APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

			1 Total pages filed:
	See	CTA Instruction Guide for detailed instructions.	, isaa pagaa maa
2	CANDIDATE	MS / MRS MR FIRST MI	OFFICE USE ONLY
	NAME	Douglas Duke	Filer ID #
	1	NICKNAME LAST SUFFIX	Peter Received 3 S O'CLOCK ?
		Doug Strange Jr.	J.S OCLOCK
3	CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	NOV 2 2 2023 A
	MAILING ADDRESS	138 Strange Dr	
		Holliday TX 76366	KARREN WINTER THE BOTT CLERK Date Hand ARCHER COUNTY, TEXAS
4	CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$
	PHONE	(940) 733-0452	Date Processed
5	OFFICE HELD (if any)	Constable Prot 1	Date Imaged
6	OFFICE SOUGHT	Constable Prot	
7	(if known) CAMPAIGN	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX
•	TREASURER NAME	Douglas Duke Doug	Strange Jri
8	CAMPAIGN	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE
	TREASURER STREET	122 /1 No 11 11 17 7/	71.1
	ADDRESS	138 Stranse Dr. Holliday TX 76	'>@b
(residence or business)	·	
9	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION	
	PHONE	(940) -733-0452	
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the To	exas Government Code.
		I am aware of my responsibility to file timely reports a	s required by title 15 of
		the Election Code.	
		I am aware of the restrictions in title 15 of the Election from corporations and labor organizations.	Code on contributions
		D. Cott	10-28-23
		Signature of Candidate	Date Signed

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 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					
AT _/'35_0'CLOCK					
NOV 2 2 2023	W				
KARREN WINTER, COUNTY CLERI					
Date Processed					
Date Imaged					

1 ACCOUNT NUMBER	2 TYPE OF FILER	
(Ethics Commission Filers)	CANDIDATE	POLITICAL COMMITTEE
	If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.	If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.
3 NAME OF CANDIDATE	TITLE (Dr. Mr Ms., etc.) FIRST	MI
(PLEASE TYPE OR PRINT)	Douglas	Duke
	NICKNAME LAST	SUFFIX (SR., JR., III, etc.)
	Doug Strange	Ju
4 TELEPHONE NUMBER	AREA CODE PHONE NUMBER	EXTENSION
OF CANDIDATE (PLEASE TYPE OR PRINT)	(940) 733-0452	
5 ADDRESS OF CANDIDATE		CITY; STATE; ZIP CODE
(PLEASE TYPE OR PRINT)	1	tolliday TX 76366
6 OFFICE SOUGHT		
BY CANDIDATE	Constable Pret 1	
(PLEASE TYPE OR PRINT)	CONSTRUCTO 1101 1	
7 NAME OF COMMITTEE		
(PLEASE TYPE OR PRINT)		
8 NAME OF CAMPAIGN	TITLE (Dr Mr) Ms., etc.) FIRST	МІ
TREASURER	Douglas	Duke
(PLEASE TYPE OR PRINT)	NICKNAME LAST	SUFFIX (SR., JR., III, etc.)
	Doug Strange	24.
	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

10-28-23

Date

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



					2 Tatal pages file	od:	1
The C/OH Instruction G	uide explains how to	complete this form.	1 Filer I	D (Ethics Commission Filers)	2 Total pages file	ia,	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	Douglas		Duke	OFFICE Date Received ED F	OR RECORD	\vdash
NAME	NCKNAME DOUG	LAST	e.	SUFFIX	AT / 20 0	CLOCK 1	T^{M}
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;	At 17 00.12 m	CITY;	STATE: ZIP CODE	FEB	2 3 2024	1
MAILING ADDRESS	138 5	transe Dr. Lay TX	763	66	KARREN WINT	TER, COUNTY CLERK	4
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER		EXTENSION		COUNTY, TEXAS	t
OFFICEHOLDER PHONE	(940)	733-04	52	MI	Receipt #	Amount \$	+
6 CAMPAIGN TREASURER NAME	MS / MRS MR	Douglas	·	Duke	Date Processed		1
NAME	NICKNAME	Strans	e	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER	STREET ADERESS (NO.	PO BOX PLEASE); APT /	SUITE #;	CITY;	STATE;	ZIP CODE	
ADDRESS (Residence or Business)	14011	iday TK	763				\dashv
8 CAMPAIGN TREASURER PHONE	(940) 73	PHONÉ NUMBER'		EXTENSION			
9 REPORT TYPE	January 15	30th day before	e election	Runoff		after campaign appointment der Only)	
	July 15	8th day before	election	Exceeded Modified Reporting Limit		ort (Attach C/OH - FR)	\dashv
10 PERIOD COVERED	Month //- /	Day Year 123/23	тні		123/2	,	
11 ELECTION	ELECTION DAT	Prima	ry 🔲	ELECTION TYP			
	3/5/	Year Gene	ral	Special			-
12 OFFICE	OFFICE HELD (If any)	Le Pret		OFFICE SOUGHT (if known of the constable	e Pret	\	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE RE	ONS ACCEPTED URES MAY HAVE QUIRED TO REF	OR POLITICAL EXPENDITURES E BEEN MADE WITHOUT THE C PORT THIS INFORMATION ONLY	MADE BY POLITICAL C ANDIDATE'S OR OFFICEH IF THEY RECEIVE NOTICE	OLDER'S KNOWLEDGE O	R S.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER	NAME			
		COMMITTEE CAMPAIGN	TREASURER	ADDRESS			
		GO T	O PAGI	E 2			
1							

