APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

									_
	See	CTA Instruction (Guide for detaile	ed instructions	3.		1 Total pages	filed:	
_	CANDIDATE	MS / MRS / MR	FIRST			МІ	OFFI	CE LISE ONLY	
2	CANDIDATE NAME							FILED FOR RECORD	
		Mr.	W.			C.	FileAP # [10 O'CLOCK	
		NICKNAME	LAST		F 14 F 161	SUFFIX	Date Received		+
		Abby	Abernathy	у		Jr.		SEP 2 5 2023	³ '
3	CANDIDATE	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE			Ш
	MAILING	P.O. Box 579		Archer City	TX	76351		EN WINTER, COUNTY	
	ADDRESS						A	RCHER COUNTY, TE	CAS
							Date Hand-delive	red or Postmarked	
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER		EXTENSION	ON	Receipt#	Amount \$	
		(940)	704-4707				Date Processed		
5	OFFICE HELD (if any)						Date Imaged		
6	OFFICE SOUGHT (if known)	Archer County P	recinct 3 Commi	ssioner					
7	CAMPAIGN	MS/MRS/MR	FIRST	MI	NICKNAM	1E	LAST	SUFFIX	
	TREASURER								
	NAME	Ms.	Misty	M.			Cameron		
1									
8	CAMPAIGN	STREET ADDRESS;		APT / SUITE #;		CITY;	STATE	; ZIP CODE	
	TREASURER STREET ADDRESS	2293 FM 210			A	rcher City	TX	76351	
	(residence or business)								
9	CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSI	ON			
	TREASURER PHONE	, ,							
	7710112	(940) 923-	1660						
10	CANDIDATE SIGNATURE	I am aware	of the Nepotis	sm Law, Cha	pter 57	'3 of the Te	exas Gover	nment Code.	
		I am aware the Election	of my respon Code.	sibility to file	timely	reports as	s required l	by title 15 of	
			of the restricti ations and lab			Election (Code on co	ntributions	
		WA	11. 11/	ĺ			9-25-2	13	
		- He a	Signature of Car	ndidate		***************************************	Date Sig	-	
			organization of oal						_
			GC	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.
	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

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 FILED FOR RECORD AT 11.12 O'CLOCK	AM
SEP 2 5 2023	ka
L KARREN WINTER, COUNTY CLEI Date Hand-delAGEHER DOUNTY, TEXAS	K

Date Processed

Date Imaged

1 ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILE CANDIDATE	R	Р	OLITICAL COMM	ITTEE
	If filing as a candid then read and sign	late, complete boxes page 2.		filing for a political co oxes 7 and 8, then rea	
3 NAME OF CANDIDATE	TITLE (Dr., Mr., Ms., etc.)	FIRST		МІ	
(PLEASE TYPE OR PRINT)	Mr	W		C	
	NICKNAME	LAST		SUFFIX (SR.,	JR., III, etc.)
	Abby	Abern	athy	Tr	
4 TELEPHONE NUMBER	AREA CODE	PHONE NU	MBER	EXTENSION	
OF CANDIDATE (PLEASE TYPE OR PRINT)	(940)	704-4	787		
5 ADDRESS OF CANDIDATE	STREET / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
(PLEASE TYPE OR PRINT)	P.O Box ST	9	Archer	ld, 74	76351
6 OFFICE SOUGHT BY CANDIDATE					
(PLEASE TYPE OR PRINT)	Precine	+ 3			
7 NAME OF COMMITTEE					
(PLEASE TYPE OR PRINT)					
8 NAME OF CAMPAIGN	TITLE (Dr., Mr., Ms., etc.)	FIRST		MI	
TREASURER	Ms	Mist		M	
(PLEASE TYPE OR PRINT)	NICKNAME	M·>+y		SUFFIX (SR., J	R., III, etc.)
		Camero	0~		

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.

