APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

	See	1 Total pages filed:						
2	CANDIDATE	MS/MRS/MR	FIRST			MI	OFFICE	E USE ONLY
	NAME	Mr.	Daniel		М		Filer ID #	
		NICKNAME	LAST			SUFFIX	FILED	FOR RECORD 2
		NONANE			`	A	Data Received 5	O'CLOCK
		Dan	Branum					
3	CANDIDATE MAILING	ADDRESS / PO BOX;	APT / SUITE #,	CITY;		ZIP CODE	DEC	1 1 2023
	ADDRESS	14892 FM 2	178	Olney	TX 76	6374		
						1	KARREN WIN Date Hand-delivered ARCHER	FER. COUNTY CLERK COUNTY, TEXAS
_	CANDIDATE	AREA CODE	PHONE NUMBER		EXTENSION		Receipt#	Amount \$
4	CANDIDATE PHONE	AREA CODE	PHONE NOMBER		EXTENSION		receipt#	Amounto
		(214)	537-8619				Date Processed	.1
5	OFFICE HELD (if any)						Date Imaged	
6	OFFICE						L	
	SOUGHT (if known)	Archer Cour	ty Attorney					
7	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME		LAST	SUFFIX
_	CAMPAICN	STREET ADDRESS;		APT / SUITE #:	CITY;		STATE:	ZIP CODE
8	CAMPAIGN TREASURER STREET ADDRESS						<u>.</u> ,	
(residence or business)							
9	CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION			
	TREASURER PHONE	()						
		,						
10	CANDIDATE SIGNATURE	I am aware	of the Nepoti	sm Law, Cl	napter 573	of the Te	xas Govern	ment Code.
				2.87				
		I am aware the Election	of my respor Code.	nsibility to f	ile timely re	eports as	required by	title 15 of
			of the restrict			lection C	ode on cont	tributions
] Z			12-11-2	3
	***	X	Signature of Car	ndidate			Date Sign	
	GO TO PAGE 2							

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

- 11 CANDIDATE NAME
- 12 MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

- •• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
- •• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
 - •• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••

I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

ature of Candidate

2024

Year of election(s) or election cycle to which declaration applies

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us or mail to

Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

	OFFICE USE ONLY										
	Date Received										
A	AT 2.25 O'CLOCK ?										
	DEC 1 1 2023	(n									
	DAKARRENINGHATERSIGOLIANTY CLERK ARCHER COUNTY, TEXAS	Ш									
	Date Processed										
	Date Imaged										

1 ACCOUNT NUMBER (Ethics Commission Filers) 3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)	2 TYPE OF FIL CANDIDATE If filing as a cand then read and sig TITLE (Dr., Mr., Ms., etc.) Mr.	X idate, complete boxes 3 n page 2.	3 - 6, /	POLITICAL COMM If filing for a political community to the second	ommittee, complete ad and sign page 2.
	Dan	Branum			
4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)	AREA CODE (214)	PHONE NUM 537-8619	MBER	EXTENSION	
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	STREET / PO BOX; 14892 FM 21	APT/SUITE#,	CITY; Olney	STATE;	ZIP CODE 76374
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	Archer Count	y Attorney			
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)					
8 NAME OF CAMPAIGN TREASURER	TITLE (Dr., Mr., Ms., etc	.) FIRST		MI	
(PLEASE TYPE OR PRINT)	NICKNAME	LAST		SUFFIX (SR	t., JR., III, etc.)