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAMPAIG	N FINANCE REPORT	
5 C/OH NAME	Doug Strange	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
(1) Affidavit	Please complete either option below MAKAYLA HALL Notary ID # 131757945 My Commission Expires 10-12-2026	ndidate or Officeholder
20 <u>AH</u> , to cer	this the before me by DOUG STYONGE this the ify which, witness my hand and seal of office. Stering oath Printed name of officer administering oath	73 day of February Title of officer administering oath
(2) Unsworn Declar		
	, and my date of birth is	
My address is	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on the day of	h) 20
	Signature of Cand	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	9 FILER NAME 20 Filer ID (Ethics Comm					
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$				
4.	SCHEDULE E: LOANS	\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$				
6.	. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	MADE FROM PERSONAL FUNDS	\$				
10	CONTRIBUTIONS TO A BUSINESS OF C/O	рн \$				
11.	MADE FROM POLITICAL CONTRIBUTIONS	\$				
12.	CREDITS GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	\$				
_						

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

_	The	nstruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2	FILER NAME	Doug Strange		3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor ut-of-state PAC		7 Amount of contribution (\$)
		6 Contributor address; City;	State; Zip Code	
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru			9 Employer (See Instruc	tions)
	Date		(ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date Tall Harris of Community		(ID#:)	Amount of contribution (\$)	
		Contributor address; City;	State; Zip Code	
	Principal occu	upation / Job title (See Instructions)	Employer (See Instru	ctions)
	Date		C (ID#:)	Amount of contribution (\$)
		Contributor address; City;	State; Zip Code	
-	Principal occ	upation / Job title (See Instructions)	Employer (See Instru	actions)
F				
			OF THIS SOUEDING AS	NEEDED
		ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst	truction guide for additiona	al reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

ii the reques	Sted information to not applicable,				
The	e Instruction Guide explains how to complete this form	1.	1 Total pages Schedule	e A2:	
2 FILER NAME	Doug Stranse		3 Filer ID (Ethics Com	mission Filers)	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor ut-of-state PAC (ID#:)	8 Amount of Contribution \$	9 In-kind contribution description	
	7 Contributor address; City; State;	Zip Code		e of Texas. Complete Schedule T.	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIA	L)(See instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUI	DICIAL) (See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law fire	m of contributor's spous	e (if any) (FOR JUDICIAL)	
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outside	de of Texas. Complete Schedule T.	
Principal oc	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emplo	yer (FOR NON-JUDICIA	AL)(See Instructions)	
Contributor	's principal occupation (FOR JUDICIAL)			DICIAL) (See Instructions)	
Contributor	's employer/law firm (FOR JUDICIAL)	Law fi	v firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES Of	THIS SCHE	DULE AS NEEDED for additional reportir	ng requirements.	

PLEDGED CONTRIBUTIONS

SCHEDULE B

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule B:
2 FILER NAME	Doug Strange		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	UNITEMIZED PLEDGES		\$
5 Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount 9 In-kind contribution description
	7 Pledgor address; City; State	e; Zip Code	
			Check if travel outside of Texas. Complete Schedule
10 Principal occ	upation / Job title (See Instructions)	1 Employer (See	Instructions)
Date	Full name of pledgor out-of-state PAC (ID#:		Amount In-kind contribution of Pledge \$ description
	Pledgor address; City; Stat	e; Zip Code	Check if travel outside of Texas. Complete Schedule
Principal occi	upation / Job title (See Instructions)	Employer (See	Instructions)
T Tilloipal Goo.			
Date	Full name of pledgor		Amount of In-kind contribution description
	Pledgor address; City; Sta	te; Zip Code	Check if travel outside of Texas. Complete Schedule
Principal occ	cupation / Job title (See Instructions)	Employer (See	e Instructions)
Date	Full name of pledgor		Amount of I In-kind contribution description
	Pledgor address; City; State;	; Zip Code	Check if travel outside of Texas. Complete Schedule
Bringing of	cupation / Job title (See Instructions)	Employer (Se	e Instructions)
Principal dec			
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst	OF THIS SCHED ruction guide fo	ULE AS NEEDED radditional reporting requirements.

