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GO TO PAGE 2

· Feb 5

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 COH NAME NONR		16 Filer ID, (Ethics Commission Filers)
17 CONTRIBUTION 1. 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	ST DAY \$
OUTSTANDING 6. LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE \$
	affirm, under penalty of perjury, that the accompanying report is trube be reported by me under Title 15, Election Code. Signature of Ca	andidate or Officeholder
	Please complete either option below	v :
(1) Affidavit	ROBIN PREWIT NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 12/07/27 NOTARY ID 7529819	
NOTARY STAMP/SEAL		
Sworn to and subscribed before r	ne by <u>Lecil J. Lee</u> this the	ast day of JAnuary,
20 24 , to certify which, w Rebins Premi-	itness my hand and seal of office. Robin Prewit	Notary
Signature of officer administering 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	š
		,,
		state) (zip code) (country)
Executed in	_ County, State of, on the day of(mont	h), 20
	Signature of Candi	date/Officeholder (Declarant)

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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

	The Instruction Guide explains how to cor	nplete this form.		
1 Total pages Schèdule I:	2 FILER NAME		3 Filer ID (Ethics C	ommission Filers)
4 Date	5 Payee name	I		
6 Amount (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a)Category (See instructions for examples of acceptable categories.)	(b) Description (See in required.)	nstructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	nstructions regarding type o	f information
Daté	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	nstructions regarding type o	f information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See in required.)	nstructions regarding type o	f information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

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SCHEDULE H

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 Päyment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundräising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID	(Ethics (Commission Filers)	
4 Date	5 Business	name			.			
6 Amount (\$)	7 Business	address;		City;	St	ate;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category	r (See Categories listed at the top of th	is schedule)	(b) Description				
	(c)	Check if travel outside of Texas, Complete	Schedule T.	Check if Austin	n, TX, officeholder	living exp	pense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		c	Office held	
Date	Business	s name						
Amount (\$)	Business	s address;		City;	SI	tate;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of th	is schedule)	Description				
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Date	Business	s name			-		· · ·	
Amount (\$)	Business	s address;		Ċity;	S	ate;	Zip Code	
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Complete <u>ONLY</u> if direct expenditure to benefit C/C		late / Officeholder name		Office sought		C	Office held	
	ATT	ACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NEE	DED			

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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/Politic Credit Card Payment		Legal Servic	age Expense Memorials Expense xes	Office Ov Polling E: Printing E Salaries/		Trans Trave Trave	In District Out Of Distric	ment & Related Expense
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4 Date	5 Payee nar	me EUS	Enter	0)114		3		
6 Amount (\$) Reimbursement from	7 Payee ad	dress;		_ >	City;	и	State;	zip Code 79777
political contributions intended					1-43	5		
8 PURPOSE OF EXPENDITURE	A_{a}	lvert	is the top of the state of the	<u>r pende</u>	(b) Description	À	Daily	Paper
		· · · · · ·	tside of Texas. Comple	te Schedule T.		istin, TX, offi	ceholder living/e	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	77	late / Office	holder name	Ce	Office sought	ont.	4	Office held
Date	Payee nai	me						
Amount (\$)	Payee ad	dress;			City;		State;	Zip Code
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	/ (See Categori	es listed at the top of	this schedule)	Description			
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Date	Payee nat	me						
Amount (\$)	Payee ad	dress;			City;		State;	Zip Code
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	/ (See Categori	es listed at the top of t	his schedule)	Description			
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EXPENDITUR						EDULE F4
If the requested inform				is page in the re		
		EXPENDITURE CA	TEGORIES	FOR BOX 10(a)		
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4 TOTAL OF UNITEM	IZED EXPEN	IDITURES CHARG	GED TO A C	REDIT CARD	\$ 497	.59 <
5 Date	6 Payee nan MAD	Indian Pr	iwting			-
7 Amount (\$)	8 Payee add 302-3	NGOLDev	1	Oderse	State;	Zip Code 79764
9 TYPE OF EXPENDITURE	M Poli	tical	Non-I	Political		
10 PURPOSE OF EXPENDITURE	Adver	see Categories listed at the top <u><u></u> <u></u> + / / / / / / / / / / / / / </u>	pense	(b) Description $5 [q_{fh} \delta]$	and Absin	, Raper
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	1	ate / Officeholder nam	e	Office sought	Office #	
Date .	Payee nar	ne				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (S	See Categories listed at the top	of this schedule)	Description		
	сі	heck if travel outside of Texas, Co	mplete Schedule T.	Check if	Austin, TX, officeholder livit	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder nam	e	Office sought	Office I	nèlđ
	ATTACH	ADDITIONAL COPI	ES OF THIS	SCHEDULE AS N	IEEDED	

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