Signature Q-25-23
Date

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. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** W NAME Date Received NICKNAME LAST SUFFIX FILED FOR RECORD Abernathy Jr. 28 O'CLOCK Abby ADDRESS PO BOX; 4 CANDIDATE / APT / SUITE #; JCITY; ZIP CODE **OFFICEHOLDER** P.O. Box 579 Archer City TX 76351 MAILING JAN - 3 2024 **ADDRESS** Change of Address KARREN WINTER, COUNTY CLERK 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date MRCHEROCOUNTA, TEXASTRE **OFFICEHOLDER** (940)704-4707 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN TREASURER Misty Ms. Date Processed NAME NICKNAME

	MICKIANIE	LAST	SUFFIX		
		Cameron		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUIT		STATE; ZIP CODE	
(Residence or Business)	2293 FM	n alo	Archer City	TX 76351	
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER	EXTENSION		
	(940)	923-1660			
9 REPORT TYPE	January 15	30th day before elect	lion Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Month	Day Year	
COVERED	9 /	25 /2023	THROUGH 12 /	31 /2023	
11 ELECTION	ELECTION DAT		ELECTION TYPE		
1	Month Day	Year Primary	Runoff Other Description		
	3/5/	2024 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known) Archer County Co	^	
14 NOTICE FROM	THIS BOX IS FOR NOTICE	OF POLITICAL CONTRIBUTIONS ACC	EPTED OR POLITICAL EXPENDITURES MA	mmissioner Precinct 3	
POLITICAL COMMITTEE(S)	THE CANDIDATE I 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.				
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TREASU	RER NAME		
	F	COMMITTEE CAMPAIGN TREAS	URER ADDRESS		
	Annual Control of the	GO TO PA	AGE 2		
orms provided by Texas Eth	ics Commission	www.ethics.sta	ate.tx.us	Revised 11/15/202	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME . W	.C. Abby Abernathy Jr		16 Filer ID (Ethics Co	ommission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL COPLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRO	ES OF LOANS, OR	* Ø	-			
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS, O		\$ 4,7	00,00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$ Ø				
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	S MAINTAINED AS OF THE LA	1	77 , ⁸⁵ 8,43			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALI LAST DAY OF THE REPORTING PE		* 2,5	00.00			
	wear, or affirm, under penalty of perjury, that t quired to be reported by me under Title 15, Electi		e and correct and inc	udes all information			
		Ul abuily	4				
	-		andidate or Officehold	er			
	Please complet	e either option belov	w:				
(1) Affidavit NOTARY STAMP/SEA	DAWN JOYCE VIETH NOTARY PUBLIC STATE OF TEXAS ID #130375477						
	My Comm. Expires 09-18-2027 I before me by Collico Charles Ahe	unothy it this the	day of	boury.			
20 24 , to certify	which, witness my hand and seal of office.	e tr	Tax Ass	ausor Collet			
) an Vi	27001			er administering oath			
Signature of officer administ	ering oath Printed name of officer		Title of office	er administering datif			
(2) Unsworn Declarat							
My name is		, and my date of birth i	s				
My address is				·			
	(street)	(,)	(state) (zip code)	(country)			
Executed in	County, State of,	on the day of(mon	th) , 20 (year)	<u></u> .			
		Signature of Cand	lidate/Officeholder (De	clarant)			

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics C			mmission Filers)
21		LE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	\boxtimes	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,700
2.			\$ Ø	
3.		\$ Ø		
4.	X	\$ 2,500		
5.	\boxtimes	\$ 5,461,57		
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$ Ø
7.		CONTRIBUTIONS	\$ Ø	
8.			s Ø	
9.	\boxtimes	NDS	\$ 216,28	
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	s Ø
11.		ONTRIBUTIONS	\$ Ø	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$ Ø

