# **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 Jc. 4 CANDIDATE/ ADDRESS / PO BOX; ZIP CODE OFFICEHOLDER MAILING Huden St. Center Trager 132

ADDRESS	1 /2 /	max	100)	11.13 135	1	^	1
Change of Address					B.		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936)	PHONE NUMBER 598-4314	EXT	ENSION	Date Han	d-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Linda		l<.	Receipt #		Amount \$
	a Majakasakak Salakasa	Corbell		SUFFIX	Date Ima	ged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT 15 CO	nter/1X	75935		STATE;	ZIP CODE
(Residence or Business)						<del></del>	
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTE	ENSION			
PHONE	(934)	598.43	16 -	_			
9 REPORT TYPE	January 15	30th day before e	lection	Runoff	LLJ t	5th day after reasurer ap Officeholder	
	July 15	8th day before ele	011011	Exceeded Modified Reporting Limit			(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH	Month C35	Day / 20 /	Year / 202	4
11 ELECTION	Month Day	Year Primary	Runoff Special	ELECTION TYPE Other Description			
12 OFFICE	OFFICE HELD (If any)		13 OFFI	CE SOUGHT (IT KNOWN	)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS AS EMPLOYED THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIRED COMMITTEE NAME	MAY HAVE REEN MA	DE WITHOUT THE CANI	MATER AD	DECICEUM P	EDIC VIIOUR FROM OF
	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME		*******************	No.	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	3			
		GO TO I	PAGF 2				
Forms provided by Texas Et	hics Commission	Down was 1444-www.ethics					D. J. J. (41120000
i offilia provided by fexas Et	The Commission		.o.c.c.tx.us			980	Revised 11/15/202

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAIVIFAIGI	N FINANCE REPORT	
15 C/OH NAME	Serald Carbell	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 4,500,00
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 5315.00
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 T LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true a uried to be reported by me under Title 15, Election Code.	and correct and includes all information
	Solated	y/
	Signature of Cand	idate or Officeholder
	,	
	Please complete either option below:	
(4) A.E.J		
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed to	noforo mo hu	days of
		, day of,
20 , to certify w	which, witness my hand and seal of office.	10 : : : 1
Signature of officer administeri	Nancy Adams Elections	
Signature of onicer auministeri	Times halls of onlost definitioning sauti	Title of officer administering oath
	OR	open constitution and an arminal
(2) Unsworn Declaratio	n	
My name is	and my date of birth is	1/2/1954
My address is	2 Hudson St Center , 17	75935 Shelby.
P.A.	(street) (city) (state	
Executed in Shells	County, State of 1400, on the 1700 day of 1000	20 21/
	Slabell (month)	(year)
	Signature of Candidate	e/Officeholder (Declarant)

# 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

Contributions/Donations Made I Candidate/Officeholder/Politic		Printing Expense Salaries/Wages/Contract Labor	Travel out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F1	The state of the s		3 Filer ID (Ethics Commission Filers)
-	Albert Gerald Cov	bell, Ir	
3/11/2024	The Light & Cham	Pidh	
6 Amount (\$)	The Light & Cham 7 Payee address;	City;	State; Zip Code
2,000.00	137 Sa A 2000		T 7503C
8	(a) Category (Soo Categories listed at the top of the	s schedule) (b) Description	17 7 7 7 7 7 7
PURPOSE	(a) Category (sao Categories listed at the top or this	(b) Description	
OF EXPENDITURE	Advertising	Newspa	Den Ad
	(c) Chack if travel outside of Texas. Complete		, TX, officeholder living expense
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held
Date .	Payee name		
4/26/2024	Stantey Burgay N Payee address?	Lemonial Scholar	ship Fundralser
Amount (\$')	Payee address;	City;	State; Zip Code
1,000,00			
,	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF	Donations	Fundra	
EXPENDITURE			
	Check if travel outside of Toxas. Complete S		, TX, officeholder living expensa
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/27/2024	Timpson Masonic Payee address;	Lodge Fundre	si ser
Amount (\$)	Payee address;	City;	State; Zip Code
000.00			
,	Category (See Categories listed at the top of this s	chodule) Description	
PURPOSE OF			l
EXPENDITURE	Donations	Fundra	aisw
	Check if travel outside of Texas. Complete S	chedulo T. Chack If Auslin,	, TX, officaholdar living expansa
Complete ONLY IS direct expenditure to benefit C/OH.	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Pg 2

# EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimburseme

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	,	J.,,	
1 Total pages Schedule F1:	2 FILER NAME Albert Gwald Corbel	1, 1	3 Filer ID (Ethi	ics Commission Filers)	
4 Date 04-27-2024	Albert Gardd Corbel  5 Payee name  Shelbynile Voluntee  7 Payee address!	r Five De	pt-		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
500.00	< .	Shelbyville	丁又	75973	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF	1.	1 .			
EXPENDITURE	Donations	Funda	ai ser		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name			•	
Amount (\$)	Payee address;	City;	State;	Zip Code	
-					
	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	n, TX, officeholder livir	ng 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	
Y	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 livln	g expense	
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED		=

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

					-	
		EXPENDITURE CATE	GORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office C Polling I Printing Salaries	ppayment/Reimbursement overhead/Rental Expense Expense Expense over a complete this form.	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule G:				1	3 Filer ID (Ethic	cs Commission Filers)
1	Alber	+ Gerald Corb	مذال	, )~		
4 Date	5 Payee nan	ne				
3-11-2024	She	Elby County	10	oday		
6 Amount (\$)	7 Payee add	dress;	)	ے City;	State;	Zip Code
Reimbursement from political contributions intended	P.O.B	10× 64		Center	T又	75935
8 PURPOSE	(a) Category	(See Categories listed at the top of this so	:hedule)	(b) Description On 1	ine Neuvsp	Caper
OF EXPENDITURE	Adver	rtising			cal Ad	_
	(c) c	Check if travel outside of Texas. Complete Sch	edule T.	Check If Austin,	, TX, officeholder living	expense
9 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Candida	ate / Officeholder name	g G	Office sought		Office held
Date	Payee nam	ne				
5-9-2024	The	e Sign Sho	0			
Amount (\$)	Payee add	lress;	+	City;	State;	Zip Code
7-(5.00 Reimbursement from						
political contributions intended	158-F	3 Cass Gaid I	)v	Conter	ナマ	75935
PURPOSE	Category	(See Categories listed at the top of this so	chedule)	Description		
OF EXPENDITURE	Adver	tista		Sign	15	
		heck if travel outside of Texas, Complete Sch	edule T.		, TX, afficeholder living	expense
Complete ONLY If direct		ite / Officeholder name		Office sought		Office held
expenditure to benefit C/C	)Н					
Date	Payee nam	е				
Amount (\$)	Payee add	ress;		City;	State;	. Zip Code
Reimbursement from political contributions intended						
PURPOSE	Category (	See Categories listed at the top of this sci	hedule)	Description		
OF EXPENDITURE						
	CI	neck if travel outside of Texas. Complete Scho	edule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct	Candida	te / Officeholder name		Office sought		Office held
expenditure to benefit C/OH						
	ATTAC	CH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NEED	ED	

# **CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT**

FORM C/OH - FR

_								
		The Instruction Guide explains how to complete this for						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)					
	A	Dert G. Corbell						
3	SIGNAT							
	designat	expect any further political contributions or political expenditures in connection with my ng a report as a final report terminates my campaign treasurer appointment. I also un a contributions or make any campaign expenditures without a campaign treasurer appointment. Signatures	nderstand that I may not accept any					
4		/HO IS NOT AN OFFICEHOLDER lete A & B below <i>only</i> if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Check	only one:						
		do not have unexpended contributions or unexpended interest or income earned fro	m political contributions.					
	1	have unexpended contributions or unexpended interest or income earned from political nay not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirement	ne earned on political contributions to ontributions and that I may not retain ibutions longer than six years after al contributions and unexpended					
	В.	ASSETS						
	Check	only one:						
		do not retain assets purchased with political contributions or interest or other income	e from political contributions.					
	t F	do retain assets purchased with political contributions or interest or other income fro nat I may not convert assets purchased with political contributions or interest or other ersonal use. I also understand that I must dispose of assets purchased with political equirements of Election Code, § 254.204.	r income from political contributions to					
	OFFICE	IOLDER ete this section <i>only</i> if you are an officeholder ••						
	☐ I i	am aware that I remain subject to filing requirements applicable to an officeholder who doe. I am also aware that I will be required to file reports of unexpended contributions if, a officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as					
		Sig	gnature of Officeholder					

