CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

OFFICE USE ONLY Pursuant to chapter 258 of the Election Code, every candidate and FILED FOR RECORD political committee is encouraged to subscribe to the Code of Fair AT O'CLOCK Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment SFP 1 5 2023 form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, KARREN WINTER, COUNTY CLERK Date HARCHER COUNTY, TEXAS 1997, may subscribe to the code at any time. Date Processed Subscription to the Code of Fair Campaign Practices is voluntary. Date Imaged 1 ACCOUNT NUMBER 2 TYPE OF FILER (Ethics Commission Filers) POLITICAL COMMITTEE CANDIDATE If filing for a political committee, complete If filing as a candidate, complete boxes 3 - 6, then read and sign page 2. boxes 7 and 8, then read and sign page 2. TITLE (Dr., Mr., Ms., etc.) DAVID 3 NAME OF CANDIDATE MR. (PLEASE TYPE OR PRINT) SUFFIX (SR., JR., III, etc.) NICKNAME SHEWMAKE PHONE NUMBER **EXTENSION** AREA CODE 4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT) STATE: ZIP CODE APT / SUITE # STREET / PO BOX; 5 ADDRESS OF CANDIDATE 76351 PO BOX ZIZ (PLEASE TYPE OR PRINT) 6 OFFICE SOUGHT ARCHER COUNTY COMMISSIONER PRECINCT 3 BY CANDIDATE (PLEASE TYPE OR PRINT) 7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT) TITLE (Dr., Mr., Ms., etc.) FIRST 8 NAME OF CAMPAIGN

GO TO PAGE 2

HEWMAKE

SUFFIX (SR., JR., III, etc.)

NICKNAME

TREASURER
(PLEASE TYPE OR PRINT)

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.

Date

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

_						
	See	CTA Instruction	n Guide for detaile	ed instruction	ns.	1 Total pages filed:
2	CANDIDATE	MS / MRS / MR	FIRST		МІ	OFFICE USE ONLY
	NAME	MR.	DAVID		ALLEN	Filer ID #
		NICKNAME	LAST		SUFFIX	TDate Received O'CLOCK
			SHEWMAN	KE		
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX;	; APT / SUITE #;	CITY;	STATE; ZIP CODE	SEP 1 5 2023
	ADDICESS	PO BOX 217	<u>'</u>	2CHER C	ITY TX 7635	KARREN WINTER COUNTY CLERK Date Hart CHER COUNTY, TEXAS
4	CANDIDATE PHONE		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		EXTENSION	Receipt # Amount \$
			(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			Date Processed
5	OFFICE HELD (if any)					Date Imaged
6	OFFICE SOUGHT (if known)	ARCHER	COUNTY CO	MM 15518	NER PRECI	NCT 3
7	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST SUFFIX
		MR.	DAVID	Α.	SHE	WM4KE
8	CAMPAIGN TREASURER STREET	STREET ADDRESS;	A	APT / SUITE #;	CITY;	STATE; ZIP CODE
(1	ADDRESS residence or business)	502 S.	POPLAR	Ar	RCHER CIT	1 TX 76351
9	CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION	
Ť	TREASURER PHONE	(4.7)	-06.07/	-		
		(817)	798-971	/		
10	CANDIDATE SIGNATURE	I am aware	of the Nepotis	m Law, Cha	apter 573 of the Te	exas Government Code.
I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.					s required by title 15 of	
	I am aware of the restrictions in title 15 of the Election Code on contributions					Code on contributions
		nom corpo	rations and labo	organizat)	
		Na	mi The	mache		9-15-23
			Signature of Cano	didate		Date Signed
	GO TO PAGE 2					



CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA

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.			
	Year of election(s) or election cycle to Signature of Candidate 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

	ENT: APPOINTMENT OF A SEASURER BY A CANDIDATE		FORM ACTA PG 1
1 CANDIDATE NAME	2 FILE	ER ID#	3 Total pages filed:
DAVID SHE	WMAKE		
Use this form	See ACTA Instruction Guide for deforchanges to existing information <i>only</i> . Do not		eviously disclosed.
4 CANDIDATE NAME	MR. DAVID SHEWMAK	E A AT CALCE	FILED FOR RECORD A ACCORD O'CLOCK M NOV 1 5 2023
5 CANDIDATE MAILING ADDRESS	NEW ADDRESS / PO BOX; APT / SUITE #; CITY; BOX ZIZ ARCHER CITY	Recei	NEW HATER, COUNTY CLERK CHER COUNTY TEXAS
6 CANDIDATE PHONE	(817) 798-9717	EXTENSION Date I	maged
7 OFFICE HELD (if any)	NONE NEW ARCHER		
8 OFFICE SOUGHT (if known)	COUNTY COMMISSIONER	- PRELINCT 3	
9 CAMPAIGN TREASURER NAME	MRS/MRS/MR FIRST MI MR. 51M S. Ad	NICKNAME LAST	r SUFFIX
10 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	NEW STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #:		STATE; ZIP CODE
11 CAMPAIGN TREASURER PHONE	NEW AREA CODE PHONE NUMBER (940) 781-2648	EXTENSION	
12 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Cha I am aware of my responsibility to file the Election Code. I am aware of the restrictions in title 15 from corporations and labor organizati	timely reports as requ of the Election Code tions.	uired by title 15 of
	Signature of Candidate		Date Signed
	GO TO PAGE	2	