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how		1 Total pages Schedule A1:					
2 FILER NAME	.C. Abby Abernathy	\mathcal{J}_{r}			3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	out-of-state PAC)	7 Amount of contribution (\$)			
10/19/2023	Vivian Green	City;	State;	Zip Code	\$1,500.00			
	132 Rustic Meadow	Way Coppe	11 7%	75019				
	pation / Job title (See Instructions) al Tracher		9 Emplo	oyer (See Instruc	tions)			
Date	Full name of contributor M.C.G. Drilling	out-of-state PAC			Amount of contribution (\$)			
10/19/2023	MCG Drilling Contributor address;	City;	State;	Zip Code	\$1,500.00			
	P.O. Box 399	Archer Cety	y YX	76351				
Principal occupation / Job title (See Instructions) Employer (See Instructions) N/A			yer (See Instruct	tions)				
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)			
10/19/2023	Max & Cole Green Catt Contributor address;		State;	Zip Code	\$ 1,500.00			
	P.O. BOX 757	Archer City	TX	76351				
Principal occup Rand	ation / Job title (See Instructions)		Emplo N/A	oyer (See Instruc	tions)			
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)			
10 4# 2023	Contributor address;	City;	State;	Zip Code				
Principal occup	ation / Job title (See Instructions)		Emplo	oyer (See Instruct	tions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

If the request	ed information is not approach,							
The li	nstruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:					
			3 Filer ID (Ethics Commission Filers)					
FILER NAME	. Abby Abernathy, Jr.							
	Dout of state PAC (ID#:)	7 Amount of contribution (\$)					
, baile	Bill Hoffman		\$100,00					
10/24/2023	Full name of contributor Bill Hoffman 6 Contributor address; City;	State; Zip Code	100.					
	PA Box 1412 Archer City	TX 76351						
R Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)					
	red Educator	N/A						
Date	Full name of contributor ut-of-state PAC	(ID#:)	Amount of contribution (\$)					
Date	Linda Gay Hendrixson		\$100,00					
11/29/2023	Contributor address; City;	State; Zip Code	4 100,00					
	P.O. Box 761 Archer City	74 76351						
Dringinal occur	pation / Job title (See Instructions)	Employer (See Instruc	ctions)					
	ed Educator	N/A						
		: (ID#:)	Amount of contribution (\$)					
	Contributor address; City;	State; Zip Code						
Dringing occi	upation / Job title (See Instructions)	Employer (See Instru	uctions)					
Principal occu	paner							
Date	Full name of contributor out-of-state PA	C (ID#:	Amount of contribution (\$)					
	Contributor address; City;	State; Zip Code						
		Employer (See Instr	ructions)					
Principal occ	upation / Job title (See Instructions)							
	AS NEEDED							

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS SCHEDULE E

The	Instruction Guide explains how to comple	1 Total pages Schedule E:						
2 FILER NAME			3 Filer ID (Ethics Commission Filers)					
IN.C. A	bby Abernathy Jr.							
	<u>, </u>		\$ ^					
4 TOTAL OF UN	IITEMIZED LOANS		\$ 0					
5 Date of loan	7 Name of lender ut-of-state F	PAC (ID#:)	9 Loan Amount (\$)					
10/10/2023	W.C. Abernathy Jr		\$2,500,°°					
6 Is lender	8 Lender address; City;	State; Zip Code	10 Interest rate					
a financial Institution?	P.O. Box 579 Archer C	ity tx 76351	N/A 11 Maturity date					
Y 🔞	1,000	1	N/A					
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)						
Business	Management							
14 Description of Coll			ds were deposited into political					
⊠ none		account (See Instruct	Τ					
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)					
INFORMATION								
	18 Guarantor address; City;	State; Zip Code						
not applicable								
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)						
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)					
3.0								
Is lender	Lender address; City;	State; Zip Code	Interest rate					
a financial Institution?			Maturity date					
Y N								
	ion / Job title (See Instructions)	Employer (See Instructions)						
Description of Co	llateral		nds were deposited into political					
none		account (See Instruc						
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)					
	Guarantor address; City;	State; Zip Code						
not applicable		Employer (See Instructions)						
Principal Occupa	tion (See Instructions)	Employer (See instructions)						
	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE AS NE	EDED eporting requirements.					
If	If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gilf/Awards/Memorials Expense Legal Services

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 not listed above)