#### **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 М OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX 4 CANDIDATE/ **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** NAME Date Processed NICKNAME Date Imaged 7 CAMPAIGN STATE; ZIP CODE TREASURER **ADDRESS** POBOX 368 (Residence or Business) 8 CAMPAIGN EXTENSION **TREASURER** PHONE (936) 572-4581 9 REPORT TYPE January 15 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 Month Day Year COVERED THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Description General Special 12 OFFICE OFFICE HELD (If anv) 13 OFFICE SOUGHT (if known) 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. CANDIDATES AND OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S 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**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	Scott B Burkhalter 16	6 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	\$ 770.79
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I OF REPORTING PERIOD	PAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	<sup>HE</sup> \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true a ulred to be reported by me under Title 15, Election Code.	nd correct and includes all information
	Signature of Candi	idate 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 v	which, witness my hand and seal of office.	Administrator
Signature of officer administer		Title of officer administering oath
Company of the Compan	TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	\$446531251545KIG55753331
(2) Unsworn Declaratio	n	
My name is	street)  County, State of Texas, on the 17th day of Man	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	Signature of Candidate	e/Officeholder (Declarant)
	Olgitature ul Candidate	"Omoonolder (Dooldrafit)

### **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense
Accounting/Banking
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 Salarias/Manas/Contract Labor Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made E Candidate/Officeholder/Politic		Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explain	ns how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME BUNKING HER		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 136.40
5 Date 4-24-24	6 Payee name COOKED 24how	wristbonds .com	
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
136-40	PO 30X 368	Joaquein	7× ×954
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF Expenditure	Advertising Texpense	e Brncelet	<u> </u>
	(c) Check if travel outside of Texas. Complete S	Schedule T. Check If Au	istin, TX, officeholder living expense
11 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Scott Buckhalter	Pet. 3 Constab	le
Date 5-11-2 4	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
634.39	Canua . com	Online	
TYPE OF EXPENDITURE	Political	Non-Political	
	Category (See Categories listed at the top of this	schedule) Description	
PURPOSE OF Expenditure	Advertising Expense	Mailer	s
	Check if travel outside of Texas, Complete S	Schedule T. Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Kest Beskhalte	Pet. 3 Const	Lable.
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NE	EDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for  Complete only if "Report Type" on page 1 is marked "Final Prince of the complete only if "Report Type" on page 1 is marked "Final Prince of the complete only if "Report Type" on page 1 is marked "Final Prince of the complete only if "Report Type" on page 1 is marked "Final Prince of the complete only if "Report Type" on page 1 is marked "Final Prince of the complete only if "Report Type" on page 1 is marked "Final Prince on the complete only if "Report Type" on page 1 is marked "Final Prince on the complete on the complete only if "Report Type" on page 1 is marked "Final Prince on the complete only if "Report Type" on page 1 is marked "Final Prince on the complete only if "Report Type" on page 1 is marked "Final Prince on the complete only if "Report Type" on page 1 is marked "Final Prince on the complete only if "Report Type" on the complete on	
L		The port type on page 1 is marked Fina	ai Report ••
1	C/OH.	H Burkhaller	2 Filer ID (Ethics Commission Filers)
3	SIGN	ATURE	
3	l do no	t expect any further political contributions or political expenditures in connection with m	ly candidacy. I understand that
	campa	ating a report as a final report terminates my campaign treasurer appointment. I also u gn contributions or make any campaign expenditures without a campaign treasurer ap	nderstand that I may not accept any pointment on file.
			12-6
		Signatur	re of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Cheg	only one:	
	Q	I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.
		I have unexpended contributions or unexpended interest or income earned from political may not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended cunexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement	ne earned on political contributions to ontributions and that I may not retain ibutions longer than six years after all contributions and unexpended
	В.	ASSETS	
	Check	only one:	
	V	I do not retain assets purchased with political contributions or interest or other income	e from political contributions.
		I do retain assets purchased with political contributions or interest or other income fro that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	r income from political contributions to
		Si	gd.a.o or Cariolade
		HOLDER lete this section <i>only</i> if you are an officeholder ••	
		am aware that I remain subject to filing requirements applicable to an officeholder who do lile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as
		Sig	nature of Officeholder

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	James	$\overset{\scriptscriptstyleMI}{\mathcal{R}}.$	OFFICE USE ONLY
, will	NICKNAME Jimmy	Faulkner	SUFFIX	Date Received 2021
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO FO		CITY; STATE; ZIP CODE	MAY 17 A
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936)	PHONE NUMBER 591-1673	EXTENSION	Date:Hand stellivered or Pate Posimarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST James	мі <b>Д</b> .	Receipt # Amounts\$  Date Processed
	NICKNAME	Faulka	suffix	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL		STATE; ZIP CODE
(Residence or Business)	11014 SH	875. Lot#6	. Shellyville,	Tx. 75973
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before eld	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month O 2	Day Year / 25 / 24	THROUGH 05	Day Year / 18 / 24
11 ELECTION	Month Day	Year Primary	Runoff Cher Description  Special Cher Description	
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE SOUGHT (if known	þ
14 NOTICE FROM POLITICAL COMMITTEE(S)	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 TYPE	COMMITTEE NAME		*
Additional Pages	GENERAL	COMMITTEE ADDRESS		r. — a 1977 T. C.
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	ngerty
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	MAY 1 7 2024 1
		GO TO F	PAGE 2	BY: M.