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

December 11, 2023

Date

Signature

	CANDIDAT CAMPAIGI	FORM C/OH COVER SHEET PG 1			
	The C/OH Instruction G	2 Total pages filed:			
3	CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr	FIRST Daniel	OFFICE USE ONLY	
	NAME	NICKNAME Dan	LAST Branum	SUFFIX	AT 2:53 O'CLOCK
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 14892 FM 2	, APT / SUITE #; C 178, Olney, TX 763	ity, state; zip code 74	JAN 16 2024
_	Change of Address		·		KARREN WINTER, COUNTY CLERI
5	CANDIDATE/ OFFICEHOLDER PHONE	(214)	PHONE NUMBER 537-8619	EXTENSION	Date Hand-ARROHER CON MAY MAKAS
6	CAMPAIGN TREASURER	MS/MRS/MR	FIRST	MI	Receipt # Amount \$
	NAME	NICKNAME	LAST	SUFFIX	Date Imaged
		<u>.</u>			
7	CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); ÀPT / SU	ITE #; CITY;	STATE; ZIP CODE
(F	Residence or Business)				
8	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION .	
9	REPORT TYPE	January 15	30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
		July 15	8th day before elec	etion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10	PERIOD COVERED	Month 12	Day Year / 14 / 23	THROUGH 1	/ 16 / 24
11	ELECTION	ELECTION DA	TE	ELECTION TYPE	
		Month Day	Year Primary 24 General	Runoff Other Description Special	
12	OFFICE	OFFICE HELD (If any)		13 OFFICE SOUGHT (1 known Archer County A	
14	NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	Additional Pages	GENERAL	COMMITTEE ADDRESS		
		SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		·	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
			GO TO I	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT							
15 C/OH NAME Daniel Mark Branum		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)	s 0.00						
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00						
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	s 0.00						
	4. TOTAL POLITICAL EXPENDITURES	\$ 250.00						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 0.00						
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	s 0.00						
la contraction of the contractio	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.							
	Simulation	didata as Officeboldes						
	Signature of Can	didate or Officeholder						
• . •	Please complete either option below:							
	•							
(1) Affidavit	•							
NOTARY STAMP/SEA	<u>.</u>							
Sworn to and subscribed	before me by this the _	day of,						
20, to certify	which, witness my hand and seal of office.							
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath						
	OR,							
(2) Unsworn Declarati								
My name is Daniel Ma	ark Branum, and my date of birth is [December 7, 1983						
My address is 14892 F	M 2178 Olney TX	76374 Archer						
Executed in Young	(street) (city) (stage of County, State of TX , on the 16th gay of January							
	(month)	(year)						
	Signature of Candida	te/Officeholder (Declarant)						

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

ı	19 FILER NAME Daniel Mark Branum 20 Filer ID (Ethics Communication)							
- 21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00					
з.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS							
4.	SCHEDULE E: LOANS	\$	0.00					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	\$	0.00					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (\$	0.00					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	\$	250.00					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	\$	0.00					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0.00				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	\$	0.00					

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
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
Other (enter a category and listed above)

Candidate/Officeholder/Politik Credit Card Payment	cal Committee	Legal Services The Instruction Guid		Wages/Contract Labor complete this form.	Other (enter a caleg	ory not listed above)		
1 Total pages Schedule G:		AME I Mark Branur	n		3 Filer ID (Ethic	s Commission Filers)		
4 Date	5 Payee nar							
01/16/2024	Archer	County News						
6 Amount (\$)	7 Payee ad	•		City;	State;	Zip Code		
250.00 Reimbursement from political contributions intended	PO Bo	x 1125		Archer City	TX 7	76351		
8 PURPOSE OF EXPENDITURE		(See Categories listed at the ing Expense	dvertisement					
	(c)	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	date / Officeholder nam	ne	Office sought		Office held		
Date	Payee nar	пе						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the	top of this schedule)	Description				
		Check if travel outside of Texas.	Complete Schedule T.	Check If Austi	n, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/C				Office sought	Office held			
Date	Payee nar	ne						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended				·				
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the	top of this schedule)	Description				
		Check if travel outside of Texas.	Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense		
Complete ONLY If direct expenditure to benefit C/OH	Candid	date / Officeholder nan	ne .	Office sought		Office held		
	ATTA	CH ADDITIONAL CO	OPIES OF THIS	SCHEDULE AS NEEL	DED			