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) W.C. Abby Abernathy Jr 4 Date 5 Payee name Archer County News 10/23/2023 7 Payee address: 6 Amount (\$) City: State: Zip Code \$ 158.38 P.D. BOX 1125 Archer City TX 76351 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Newspaper Ad Advertising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Archer County News 11/7/2023 Amount (\$) Payee address; City: State: Zip Code \$94.00 P.O. Box 1125 Archer City 76351 Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense OF Newspaper Ad EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Archer County Republican Party 11/14/2023 Amount (\$) State: Zip Code P.O. Box 606 Archer City TX 16351 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Candidate Filing Fee OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment Cerdit Card Payment The Instruction Guide explains how to complete this form. Credit Card Payment Cerdit						
1 Total pages Schedule F1:			ler ID (Ethics Commission Filers)			
4 Date	5 Payee name					
11/14/2023	TNT Signs & Graphic	25				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
^{\$} 1,434. ³¹	6301 Southwest PKWY	Wichita Falls	TX 76310			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Campolign S)igns			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, of	fficeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
11/28/2023	TNT Signs + Graphics					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$1,434. ¹⁵	6301 Southwest PKwy	Wichita Falls	TX 70310			
	Category (See Calegories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Campaign S	igns			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offi	iceholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
11/28/2023	Archer County News					
Amount (\$)	Payee address;	City;	State; Zip Code			
^{\$} 277, ³⁸	P.D. Box 1125	ArcherCity	TX 76351			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	Newspaper Ad				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	ceholder 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						

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Printing Expense Travel Out Of District Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor 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 F1: 2 FILER NAME W.C. Abby Abernathy Jr 4 Date Archer County Law Enforcement Association 7 Payee address; City: 12/11/2023 6 Amount (\$) PO BOX 517 Archer City TX 150.00 76351 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Contribution made by candidate Annual t-shirt Campaign PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 12/12/2023 Archer County News City: Amount (\$) P.O. Box 1125 \$ 181.20 Archer City TX 710351 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Newspaper Ad Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Pavee name Vista Print 12/14/2023 Amount (\$) Pavee address: City; State: Zip Code \$ 120,15 WNW. vista print. com Description Category (See Categories listed at the top of this schedule) Christmas Cards **PURPOSE** Printing Expense EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) W.C. Abby Abernathy Jr 4 Date United States Postal Service 6 Amount (\$) State: Zip Code \$ 612.00 Archer City 500 N. Center TX 76351 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE Other -Stamps Postage OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH 12/27/2023 Archer County News Amount (\$) City: State: Zip Code 250.00 Archer Cety 76351 P.D. Box 1125 TX Category (See Categories listed at the top of this schedule) Description **PURPOSE** Newspaper Ad Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



