#### **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 SUFFIX RECEIVED o'clock 02 AM 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: ZIP CODE **OFFICEHOLDER** FEB 26 2024 MAILING **ADDRESS** JEANNIE ASH Elections Administrator, Hunt County, TX By: Change of Address 5 CANDIDATE/ Date Hand-delivered Date Postmarked OFFICEHOLDER PHONE Receipt # 6 CAMPAIGN MS / MRS / MR TREASURER Date: Processed NAME NICKNAME SUFFIX Date imaged ... CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); CITY: TREASURER **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION **TREASURER** PHONE REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election July 15 Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Other Description Runoff Month Day Special 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC

COMMITTEE CAMPAIGN TREASURER ADDRESS

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS CONTRIBUTIONS MADE ELECTRONICALLY)	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTI	EES OF LOANS)
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2232.54
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED OF REPORTING PERIOD	) AS OF THE LAST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD	NG LOANS AS OF THE \$
	wear, or affirm, under penalty of perjury, that the accompany	ing report is true and correct and includes all information
req	uired to be reported by me under Title 15, Election Code.	
	Lan	
		Signature of Candidate or Officeholder
		Signature of Cardidate of Chiceroder
	Please complete either op	otion below:
(1) Affidavit	STEFANIE HOLBROOK Notary Public, State of Texas Comm. Expires 07-18-2025 Notary ID 129494402	
NOTARY STAMP/SEAL		
Sworn to and subscribed I	pefore me by Randy Winkinger	this the 26 day of 1thruany,
	vhich, witness my hand and seal of office.	•
Stolanutd	Brook Stefanic Holbron	sk
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaratio	n	
	, and my	date of birth is
My address is		,,
		ty) (state) (zip code) (country)
Executed in	County, State of, on the	day of, 20 (year)
	Sign	ature of Candidate/Officeholder (Declarant)

### **SUBTOTALS - C/OH**

#### FORM C/OH COVER SHEET PG 3

	SHEET PG 3	
FILER NAME 20 Filer ID (Ethics Co	ommission Filers)	
SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0	
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0	
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0	
SCHEDULE E: LOANS	\$ 0	
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ O	
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0	
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s 2232,54	
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0	
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>O</i>	
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ O	
	SCHEDULE SUBTOTALS  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	

## 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 Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Service	ge Expense 1emorials Expense is	Office Ov Polling E Printing E Salaries/		Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule G:	2 FILER NAME	ndu W	indi	nger	3 Filer ID (Ethio	cs Commission Filers)
4 Date V	5 Payee name AMATON	lom				
6 Amount (\$)  1 99  Reimbursement from political contributions intended	7 Payee address;			City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories (c) Check if travel outs	listed at the top of this so		(b) Description	TX, of the holder living	nidateum
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeho	older name		Office sought		Office held
Pate	Payee-name	(akea)				
Amount (\$)  Reimbursement from political contributions Intended	Payee address;  Zorro S  Areenville	t. TX 754	102	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories	penil		Description		
Complete ONLY if direct	Candidate / Officeho	de of Texas. Complete So older name		Check if Austin, Office sought	TX, officeholder living	Office held
expenditure to benefit C/O	n 				11,000	
2224	Payee name	Com				
Reimbursement from political contributions Intended	Payee addressV			City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories I	a lype	nse	Description  Check if Austin,	TX, officeholder living of	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeho	lder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services	Office C Polling I ense Printing Salaries	epayment/Reimbursement lverhead/Rental Expense Expense Expense :/Wages/Contract Labor	Travel In District Travel Out Of Distri	oment & Related Expense
1 Total pages Schedule G:	2 FILER NAI	ME RANDU	Minor	W (101)	3 Filer ID (Ethic	s Commission Filers)
4 Date 2/16/24	5 Payee nam	st090	-W W W	r (gc C		
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee add	ress; NULL Streen NVILL TX	15402	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	Adver	See Categories listed at the log	inil	(b) Description  (b) Check if Austin	8 Signs	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought		Office held
Date 2/16/24	Payee nam	) YS				
Amount (\$)  70,00  Reimbursement from political contributions intended	Payee addr	eenville 7	īχ	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	belle	See Categories listed at the top	lense	Description Wood R	r Signs	
Complete ONLY if direct expenditure to benefit C/O	Candida	neck if travel où tside of Texas, Con te / Officeholder name	mplete Schedule I.	Office sought	n, TX, officeholder living o	Office held
Date 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	HIVU	ion con				•
Amount (\$) 184.0 Reimbursement from political contributions intended	Payee addr	ess;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Adver	See Categories listed at the top	upense	Description  H Stelle  Check if Austin,	TX, officentider living e	ard olign
Complete ONLY if direct expenditure to benefit C/OH	Candidat	e / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						