	as Administrator
Signature of officer administer			Title of officer administering oath
Parata de La Caración			
A service of the serv			
(2) Unsworn Declaratio	on .		
×	avice Smith	Secretaria de la composición del composición de la composición del composición de la composición de la composición de la composición del composición de la composición del com	5-19-7-1
my name is	20 200	, and my date of birth is _	
My address is	enric Swith OCR 3197 (street)	Joaquin T	(, +5954,)helby.
ر -س <u>ب</u>	(street)	(city) (st	ate) (zip code) (country)
Executed in	County, Stee of IC 2005	on the day of	, 20 M PM. 1 30-CA
, ¥ ¥	1	(month)	(year)
		Signature of Condid	ate/Officeholder (Declarant)
H- Adaptation of the state of t	The second secon	Signature of Candida	ateronicendider (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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Travel In District Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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 -27-24 Amount (\$) # 480,00 Zip Code Reimbursement from political contributions intended (b) Description fundamistry for 8 (a) Category (See Categories listed at the top of this schedule) , Contributions/Donations made **PURPOSE** OF Officeholder EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Candidate / Officeholder name Office sought Complete ONLY If direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; State; Zip Code City; Reimbursement from political contributions Intended 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 exponse Office sought Office held Candidate / Officeholder name Complete ONLY If direct expenditure to benefit C/OH Payee name Payee address; Amount (\$) Zip Code City; State: Reimbursement from political contributions Intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check If Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office held Office sought Complete ONLY If direct **始**。...__ expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; STATE; OFFICEHOLDER MAILING **ADDRESS** P.O. DOX 1898 Center TX 75935 Change of Address 5 CANDIDATE/ PHONE NUMBER EXTENSION **OFFICEHOLDER** (936) 598-4900 PHONE Receipt # Amount S MS / MRS / MR CAMPAIGN MI **TREASURER** racie NAME **Date Processed** Date Imaged ayre STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE; ZIP CODE **TREASURER** 105 Son Agustine St. **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **TREASURER** PHONE 9 REPORT TYPE January 15 30th day before election 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Dav COVERED 01/01/2024 THROUGH 25/2024 11 ELECTION ELECTION DATE **ELECTION TYPE** Runoff Other Month Description 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. CANDIDATE'S 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

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)	\$ 0.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O. "
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7288.21
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$ 8029.48
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	*12,100."
18 SIGNATURE I sv	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 Can	didate or Officeholder
	Please complete either option below:	
ID #1	HOPE JOHNSON 28169845 hission Expires try 08, 2026	
Sworn to and subscribed b		5th day of TOUNWY,
20 24 to certify w	thich, witness my hand and seal of office. Limborary Dhu 30h	Notary
Signature of officer administeri	ng oath Printed name of officer administering oath	Title of officer administering oath
	OR	
2) Unsworn Declaration		
My name is	, and my date of birth is _	
My address is		
502	(street) (city) (sta	ate) (zip code) (country)
xecuted in	County, State of, on the day of(month)	
· · · · · · · · · · · · · · · · · · ·	(month)	(year)
	Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME	mmission Filers)					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
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 CON	\$7288,21					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$					
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$				

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		Event Expense Loan Repayment/I Fees Office Overhead/F Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/C		head/Rental Expo ense pense ages/Contract Lal	ense bor	Transpo Travel I Travel C	ortation Equi n District Out Of Distri	sing Expense pment & Related ct ory not listed ab		
	T		on Guide explai	ins how to c	omplete this fo	rm.				
1 Total pages Schedule F1:	2 FILER NA		iey D.	Ad	uns		3 Filer	ID (Ethic	s Commission	Filers)
4 Date	5 Payee na		CONTY	Tod	add					
6 Amount (\$)	7 Payee ad	dress;			City;			State;	Zip Code	9
600,00	20	2 17	eld 5	+,	Cen	ter	,	X	7597	35
8	(a) Category	(See Categories li	sted at the top of this	s schedule)	(b) Descripti	on			1000	
PURPOSE OF EXPENDITURE	Adve	rtismj	Expens	x.	0	nlin	e C	>011 re	-5	
	(c)	Check if travel outside	of Texas. Complete \$	Schedule T.	Chec	k if Austin	ı, TX, offic	eholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ite / Officeholde	er name		Office sou	ıght			Office held	
Date	Payee nar	ne								
1/4/24	A	ce He	rduur	e F	East	16	- Zxas	,		
Amount (\$)	Payee add	dress;			City;			State;	Zip Code	9
209,69	543	18 Lo.	ep 50	DE	Ce	lnte	r ` -	TX	759	35
	Category	(See Categories list	ted at the top of this s	schedule)	Description	on				
PURPOSE OF EXPENDITURE	Adu	entising	Expens	e	T-1	Post	s for	Sig	503	
		Check if travel outside	of Texas, Complete S	Schedule T.	Chec	k If Auslin	, TX, office	eholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholde	r name		Office sou	ght			Office held	
Date	Payee nar	ne								
1/18/24	P	nomo (oifts /	LLC						
Amount (\$)	Payee add	lress;			City;			State;	Zip Code	•
5114.57	195	1-(/	Tendow	C+.	Hur	nble		TX	77	346
	Category (See Categories list	ed at the top of this s	schedule)	Description	on				
PURPOSE OF EXPENDITURE	Adv	otising I	- Expense		Shir	15,	Shi	ikoz	, Pers	,Etc.
		heck if travel outside	of Texas, Complete S	chedule T.	Check	k if Austin	, TX, office	aholder living	g expense	
Complete <u>ONLY</u> If direct expenditure to benefit C/OH		te / Officeholde	er name		Office sou	ught 196		1.1	Office held	- 3
	ΔΤΤ	ACH ADDITIO	NAL COPIES	OF THIS S	CHEDIII E A	SNEE	DED			