			4 511 15 1511	S	2 Tatal asses file	ad:
The C/OH Instruction Gu	1 Filer ID (Ethics Commission Filers) 2 Total pages filed:			ed.		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
NAME	V.V	W			Date Received	
	NICKNAME	LAST		SUFFIX	FILED F	OR RECORD
	Ahbu	Abernath	u	Jr	AT 8:52 0	CLOCK
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		dity; state	: ZIP CODE	FEB	- 5 2024
Change of Address		579	FYTE	USION .	KARREN WINTE	R COUNTY CLEDY
5 CANDIDATE/ OFFICEHOLDER PHONE	(940) T	PHONE NUMBER	EXTER	ASION		OUNTY, TEXAS
6 CAMPAICN	MS / MRS / MR	FIRST		МІ	Receipt #	Amount
6 CAMPAIGN TREASURER		A1:-1		M.	Date Processed	
NAME		Mish	· · · · · · · · · · · · · · · · · · ·	SUFFIX	Date 1 10003000	
*	NICKNAME	LAST '		SOFFIX	Date Imaged	
		Cameron	_			
7 CAMPAIGN	STREET ADDRESS (N	O PO BOX PLEASE); APT / S	SUITE #; CI	ITY;	STATE;	ZIP CODE
TREASURER ADDRESS			Λ	(1-1	+4	76351
(Residence or Business)	2293 F	M 210		ther City	J X	(4751
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTE	NSION		
	(940) 9	23-16LED				
9 REPORT TYPE	January 15	30th day before	election	Runoff		after campaign appointment er Only)
	July 15	8th day before e	Nection I I	Exceeded Modified Reporting Limit		ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yes	ar
COVERED	1/	1/2024	THROUGH	2		24
11 ELECTION	ELECTION DA			ELECTION TYP	E	
	Month Day	Year Primary	Runoff	Other Description		
	/	/ Genera	al Special			
	3/5/	2024				
40 055105	OFFICE HELD (if any)		13 OFF	ICE SOUGHT (if know	wn)	
12 OFFICE	0111021122 (** 21.7)		10	P- al Cam	missioner Pr	oring + 3
		CE OF POLITICAL CONTRIBUTION		CAL EVBENDITURES	MADE BY POLITICAL CO	MMITTEES TO SUPPORT
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITUR S AND OFFICEHOLDERS ARE REQ	RES MAY HAVE BEEN MA	ADE WITHOUT THE CA	NDIDATE'S OR OFFICENCE F THEY RECEIVE NOTICE	OLDER'S KNOWLEDGE OR OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
Additional Fages	SPECIFIC	COMMITTEE CAMPAIGN T	REASURER NAME			
		COMMITTEE CAMPAIGN T	TREASURER ADDRES	SS		
		GO TO	D PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAMPAIGN	I FINANCE REPORT			
15 C/OH NAME	16	Filer ID (Ethics Commission Filers)		
W. (2. Abby Abernathy Jr			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø		
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ Ø		
	4. TOTAL POLITICAL EXPENDITURES	\$ 799. 25		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	\$ 939, 18		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,500.00		
18 SIGNATURE I	Swear, or affirm, under penalty of perjury, that the accompanying report is true and equired to be reported by me under Title 15, Election Code.	d correct and includes all information		
	11.1.1.1.1	/		
	Mil Abuth Signature of Candid	data or Officeholder		
	/ Signature of Candid	ate or Officeroider		
	Please complete either option below:			
(1) Affidavit	ESTINY PETERS			
NOTARY PUBLIC STATE OF TEXAS				
NOTARY STAMP / SE	ID # 13392780-2	<i></i>		
Sworn to and subscribe	this the	day of tebruant		
Sworn to and subscribe	fourties withess my hand and seal of office.			
20 certi	fy which withess my hand and seal of office. Desting Peters	niet Deady		
Signature of officer adminis		Title of officer administering oath		
Signature of officer confine	OR			
(0) Unavers Deglars				
(2) Unsworn Declara				
My name is	, and my date of birth is			
		_,		
M) ddaioo io	(street) (city) (state	te) (zip code) (country)		
Executed in	County, State of, on theday of(month)	, 20 (year)		
		227		
	Signature of Candidate	e/Officeholder (Declarant)		

SUBTOTALS - C/OH

19 FILER NAME	nmission Filers)	
W.C Abby Abernathy Jr 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ Ø
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ Ø
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ \$
4. SCHEDULE E: LOANS		* Ø
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$ 799. ²⁵
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ Ø
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ Ø
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ Ø
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	JNDS	\$ Ø
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$ Ø
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	CONTRIBUTIONS	\$ Ø
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	\$ Ø	

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense By Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment	The Instruction Guide explains how	to complete this form.			
1 Total pages Schedule F1:			3 Filer ID (Ethics	Commission Filers)	
4 Date	W.C. Abby Abernathy Tr 5 Payee name				
1-4-2024	Archer County New	S			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
\$ 295,00	P O.Box 1125	Archer C	ty to	76351	
8	(a) Category (See Categories listed at the top of this schedul		J		
PURPOSE OF EXPENDITURE	Advertising Expense	Livestock	Edition		
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Aust	tin, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
1-8-2024	TNT Signs	Cit ::	State:	Zip Code	
Amount (\$)	Payee address;	City;	State,	219 0000	
108,25	(a 301 Southwest PKu Category (See Categories listed at the top of this schedul		Falls TX	76310	
PURPOSE	Category (see Categories listed at the top of this content				
OF EXPENDITURE	Advertising	Stakes for	signs		
	Check if travel outside of Texas. Complete Schedule	e T. Check if Aus	stin, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held	
Date	Payee name				
Date					
1-9-2023	Archer Country New	\$		7in Code	
Amount (\$)	Payee address;	City;	State;	Zip Code	
198.00	P. D. Box 1125 Category (See Categories listed at the top of this schedu	Archer C	ity to	70351	
PURPOSE	Category (core construction of construction				
OF	11 10 = =	Newspass	as Ad		
EXPENDITURE	Advertising Expense		stin, TX, officeholder livin	n expense	
	Check if travel outside of Texas. Complete Schedul		sun, IX, dilicendider livin	Office held	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin I Committee Legal Services Salaria	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		
•	The Instruction Guide explains how	to complete this form.		
1 Total pages Schedule F1: ${\cal A}$	^·	×	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name	c		
1-23-2024 6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
	0	4 . 0		
1980	P.O. BOX 1125	Archer C	ery TX 710351	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	(b) Description		
OF EXPENDITURE	Advertising Expense	Newsp	aper Ad	
	(c) Check if travel outside of Texas. Complete Schedule T	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF				
EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule	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	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule	T. Check if Aus	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EDED	
	athian atat	o ty ue	Revised 11/15/202	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