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	3 R.	FAULKNER, Jr.	16 File	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TIPLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HAN	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAD	NS)	\$ 800,00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4.	TOTAL POLITICAL EXPENDITURES		\$ 995.98
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY	\$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	\$
		rm, under penalty of perjury, that the accompanying report is reported by me under Title 15, Election Code.	true and co	rrect and includes all information
		Tours	PJ	- M. J.
		Signature of	Candidate	or Officeholder
		digital of	Odnaidate (	or Omeendaer
		Please complete either option belo	)W'	
		ridado dempiete citrici option sen	J 44.	
(1) Affidavit				
(1) Allidavit				
NOTARY STAMP/SEAL				
Comments and automobiled	h - 6			
Sworn to and subscribed			ie	day of,
20, to certify v	which, witne	ss my hand and seal of office.		
1/95		Manay Adams Ele	ections	Administrator
Signature of officer administer	ing oath	Printed name of officer administering oath		Title of officer administering oath
		OR		
(2) Unsworn Declaratio	n			
	0 -	11. —		1 1
100		alkner Tr., and my date of birth	is <u>07</u>	1/02/1970
My address is <u>//o/4/5/</u>	48/2	+=6 Shelbyville	Tx.	75973, Shelby
/</td <td>1/2</td> <td>(street) (city)</td> <td>(state) (</td> <td>zip code) (country)</td>	1/2	(street) (city)	(state) (	zip code) (country)
Executed in <u>Shel</u>	Co Co	ounty, State of <u>Texas</u> , on the <u>17</u> day of <u>(mail</u>	Vlay	_, 20_ <u>Z4</u>
	′	- James F	2 Jan	Marin A.
		Signature of Can	didate/Office	eholder (Declarant)
				A200 B

# SUBTOTALS - C/OH

NAME OF SCHEDULE	SUBTOTAL AMOUNT
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	AMOUNT
NAME OF SCHEDULE	AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS     \$	G00.00
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	995.98
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 \$	VIII de la composição d
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

# MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

	sted information is not applicab			Toport.
The	Instruction Guide explains how	to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Tames R. Faulkn	4 Jr.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  Kenneth Ram  6 Contributor address;	out-of-state PA	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)		9 Émployer (See Instruc	tions)
Date 23-14-24	Full name of contributor Viola Quintania Contributor address:	lla City;	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 04-12-24	Full name of contributor Timber wdf Lake V Contributor address; 152 CR 2789	Norks L	1	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions)		Employer (See Instruct	tions)
Date		• • • • • • • • • • • • • • • • • • • •	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occupa	ation / Job title (See Instructions)		Employer (See Instruct	ions)
	ATTACH ADDITIO		OF THIS SCHEDULE AS N	