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

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

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Signs OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Amount (\$) City; State: Payee address: 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 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 Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT FORM C/OH COVER SHEET PG 1 The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 3 CANDIDATE! MS / MRS / MR OFFICEHOLDER OFFICE USE ONLY NAME NICKNAME Date Received SUFFIX 4 CANDIDATE ADDRESS / PO BOX; APT / SUITE #; **OFFICEHOLDER** ZIP CODE MAILING **ADDRESS** Change of Address 5 CANDIDATE/ OFFICEHOLDER EXTENSION (936) 572.3300 Date Hand-delivered or Date Postmarked PHONE 6 CAMPAIGN Receipt # Amount \$ TREASURER NAME Date Processed NICKNAME Date Imaged CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; TREASURER STATE: ZIP CODE ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE (436) 590-1855 9 REPORT TYPE 30th day before election 15th day after campaign treasurer appointment (Officeholder Only) July 15 8th day before election **Exceeded Modified** Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 01/01/24 THROUGH 31/24 11 ELECTION ELECTION DATE ELECTION TYPE Primary Month Day Runoff Other Description 03/05/24 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 SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS GO TO PAGE 2

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 2 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) O 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 3,000.00 **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** 0 4. TOTAL POLITICAL EXPENDITURES \$ 1.409.89 CONTRIBUTION 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD 1,590.11 OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD \$ 0 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by to certify which, witness my hand and seal of office MARY BETH BEARDEN My Notary ID #7107007 Signature of officer administering oath Printed na (2) Unsworn Declaration My name is , and my date of birth is My address is (street) (city) (state) (zip code) (country) County, State of day of Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
	Willis B. Blackwell Sr	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$3,000.00
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	\$ 1,409.89
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.

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:		
2 FILER NAME	illis B. Blackwell Sr	· 9	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC Sand Hull Whecker 5 6 Contributor address; City;	(ID#:)	7 Amount of contribution (\$)		
		tions)			
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
1/2/24	Contributor address; City:	State; Zip Code	\$ 2,000.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
Un	Known				
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code	•		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
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ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NIFEDED					

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Fees Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Blackmall Sr. 4 Date 7 Payee address; 6 Amount (\$) State: Zip Code 101 Pouter St. 75935 Center. 100.00 (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE posto to mount signo OF EXPENDITURE Ising Chaluse. (c) Check If travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY If direct expenditure to benefit C/OH Date Pavee name 1/3/24 Dolas Fred Amount (\$) State; Zip Code 00.011 th 75935 Carter Category (See Categories listed at the top of this schedule) Description PURPOSE towartsung expanse EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Amount (\$) 128 Frontage 71055 Minden Category (See Categories listed at the top of this schedule) Description PURPOSE OF Courds Haverhoune EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense Gandidate A⊕fficeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.						
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Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poli Credit Card Payment	e By tical Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling E. Printing E Salaries/	xpense Nages/Contract Labor	Travel Out Of Dis	quipment & Related Expense
4 7 11		The Instruction Guide exp	lains how to	complete this form.	•	ingery motificial above,
1 Total pages Schedule F	Wi	Mis B. Blac	kurel	1 500	3 Filer ID (Et	hics Commission Filers)
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6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
\$ 75,00	158-B	Cassonia Dr.		Center		75935
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Date	Payee nam	ie .				
1/31/24	Ths	2 Sign St	10-0			
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614.24		Cass-Qaid Do	schedule)	Curtar	1/2	75935
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