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MI 3 CANDIDATE / MS / MRS / MR FIRST OFFICE USE ONLY **OFFICEHOLDER** M Daniel Mr NAME FILED FOR RECORD SUFFIX NICKNAME LAST O'CLOCK Dan Branum 4 CANDIDATE APT / SUITE #; STATE: ZIP CODE ADDRESS / PO BOX; **OFFICEHOLDER** 14892 FM 2178, Olney, TX 76374 FFB - 8 2024 MAILING **ADDRESS** Change of Address DatKARRENI WWW LEBAIS PUNTY CLERK ARCHER COUNTY, TEXAS AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** (214)537-8619 PHONE Receipt # MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** Daniel M Mr Date Processed NAME SUFFIX NICKNAME LAST Date Imaged Dan Branum STATE: ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 7 CAMPAIGN TREASURER 76374 TX 14892 FM 2178 Olney **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE 537-8619 (214)9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Day Year 10 PERIOD Month COVERED / 24 2 16 / 24 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Description Year [′] 5 24 General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Archer County Attorney THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S REPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME Daniel Mark Branum TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION 0.00 \$ PLEDGES, LOANS OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTALS TOTAL POLITICAL CONTRIBUTIONS 0.002. \$ (OTHER THAN PLEDGES LOANS OR GUARANTEES OF LOANS) EXPENDITURE 0.00TOTAL UNITEMIZED POLITICAL EXPENDITURE 5 3 TOTALS 250.00 \$ TOTAL POLITICAL EXPENDITURES 4. CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 0.00\$ 5 BALANCE OF REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE OUTSTANDING 0.006 S LAST DAY OF THE REPORTING PERIOD LOAN TOTALS I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code ignature of Candidate or Officeholder Please complete either option below: KATHRYN CARLS (1) Affidavit Notary Public, State of Texas Comm. Expires 01-19-2025 Notary ID 132876823 NOTARY STAM Sworn to and subscribed before me by damid wark bramum this the 3 day of to certify which, witness my hand and seal of office Title of officer administering oath Printed name of officer administering oath ature of officer administer (2) Unsworn Declaration and my date of birth is December 7, 1983 My name is Daniel Mark Branum 76374 My address is 14892 FM 2178 Archer TX Olney (zip/code) (country) (city) (state) (street) 2024 on the 3rd February County, State of TX Executed in Young (year) Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 D	19 FILER NAME Daniel Mark Branum						
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00				
3.		\$	0.00				
4.	SCHEDULE E: LOANS	\$	0.00				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	0.00				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00				
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	0.00				
8.		\$	0.00				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$	250.00				
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	0.00			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$	0.00			
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	0.00			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:								
FILER NAME	3 Filer ID (Ethics Commission Filers)								
Date 5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)								
6 Contributor address; City; State; Zip Code									
Principal occupation / Job title (See Instructions) 9 Employer (See Instru	ctions)								
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)								
Contributor address; City; State; Zip Code	•								
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)								
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)								
Contributor address; City; State; Zip Code									
Principal occupation / Job title (See Instructions) Employer (See Instru	uctions)								
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)								
Contributor address; City; State; Zip Code									
Principal occupation / Job title (See Instructions) Employer (See Instructions)									
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.									

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.									
Th	ne Instruction Guide explains how to complete this form	1 Total pages Schedule A2.							
2 FILER NAMI	E		3 Filer ID (Ethics Commission Filers)						
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$						
5 Date	6 Full name of contributor out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution Contribution \$ description							
	7 Contributor address; City; State;		l l l l Check if travel outside of Texas. Complete Schedule T.						
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	ver (FOR NON-JUDICIAL) (See Instructions)						
12 Contributor's	s principal occupation (FOR JUDICIAL)		outor's job title (FOR JUDICIAL) (See Instructions)						
14 Contributors	s employer/law firm (FOR JUDICIAL)	15 Law fir	m of contributor's spouse (if any) (FOR JUDICIAL)						
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
Date	Full name of contributor		Amount of In-kind contribution description						
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Check if travel outside of Texas Complete Schedule T Employer (FOR NON-JUDICIAL) (See Instructions)							
Contributor	's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)							
Contributor	's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)							
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)								
		THO 001/5	DIN E AS NEEDED						
	ATTACH ADDITIONAL COPIES OF	tion guide f	or additional reporting requirements.						

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

SCHEDULE B PLEDGED CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES 9 In-kind contribution 8 Amount 6 Full name of pledgor ☐ out-of-state PAC (ID#:___ 5 Date of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 11 Employer (See Instructions) 10 Principal occupation / Job title (See Instructions) Full name of pledgor ___ out-of-state PAC (ID#:__ Amount In-kind contribution Date of Pledge \$ description City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind contribution Date Full name of pledgor ut-of-state PAC (ID#:_ Pledge \$ description State; Zip Code City: Pledgor address; Check if travel outside of Texas Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Full name of pledgor ut-of-state PAC (ID#:__ Amount of Date description Pledge \$ City: State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE E LOANS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E. The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ 4 TOTAL OF UNITEMIZED LOANS 9 Loan Amount (\$) 5 Date of loan 7 Name of lender out-of-state PAC (ID#:____ 10 Interest rate 6 Is lender 8 Lender address; City; State; Zip Code a financial Institution? 11 Maturity date $\Gamma_{Y}\Gamma_{N}$ 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 17 Name of guarantor State; Zip Code City; 18 Guarantor address; not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan out-of-state PAC (ID#:____ Interest rate State; Zip Code City; Is lender Lender address; a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) Name of guarantor GUARANTOR