AMENDMENT: FORM ACTA **CANDIDATE MODIFIED REPORTING DECLARATION** PG 2 13 CANDIDATE NAME DAVID SHEWWAKE NEW 14 MODIFIED REPORTING COMPLETE THIS SECTION ONLY IF YOU ARE **DECLARATION** 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

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

report.

Signature of Candidate

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

understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff

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

The C/OH Instruction G	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME	FIRST DAVID LAST SHEWMAX	MI A: SUFFIX	Date Received FILED FOR RECORD AT 2:29 0'CLOCK
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY: STATE: ZIP CODE	JAN - 9 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817) 7	98-9717	EXTENSION	Date Hand CHIER COUNTY, TEXAS Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME	FIRST JIMMY LAST ASHTON	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		O PO BOX PLEASE); APT / S	ERCITY TX -	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	(940) 78	1-2648	EXTENSION	
9 REPORT TYPE	January 15	30th day before 8th day before e	Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month // /	Day Year / 15 / 2023	THROUGH 17	
11 ELECTION	ELECTION DAT Month Day 3/05/	Year Primary	Description	<u> </u>
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If know	COMMISSIONER PRECINCTS
14 NOTICE FROM POLITICAL COMMITTEE(S)		EHOLDER. THESE EXPENDITUR AND OFFICEHOLDERS ARE REQU COMMITTEE NAME		MADE BY POLITICAL COMMITTEES TO SUPPORT NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TO		
			PAGE 2	

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
DAVID A	SHEWMAKE	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1553.62
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ 🔿
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ O
	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Signature of Ca	andidate or Officeholder
	Di anno anti de aithean anti an halay	
	Please complete either option below	v:
(4) A 55 do 14		
(1) Affidavit		
NOTARY STAMP/SEA	L	
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 administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unavious Declarat		
(2) Unsworn Declarat	ion	
My name is DAVID	SHEWAILE, and my date of birth is	NOVEMBER 1 1979
My address is502	S. Poplar Archer City.	TX 76351 USA
	(street) (city)	(state) (zip code) (country)
Executed in _ARCH	NER County, State of TEXAS, on the 97H day of SAN	DARY, 20 24.
		unight .
	Signature of Cand	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
DAVID SHEWMAKE	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS \$ 0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1355.42 sps \$ 198.50
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	s 198,50
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$ 0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$ 0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED \$ \$