OAMI AIOI						
The C/OH Instruction G	uide explains how to	complete this form.	1 Filer ID (Ethics Commis	sion Filers)	2 Total pages file	5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST W. C.	MI SU	FFIX	Date Received FILED F	OR RECORD
	Abby	Abernathy	Jr.	CODE	AT _ 7:74_0	CLOCK N
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; J				2 6 2024
Change of Address		19 Archer C	by TX 7635	51	KARREN WINT	ER, COUNTY CLERK
5 CANDIDATE/ OFFICEHOLDER PHONE	(940) 7	PHONE NUMBER 104- 4707			Receipt #	Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Misty	м М		Date Processed	
NAME	NICKNAME	LAST	su	JFFIX	Date Imaged	
		Cameron	SUITE #: CITY;		STATE;	ZIP CODE
7 CAMPAIGN TREASURER ADDRESS		O PO BOX PLEASE); APT / S		4.1		251
(Residence or Business)	P.O. Box 12	83 2293 F	m210 Arche	er Cet	y /x 14	251
8 CAMPAIGN TREASURER PHONE	(940) 98	PHONE NUMBER 23-1660	EXTENSION			
9 REPORT TYPE	January 15	30th day before	election Runoff			fter campaign ppointment er Only)
	July 15	8th day before e	election Exceede Reportin	d Modified g Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 4 /2024	THROUGH	Month 2	25 / 20	
11 ELECTION	ELECTION DAT	TE Primar		Other	-	
	Month Day	Tear _		Description		
	3/5/	2024 Genera	al Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOU	_	n) Ommissioner	Purch 3
			THE PARTY OF THE P	ENDITUBES	MADE BY POLITICAL CO	MMITTEES TO SUPPORT
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE CONSENT. CANDIDATES	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITUING S AND OFFICEHOLDERS ARE REC	NS ACCEPTED OR POLITICAL EXP RES MAY HAVE BEEN MADE WITH QUIRED TO REPORT THIS INFORMA	HOUT THE CAI ATION ONLY IF	THEY RECEIVE NOTICE	OLDER'S KNOWLEDGE OR OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Region	GENERAL	COMMITTEE ADDRESS				
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN T	REASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRESS			
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		ID (Ethics Commission Filers)		
W.(2. Abby Abernathy Jr.			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Ø		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500.°°		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 8		
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,086.92		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 352. ²⁶		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,500.00		
	swear, or affirm, under penalty of perjury, that the accompanying report is true and co	rrect and includes all information		
18 SIGNATURE	quired to be reported by me under Title 15, Election Code.			
re	quirea to be reported by the dilider this 10, Elocitori 5000.			
	Ul ahurt	/		
	Signature of Candidate	or Officeholder		
	Please complete either option below:			
(1) Affidavit				
DESTINY PETERS (
	TATE OF TEXAS			
NA TANDISE	a#13392780-2 b			
TE OF THE My Cor		Tologo 11		
Sworn to and subscribe	d before me by W. C. HOOV PARTY WALL DO this the AC	_ day of February		
h 1		1		
20 _ d to certi	fy which, witness my hand and seal of office.	of soll - Taxiff		
DOSTINU	Malex Desting teters Ch	eit Depus Tucan		
Signature of officer adminis	tering oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
	On the state of th			
(2) Unsworn Declara	tion			
1				
My name is	, and my date of birth is	·		
1				
My address is		(zip code) (country)		
	(street) (city) (state)	, , , , , , , , , , , , , , , , , , , ,		
Executed in	County, State of , on the day of (month)	, 20 (year)		
	(month)	(year)		
		Sachalder (Dealercat)		
	Signature of Candidate/Off	icenoider (Declarant)		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Ir	nstruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
1.1	a ALL Abernathy Jr.	
W	C. Abby Abernathy Jr. 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Date	5 Full name of contributor	
	Odell Marshall 6 Contributor address; City; State; Zip Code	
114/2024	6 Contributor address; City; State; Zip Code	L
11. 10.001		#250.°°
	Dallas TX 9 Employer (See Instructions)	
Principal occup	ation / Job title (See Instructions) 9 Employer (See In	,
	Full name of contributor) Amount of contribution (\$)
Date		
	Dobie Kosub	
1/22/2024	Contributor address; City; State; Zip Code	
122/2027		
	2727 Shepherd's Glen Wichita Falls 787	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	national property
5.4	Full name of contributor) Amount of contribution (\$)
Date	Full Hallie of Contributes	
	Contributor address; City; State; Zip Code	
	Employer (See	Instructions)
Principal occup	pation / Job title (See Instructions) Employer (See	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
	Contributor address,	
Principal occu	upation / Job title (See Instructions) Employer (See	Instructions)
T THIO PAR		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED
	If contributor is out-of-state PAC, please see Instruction guide for add	ditional reporting requirements.