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

www.ethics.state.tx.us

State; Zip Code

Revised 8/17/2020

Employer (See Instructions)

City;

Guarantor address;

not applicable

Principal Occupation (See Instructions)

Forms provided by Texas Ethics Commission

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 Credt Card Payment		Fees Office Overthe Food/Beverage Expense Polling Expe Gift/Awards/Memorials Expense Printing Expe		pense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1	2 FILER N	IAME			3 Filer ID (Ethics	Commission Filers)			
4 Date	5 Payee na	ame							
6 Amount (\$)	7 Payee a	State;	Zip Code						
8 (a) Category (See Categories listed at the top of this schedule) (b) Description (b) Description (c) Descrip				(b) Description					
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	tin, TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candi	idate / Officeholder name		Office sought		Office held			
Date	Payeen	name							
Amount (\$)	Payee a	address;		City;	State;	Zip Code			
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of thi	is schedule)	Description					
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Aus	Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OI		idate / Officeholder name		Office sought		Office held			
Date	Payee	name							
Amount (\$)	Payee	address;		City;	State;	Zip Code			
PURPOSE OF EXPENDITURE	Catego	ory (See Categories listed at the top of th	nis schedule)	Description					
		Check if travel outside of Texas. Complete	te Schedule T.	Check if Aus	stin, TX, officeholder livin	ng expense			
Complete ONLY if direct expenditure to benefit C/C	2000	tidate / Officeholder name		Office sought		Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, 20 to the time label and p 3									
	EXPENDITURE CATEGORIES FOR BOX 10(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Fees Offic Food/Beverage Expense Politi Giff/Awards/Memorials Expense Print		Office Overling Expo Printing Expo Salaries/Wa	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out Of District Other (enter a category not listed above)		
			de explain	S HOW to Co	implete tills fortill	1	(Elbin 0)	incina Filoso\	
1 Total pages Schedule F2	2 FILER NA	ME				3 Filer ID	(Ethics Cor	mmission Filers)	
4 TOTAL OF UNITEM	IIZED UNP	AID INCURRE	D OBLIG	SATIONS	3	\$			
5 Date	6 Payee na	me							
7 Amount (\$)	8 Payee ad	dress;			City;		State;	Zip Code	
9 TYPE OF EXPENDITURE	Po	litical	Г	Non-Pol	itical				
10 PURPOSE OF	(a) Category	(See Categories listed at	the top of this	schedule)	(b) Description				
EXPENDITURE	(c) C	heck if travel outside of Texa	as. Complete S	chedule T.	Check if A	ustin, TX, officel	nolder living ex	kpense	
11 Complete ONLY if direct expenditure to benefit C/O	1950	date / Officeholder	name	0	ffice sought		Office held	d	
Date	Payee na	ame							
Amount (\$)	Payee a	ddress;			City;		State;	Zip Code	
TYPE OF EXPENDITURE	Po	olitical		Non-Po	olitical				
	Category	(See Categories listed a	t the top of the	s schedule)	Description				
PURPOSE OF EXPENDITURE									
		Check if travel outside of To	exas Complete	Schedule T.	Check if	Austin TX, offic	eholder living	expense	
Complete ONLY if direct expenditure to benefit C/C	Complete ONLY if direct								
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED									

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

if the reques	ted information is not applicable, DO NOT include this p	
т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SC	HEDULE AS NEEDED

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) Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense rees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4. 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name State; Zip Code City: 8 Payee address; 7 Amount (\$) TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought 11 Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code City; ·Payee address; Amount (\$) TYPE OF Non-Political Political EXPENDITURE 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 PERSONAL FUNDS