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		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)				
	The Instruction Guide explain	ns how to complete this form.					
1 Total pages Schedule F4:	2 FILERNAME DAVID SHEWMKE		3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIA	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$						
5 Date	6 Payee name		S8500 () 1				
12-05-23	OFFICE DEPOT						
7 Amount (\$)	8 Payee address;	City;	State; Zip Code				
\$111.69	3201 LAWRENCE	RD. WICHTTAI	FALLS TX 76308				
9 TYPE OF EXPENDITURE	Political	Non-Political					
10	(a) Category (See Categories listed at the top of this	s schedule) (b) Description					
PURPOSE OF EXPENDITURE	PRINTING, EXPE	NSE CAMPAI	GN POSTERS				
EAFERDITORE	(c) Check if travel outside of Texas. Complete		ustin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
Date	Payee name						
12-06-23	OFFICE DEPOT	_					
Amount (\$)	Payee address;	City;	State; Zip Code				
\$48.50	3201 LAWRENCE	RD WICHTA	FALLS TX 76308				
TYPE OF EXPENDITURE	Political [Non-Political					
	Category (See Categories listed at the top of th	is schedule) Description					
PURPOSE							
OF EXPENDITURE	PRINTING EXPE	NSE CAMPA	IGN FLYERS				
	Check if travel outside of Texas. Complet	te Schedule T. Check if	Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						
	71170177231101112031120		Pavised 11/15/2022				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	l Committee Legal Services	Loan Repayment/Reimb Office Overhead/Rental Polling Expense Printing Expense Salaries/Wages/Contra	Expense	Travel In Dist Travel Out Of	n Equipmen trict f District	Expense at & Related Expense ot listed above)
	The Instruction Guide explains	s how to complete the				
1 Total pages Schedule F4:	2 FILERNAME DAVID SHEWMA	-ICE		3 Filer ID (Ethics Com	nmission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$						
5 Date	6 Payee name					
12-67-23	CENTURY TENTS A	NO EVEN	JTS			
7 Amount (\$)	8 Payee address;		City;	Sta	ite;	Zip Code
\$ 24.25	4314 JACKSBORD	HWY WK	HITA F	ALLS 7	7	76302
9 TYPE OF EXPENDITURE	Political	Non-Political				
10	(a) Category (See Categories listed at the top of this s	- 1	(3) (3)			
PURPOSE OF EXPENDITURE	EVENT EXPENSE COFFEE		FFEE	EURN RENTAL		
acceptable of the second	(c) Check if travel outside of Texas. Complete S	chedule T.	Check if Aus	tin, TX, officehol	lder living ex	pense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	ht	C	Office held	
Data	Payee name					
12-07-23	WALMART		<u> </u>			
Amount (\$)	Payee address;	(City;	Sta	ate;	Zip Code
\$ 30.15	3130 LAWRENCE	RO WIG	CHITA	FALLS	Tχ	76308
TYPE OF EXPENDITURE	Political	Non-Political				
	Category (See Categories listed at the top of this		scription ME B	ADGES	>	
PURPOSE OF EXPENDITURE	EVENT EXPENSE	CLI	PROAR		_	
LAFENDITURE	Check if travel outside of Texas. Complete S		1	stin, TX, officeho		xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office soug	iht	(Office held	1
1						
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDUL	_E AS NE	EDED		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense		
1 Total pages Schedule F4:	2 FILERNAME DAVIDSHEW	MKE	3 Filer ID (Ethics Co	ommission Filers)		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$						
5 Date 12-07-23	6 Payee name BROCRO CREA	TVE				
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code		
\$38.00	3405 JACKSBORD	twy WICHTAFA	us TX	76302		
9 TYPE OF EXPENDITURE	Political	Non-Political				
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description				
PURPOSE OF EXPENDITURE	PRINTING EXPEN	SE BUSI	NESS CA	RDS		
LAI LIIDII OIL	(c) Check if travel outside of Texas. Complete S		ustin, TX, officeholder living	expense		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office hel	ld		
Date	Payee name			A		
12-07-23	SAMS CLUB		010100	7: 0-1-		
Amount (\$)	Payee address;	City;	State;	Zip Code		
586.85	3801 KELL E.BLV	D. WICHTA FA	rus TX	76308		
TYPE OF EXPENDITURE	Political	Non-Political				
PURPOSE OF	Category (See Categories listed at the lop of this	CUPS	to(OLATIE	MIX		
EXPENDITURE	Check if travel outside of Texas. Complete		ustin, TX, officeholder living			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office he	ld		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica					
1 Total pages Schedule F4:	2 FILER NAME DAVID SHEWMKE				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$				
5 Date	6 Payee name				
12-07-23	HOMEDEPOT				
7 Amount (\$)	8 Payee address; City; State; Zip Code				
\$ 27.24	3705 KELL BLVD. WICHTTAFALLS TX 76308				
9 TYPE OF EXPENDITURE	Political Non-Political				
10	(a) Category (See Categories listed at the top of this schedule) (b) Description				
PURPOSE OF	EVENT EXPENSE PUL PIPE				
EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held				
Date	Payee name				
12-18-23	THT SIGNS AND GRAPHICS				
Amount (\$)	Payee address; City; State; Zip Code				
\$ 363,72	6301 SW PKWY WICHITA FALLS TX 76310				
TYPE OF EXPENDITURE	Political Non-Political				
	Category (See Categories listed at the lop of this schedule) Description				
PURPOSE OF	PRINTING EXPENSE YARD SIGNS				
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor is how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
5	DAVID SHEW.	MKE				
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED		\$			
5 Date	6 Payee name					
12-19-23	ARCHER COUNT	Y NEWS				
7 Amount (\$)	8 Payee address;	City;	State; Zip Code			
\$257.50	104 E. WALNUT	ARCHER	CITY TX 76351			
9 TYPE OF EXPENDITURE	> Political	Non-Political				
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description				
PURPOSE						
OF	ADVERTISING EXPEN	15 E NEWSPAPE	ER ADVERTISEMENT			
EXPENDITURE	(c) Check if travel outside of Texas. Complete		istin, TX, officeholder living expense			
			Office held			
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
12-27-23	THT SIGNS AN	NGRAPHICS				
	Payee address;	City;	State; Zip Code			
Amount (\$)	Payee address,	2000 2 -1				
\$367.72	4301 SW PARICO	WAY WICHITA	4 FALLS TX 76310			
TYPE OF EXPENDITURE	Political [Non-Political				
	Category (See Categories listed at the top of this	s schedule) Description				
PURPOSE			5.4.16			
OF EXPENDITURE	PRINTING EXPENSE	1 YARD	SIGNS			
	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
		AT THE COURT IN EACH	EDED			
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS NE	:EUEU			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Office Of	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
4 Total name Ochadula Oc	2 FILER NA			T	3 Filer ID (Ethics Commission Filers)		
1 Total pages Schedule G:			- E			• Selection of the sele	
4 Date	5 Pavee na	D SHEWMAK					
11-13-2023			NEWS				
6 Amount (\$) 198.00	7 Payee ad			City;	State;	Zip Code	
Reimbursement from political contributions intended	PO B	0X 1125	A	RCHERCITY	TX	76351	
8 PURPOSE OF		(See Categories listed at the		(b) Description CANDIDACY	ANABUNCE	MENT	
EXPENDITURE		TISING EXI		NEWS PAPE	CADVIETCI	SEME IVI	
		Check if travel outside of Texas.			TX, officeholder living ex	Office held	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder nan	ne	Office sought		Omice Held	
Date	Payee na	me					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended							
PURPOSE OF	Category	y (See Categories listed at the	e top of this schedule)	Description			
EXPENDITURE		Check if travel outside of Texas.	Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/		date / Officeholder nar		Office sought		Office held	
Date	Payee na	me					
Amount (\$)	Payee ad	ldress;		City;	State;	Zip Code	
Reimbursement from political contributions intended					,		
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the	top of this schedule)	Description	v v		
EAF ERDITORE		Check if travel outside of Texas.	Complete Schedule T.	Check if Austin,	TX, officeholder living e	xpense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder nar	me	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							