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Print Committee Legal Services Sala	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense tling Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how	w to complete this form.		
Total pages Schedule F1:	2 FILER NAME W.C. Abby Abernathy 5 Payee name	Jr.	3 Filer ID (Ethics Commission Filers)	
1 Date	5 Payee name			
2-10-2024	Archer County New	<i>w</i> s	State; Zip Code	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
s 198.00	P.O. Box 1125	Archer C	ty TR 76351	
8	(a) Category (See Categories listed at the top of this sched	lule) (b) Description	3	
PURPOSE OF	A	Campaig	n Ad	
EXPENDITURE	Advertising		tin, TX, officeholder living expense	
	(c) Check if travel outside of Texas. Complete Schedu		Office held	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office field	
Date	Payee name			
2-16-2024	United States Postal S	erice City;	State; Zip Code	
Amount (\$)	Payee address;			
53.00	4001 Southwest Pxy.	Wichital Description	Falls TX 71,308	
PURPOSE	Category (See Categories listed at the top of this sched	Description		
OF EXPENDITURE	Advertising	Stamps		
EXPENDITORE	Check if travel outside of Texas. Complete Schedu		slin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
2-20-2024	United States Posto	al Service		
	Payee address;	City;	State; Zip Code	
Amount (\$)	ayou addisso,			
£ 636.00	500 N. Center	Archer Ci	by tx 74351	
	Category (See Categories listed at the top of this sched	dule) Description		
PURPOSE OF EXPENDITURE	Advertising	Stamp	5	
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Au	ustin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held	
		ETHIS SCHEDULE AS N	EEDED	
	ATTACH ADDITIONAL COPIES O	- I III S SCHEDULE AS N	Pavised 11/15/20	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			
2 Cotal pages Schedule F1	W.C. Abby Abernathy	Jr.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
2-6-2024	Vista Print		
6 Amount (\$) [8].23	7 Payee address;	City;	State; Zip Code
* 194.84	www.vistaprint.com		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	Δ1 ()	0.	Parland
EXPENDITURE	Advertising	Campaign	Tostcard
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-24-2024	Facebook - Meta F	latforms	
Amount (\$)	Payee address;	City;	State; Zip Code
\$18.69	www.facebook.com		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF	0.1.	Social M.	edia
EXPENDITURE	Adventising	Campaig	n Ad
	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
Date	Payee name		
Julio	. ayou name		
Amount (\$)	Payee address;		
	r ayes address,	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			1
OF			I
EXPENDITURE			
	Check if travel outside of Texas. Complete 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 CONTROL		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	ED