SCHEDULE G

ii uie requested iiii	ormador io						
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Conations Made E Candidate/Officeholder/Politic Credt Card Payment		Event Expense Fees Food/Beverage Expense Gtt/Awards/Mernorials Expense Legal Services The Instruction Guide explain	Loan Repa Office Ove Polling Ex Printing E Salaries/V	ayment/Reimbursement erhead/Rental Expense opense xpense Vages/Contract Labor	Travel In District Travel Out Of Di Other (enter a ca	quipmer l istrict ategory r	nt & Related Expense
Total pages Schedule G.	2 FILER NA	ME I Mark Branum			3 Filer ID (E	thics C	ommission Filers)
4 Date	5 Pavee nar						
01/16/2024		County News					
6 Amount (\$) 250.00 Reimbursement from political contributions intended	PO Bo			City: Archer City	TX		Zip Code 351
8 PURPOSE OF		a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Newspaper Ad		ivertisement			
EXPENDITURE	(c)	Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	, TX. officeholder li	ving exp	ense
9 Complete ONLY if direct expenditure to benefit C/OH	Candio	date / Officeholder name		Office sought			Office held
Date	Payee na	me					
Amount (\$)	Payee ac	idress;		City;	Sta	ate;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF	Categor	y (See Categories listed at the top of this	schedule)	Description			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			pense			
Complete ONLY if direct expenditure to benefit C/OH		idate / Officeholder name		Office sought			Office held
Date	Payee na	ame					
Amount (\$)	Payee a	ddress;		City;	State	э;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Catego	ry (See Categories listed at the top of this	s schedule)	Description			
- ALLENDITORE	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O		didate / Officeholder name		Office sought			Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED		

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

SCHEDULE H

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Advertising Expense Accounting/Banking Consulting Expense Travel In District Travel Out Of District Food/Beverage Expense Giff/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule H 2 FILER NAME 4 Date 5 Business name Zip Code City; State; 7 Business address; 6 Amount (\$) 76351 TX **Archer City** PO Box 1125 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date State; Zlp Code City: Business address; Amount (\$) Description Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Business name State: Zip Code City: Amount (\$) Business address; Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

	The Instruction Guide explains how to com	plete this form.			
Total pages Schedule I	2 FILER NAME		3 Filer ID	(Ethics Con	nmission Filers)
, total pages contacts					
4 Date	5 Payee name				
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 required.)	instructions rega	arding type of	information
Date	Payee name				
Amount (\$)	Payee address:	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions reg	arding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions reg	garding 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 (Se required)	e instructions re	garding type (of information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	ii iile requesi	led information is not applicable, 20 to 1 metals and 1 3			
	The	The Instruction Guide explains how to complete this form.			
2	FILER NAME		3 Filer ID (Ethics	s Commission Filers)	
4	Date	5 Name of person from whom amount is received		8 Amount (\$)	
		6 Address of person from whom amount is received; City; State	te; Zip Code		
		7 Purpose for which amount is received Check if	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; St			
		Purpose for which amount is received Check if	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; Sta	ate; Zip Code		
		Purpose for which amount is received Check if	f political contribution	n returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; S	tate; Zip Code		
		Purpose for which amount is received Check in	f political contributio	n returned to filer	
F	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

it the requested information is	not applicable, bo 1401 illelade alle page il				
The Instruction Guide e	explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation or	Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure reported of					
		Schedule D Schedule F1			
- Scheddic / L		Schedule COH-UC Schedule B-SS			
Schedule F2 Sched	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS				
6 Dates of travel 7 Name of p	6 Dates of travel 7 Name of person(s) traveling				
8 Departure	city or name of departure location				
9 Destination	n city or name of destination location				
10 Means of transportation	11 Purpose of travel (including name of conference, s	eminar, or other event)			
Name of Contributor / Corporation of	r Labor Organization / Pledgor / Payee				
Contribution / Expenditure reported	on:				
	dule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
- Schodolo / L	500000000000000000000000000000000000000	Schedule COH-UC Schedule B-SS			
Schedule F2 Sche	dule F4 Schedule G Schedule H				
	person(s) traveling				
Departur	e city or name of departure location				
Destinati	on city or name of destination location				
Means of transportation	Means of transportation Purpose of travel (including name of conference, seminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS					
Dates of travel Name of person(s) traveling					
Departu	Departure city or name of departure location				
Destinat	Destination city or name of destination location				
Means of transportation	Purpose of travel (including name of conference,	seminar, or other event)			
A	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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	C/OH NA	ME	2 Filer ID (Ethics Commission Filers)			
3	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.					
	Signature of Candidate / Officeholder					
4	FILER	NHO IS NOTAN OFFICEHOLDER blete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Check	only one:				
		I do not have unexpended contributions or unexpended interest or income earned fr				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.					
	B. ASSETS					
	Check only one:					
	I do not retain assets purchased with political contributions or interest or other income from political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.					
			Signature of Candidate			
5	5 OFFICEHOLDER Complete this section only if you are an officeholder I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with					
		political contributions or interest or other income from political contributions.	Signature of Officeholder			