### 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
Salaries/Manes/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 c		er a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME James R. Faulkner	3 Filer I	D (Ethics Commission Filers)
4 Date 02-26-24	5 Payee name Shelly County Top	lace	
6 Amount (\$)	7 Payee address;	City; S	itate; Zip Code
\$100,00	202 Freld St. Cent	er Th.	75935
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Political Ad	luer 43ing
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	older living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Tames R. Faulkner Jr	Office sought - Sheriff	Office held
Date	Payee name		
02-29-24	Farmers State Band	K	
Amount (\$)	Payee address;	City; S	tate; Zip Code
43.00	115 Shelbyville St.	Center T	75935
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Bank Account	ent Fees
OF			
OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Bank Accou	
OF EXPENDITURE  Complete ONLY if direct	Fees  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  James K. Faulkner, Jr.  Payee name	Bank Accou	lder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	Fees  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  James R. Faulkser, Jr.	Bank Accou	lder living expense
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  03-/2- 24  Amount (\$)	Fees  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  James K. Faulkner, Jr.  Payee name	Bank Account Check if Austin, TX, officehold Office sought  Short Ff	lder living expense
Complete ONLY if direct expenditure to benefit C/OH  Date  03-12-24	Fees  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  James R. Faulkner, Jr.  Payee name  Ultra Shade Plus	Bank Account Check if Austin, TX, officehold Office sought  Short A	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  03-12-24  Amount (\$)  92.01	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  James R. Fauthorer, Jr.  Payee name  Ultra Shade Plus  Payee address;	Bank Account Check if Austin, TX, officehold Office sought  Short A	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  03-/2- 24  Amount (\$)	Fees  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  Janes K. Faulkner, Jr.  Payee name  Ultra Shade Plus  Payee address;  Toff Sauthwith Circle	Bank Account Check if Austin, TX, officehold Office sought  Shortff  City; St  Center, T,	Office held
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  03-12-24  Amount (\$)  92.01  PURPOSE OF	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  James K. Faulkner, Jr.  Payee name  Ulfra Shade Plus  Payee address;  Toff Sauthrew Circle  Category (See Categories listed at the top of this schedule)	Bank Account Check if Austin, TX, officehold Office sought  Shortff  City; St  Center, T,	Office held  NA  ate; Zip Code
OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH  Date  03-12-24  Amount (\$)  92.01  PURPOSE OF	Fees  Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name  James K. Faulkner, Jr.  Payee name  Ultra Shade Plus  Payee address;  Tof Southied Circle  Category (See Categories listed at the top of this schedule)  Advertising	Bank Account Check if Austin, TX, officehold Office sought  Short Account Short Account Short Account Short Account Signal Signa	Office held  NA  ate; Zip Code

# 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
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (expenses and listed the ver)

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 03-20-2 City: State: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office held expenditure to benefit C/OH James R. Date Payee name 03-21-24 Amount (\$) City; State; Zip Code 32.00 **PURPOSE** OF **EXPENDITURE** 3/10 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 Payee name Date 03-29-24 Amount (\$) City; State: Zip Code 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 COPIÉS 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
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 Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date City; State; Zip Code (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH James Payee name City; State; Zip Code Payee address; Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name State: Zip Code City; Amount (\$) Payee address; .00 Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct 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.

#### **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

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

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries  The Instruction Guide explains how to	:/Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	I	Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 05-02-14	5 Payee name Center Broadcasting		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
132.00	307 San Augustine	Center	Tx. 75935
8	(a) Category (See Catego(ies listed at the top of this schedule)	(b) Description	,
PURPOSE OF EXPENDITURE	Advertising Expense	Politica	al Advitising
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Sames R. Fanlkner, Sr.	Office sought	Office held
Date	Payee name		
05-14-24	Debbie Daw		
Amount (\$)	Payee address;	City;	State; Zip Code
#80.97	1105 CR 4314	Teraha	TX 75974
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Politican	1 Advertising
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Tames R. Faulkner, Jr.	Office sought  Then H	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	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEE	DED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.					
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	Son	nes R. Faulkner, Jr.	2 Filer ID (Ethics Commission Filers)		
3			v gandidaev. Lunderstand that		
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.				
		rignatur	e of Candidate / Officeholder		
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Chec	conly one:			
	<b>*</b>	I do not have unexpended contributions or unexpended interest or income earned fro	m political contributions.		
		I have unexpended contributions or unexpended interest or income earned from politic may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contributions this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement.	ne earned on political contributions to ontributions and that I may not retain ibutions longer than six years after al contributions and unexpended		
	B.	ASSETS			
	Check	only one:			
	X	I do not retain assets purchased with political contributions or interest or other income	e from political contributions.		
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	income from political contributions to		
5		HOLDER  olete this section <i>only</i> if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officeholder who do file. I am also aware that I will be required to file reports of unexpended contributions if, a an officeholder, I retain political contributions, interest or other income from political cont political contributions or interest or other income from political contributions.	after filing the last required report as		
		Sig	nature of Officeholder		



Filer name

(1) Affidavit

JAMES

# 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.

R. FAULKNER Jr.

OFFICE USE ONLY		
Date Received	2	
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.
- 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>County Clerk</u> report due on <u>05-20-24</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,
Signature of officer administering oath	Printed name of officer administering oath  OR		Title of officer administering oath
(2) Unsworn Declaration  My name is	76 Juckey	A //	(zip code) (country) , 20 24,
FILERS WHO ARE E	XEMPT FROM THE ELECTRONIC FI	LING REQUIR	EMENT

ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

1 , 2 2/1 1