The C/OH Instruction Gu	ide explains how to	complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / (GB)	FIRST DAVID LAST SHEWMAKE		OFFICE USE ONLY Pele Receive FILED FOR RECORD AT 9'.05 O'CLOCK A
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (9/7)79	12 ARCH PHONE NUMBER 98-9717	EXTENSION STATE: ZIP CODE TO 351	FEB - 2 2024 KARREN WINTER, COUNTY CLERK Date Hand ARIVER POPULATE AMOUNT \$
6 CAMPAIGN TREASURER NAME	NICKNAME	JIMMY LAST ASHTON	/ Suffix	Date Processed Date Imaged STATE; ZIP CODE
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		PHONE NUMBER	2CHERCITY TO	
8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE	(940)78	1 - 2 6 4 8	election Runoff	15th day after campaign
9 REPORT TIFE	January 15	8th day before e	Exceeded Modified	treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR) Day Year
10 PERIOD COVERED	Month O//	Day Year / 01 / 2024	THROUGH OZ	/03/2024
11 ELECTĮON	ELECTION DAT Month Day 03/05/	Year Primar	al Special Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If know	COMMISSIONER PRECINCT 3
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES COMMITTEE TYPE	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITU. AND OFFICEHOLDERS ARE REC COMMITTEE NAME COMMITTEE ADDRESS	NS ACCEPTED OR POLITICAL EXPENDITURES RES MAY HAVE BEEN MADE WITHOUT THE CA QUIRED TO REPORT THIS INFORMATION ONLY	S MADE BY POLITICAL COMMITTEES TO SUPPORT ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE CAMPAIGN T		
GO TO PAGE 2				

CAMPAIGI			
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR	\$ 0	
TOTALS	CONTRIBUTIONS MADE ELECTRONICALLY)		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0	
	4. TOTAL POLITICAL EXPENDITURES	\$ 1620,47	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ Ø	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$ O	
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information	
re	quired to be reported by the drider time to, Election comments		
	Signature of Co	andidate or Officeholder	
	Signature of or		
	Please complete either option below	v:	
	1 loads complete complete		
(1) Affidavit			
(1) Amazir			
NOTARY STAMP/SE	AL		
Sworn to and subscribed before me by this the day of,			
	fy which, witness my hand and seal of office.		
Signature of officer adminis	stering oath Printed name of officer administering oath	Title of officer administering oath	
Signature of officer committee	OR		
(2) Unsworn Declara			
My name is DAVI	SHEWMAKE, and my date of birth	is NOVEMBER 1, 1979	
My address is	2 S. POPLAR ARCHERCITY	(state) (zip code) (country)	
Executed in ARCI	(street) (city) +ER County, State of TEXAS, on the 13T day of FE		
	- Maid V	quiale	
	Signature of Can	didate/Officeholder (Declarant)	

SUBTOTALS - C/OH

	nmission Filers)				
19 FILER	19 FILER NAME				
	DAVID SHEWMAKE				
21 SCHE	21 SCHEDULE SUBTOTALS				
NAME	OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0		
4.	SCHEDULE E: LOANS		\$ O		
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ O		
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS				
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ O		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0		
12.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$ 0		

SCHEDULE F4

	EXPENDITURE CA	ATEGORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		skplanis now to complete	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F4:	2 FILER NAME		(,
2	DAVID SHEWMA		
4 TOTAL OF UNITEMI	ZED EXPENDITURES CHAR	GED TO A CREDIT CARD	\$
5 Date	6 Payee name		7, 310
1-04-24	TNT SIGNS AND G	TRAPHICS WICHITA	FALLS TX 76310
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
\$543.96	6301 SW PKN	14 WICHITA	FALLS TY 76310
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the t	op of this schedule) (b) Description	
PURPOSE		VARD	SIGNS
OF EXPENDITURE	PRINTING EXPEN	572	
	(c) Check if travel outside of Texas.	Complete Schedule T. Check	if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame Office sought	Office held
Date	Payee name		
1-29-24	TNT SIGNS A	ND GRAPHICS	
Amount (\$)	Payee address;	City;	State; Zip Code
\$162.38	6301 SW PK	WV WICHITA	FALLS TX 76310
7142.7			
TYPE OF EXPENDITURE	▼ Political	Non-Political	
	Category (See Categories listed at the	e top of this schedule) Description	on
PURPOSE		VARE	SIGNS
OF EXPENDITURE	PRINTING EXPE	10 50	
	Check if travel outside of Texa	s. Complete Schedule T. Chec	k if Austin, TX, officeholder living expense
	Candidate / Officeholder r	name Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OI	н		
	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS	
	· · · · · · · · · · · · · · · · · · ·	w ethics state.tx.us	Revised 11/15/202

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political (Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
			3 Filer ID (Ethics Commission Filers)		
1 Total pages Schedule F4:	2 FILER NAME	_			
2	DAVID SHEWMAKE				
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGEI	D TO A CREDIT CARD	\$		
5 Date	6 Payee name		1		
1-26-24	OFFICE DEPOT				
7 Amount (\$)	8 Payee address;	City;	State; Zip Code		
7 Amount (4)					
\$207.81	3701 LAWRENC	E RD. WICHITI	4 FALLS TX 76308		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of t	his schedule) (b) Description			
10					
PURPOSE	PRINTING EXPENSE	= CAMPAIG	N DOOR HANGER		
EXPENDITURE			Austin, TX, officeholder living expense		
	(c) Check if travel outside of Texas. Compl	ele Schedule 1. Check in 2	Austri, 17, Gillottoro, 1719		
11 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		
TYPE OF EXPENDITURE	Political	Non-Political			
	Category (See Categories listed at the top of	of this schedule) Description	1		
	Category (occounts)	2			
PURPOSE					
OF EXPENDITURE					
	Check if travel outside of Texas. Con	nplete Schedule T. Check	if Austin, TX, officeholder living expense		
	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/Oh					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
		i - state ty up	Revised 11/15/2022		

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) Loan Repayment/Reimbursement Solicitation/Fundraising Expense **Event Expense** Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Travel In District Polling Expense Food/Beverage Expense Consulting Expense Travel Out Of District Printing Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME DAVID SHEWMAKE 4 Date 1-16-74 TNT SIGNSAND GRAPHICS Amount (\$) 7 Payee address; Zip Code State: \$543.95 6 Amount (\$) Reimbursement from (a) Category (See Categories listed at the top of this schedule) (b) Description political contributions intended 8 PURPOSE YARD SIGNS PRINTING EXPENSE 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 Payee name TNT SIGNS AND GRAPHICS 1-29-24 Zip Code State: City; Amount (\$) Payee address: \$162:37 Reimbursement from political contributions WICHITA FALLS TX intended Description YARD SIGNS **PURPOSE** PRINTING EXPENSE 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 Payee name Date Zip Code State: City; Payee address; Amount (\$) Reimbursement from political contributions intended 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