SCHEDULE E **LOANS**

ii dilo roquest				
The Ins	truction Guide explains how to comple	te this form.	1 Total pages Schedule E:	
FILER NAME	Joug Strange		3 Filer ID (Ethics Commission Filers)	
			\$	
TOTAL OF UNIT	EMIZED LOANS			
Bate of loan		AC (ID#:)	9 Loan Amount (\$)	
	B Lender address; City;	State; Zip Code	10 Interest rate	
Institution? Y N			11 Maturity date	
12 Principal occupation	/ Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Collat	eral .	15 Check if personal fundaccount (See Instruct	ds were deposited into political	
none			19 Amount Guaranteed (\$)	
16 GUARANTOR INFORMATION	17 Name of guarantor			
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupation	on (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
Is lender	Lender address; City;	State; Zip Code	Interest rate	
a financial Institution?			Maturity date	
Y N Principal occupatio	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Colla	ateral	Check if personal fu	nds were deposited into political ctions)	
none	Name of guarantor		Amount Guaranteed (\$)	
GUARANTOR INFORMATION	rianie di guaranio			
	Guarantor address; City;	State; Zip Code		
not applicable		Employer (See Instructions)		
Principal Occupati	on (See Instructions)	Employer (See Instructions)		
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS N	EEDED	
if le	ender is out-of-state PAC, please see I	ethics state ty us	Revised 11/15/2	

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

Event Expense Food/Beverage 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

ontributions/Donations Made By Candidate/Officeholder/Political (redit Card Payment	Committee Legal Services Salaries With The Instruction Guide explains how to committee	ages/Contract Labor C	Other (enter a category not listed above)
	2 FILER NAME Doug Strang	3	Filer ID (Ethics Commission Filers
Date	5 Payee name		
Amount (\$)	7 Payee address;	City;	State; Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	(a) Category (See Cologs to the Cologs to th		
85554-97	(c) 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
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
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 Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED
			Pavisad 11

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a) Solicitation/Fundraising Expense Loan Repayment/Reimb **Event Expense** Transportation Equipment & Related Expense Advertising Expense Office Overhead/Rental Expense Fees Travel In District Accounting/Banking Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F2: Strange 2009 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 6 Payee name 5 Date Zip Code State; City; 8 Payee address; 7 Amount (\$) 9 Non-Political TYPE OF Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 11 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code State; City; Payee address; Amount (\$) TYPE OF Non-Political Political EXPENDITURE 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 Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

The Instruction Guide explains how to complete this form. FILER NAME Date 5 Name of person from whom investment is purchased	Filer ID	(Ethics Commission	on Filers)
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 SCHEDULE	AS NEI	EDED	Revised 11/15/

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)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By

Event Expense Feas 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

Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.
	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F4:	Doug Strange
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED TO A CREDIT CARD \$
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	
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
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
	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 Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
1	Povised 11/15/20

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor 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)
		to complete and the	3 Filer ID (Ethics Commission Filers)
Total pages Schedule G:	2 FILER NAME DOUS STR	nge	
Date	5 Payee name		
Amount (\$) Reimbursement from political contributions	7 Payee address;	City;	State; Zlp Code
intended	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Complete Schoolule T	Check if Aust	tin, TX, officeholder living expense
	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	Office held
) Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$) Reimbursement from	Payee address;	City;	State; Zip Code
PURPOSE	Category (See Categories listed at the top of this schedul	e) Description	
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule	T. Check if Au	istin, TX, officeholder living expense
Complete ONLY if direc	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	5		
PURPOSE OF	Category (See Categories listed at the top of this schedu	ule) Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule	e T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NE	EEDED
		1 1	Revised 11/15

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)

Advertising Expense Accounting/Banking
Consulting Expense

Event Expense Fees
Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Constituting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	By Gift/Awards/Memorials Expense Printing E cal Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor	Other (enter a category	not listed above)
Total pages Schedule H:	2 FILER NAME Doug Strange		3 Filer ID (Ethics C	Commission Filers)
Date	5 Business name			
Amount (\$)	7 Business address;	City;	State;	Zip Code
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE			TV efficient des living ex	nansa
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living ex	Office held
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought		Silico Hold
Date	Business name			
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living e	xpense
Complete ONLY if direct expenditure to benefit C	t Candidate / Officeholder name C/OH	Office sought		Office held
Date	Business name			
Amount (\$)	Business 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	stin, TX, officeholder living	expense
Complete ONLY if dire expenditure to benefit	ct Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NE	EDED	
12.000000		1		Revised 11/15

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to comple	
Total pages Schedule I:	2 FILER NAME Doy Strange	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address;	City State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule K:			
2 FILER NAME	Doug Strange	3 Filer ID (Ethics 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; Sta	ite; 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; S	tate; Zip Code			
	Purpose for which amount is received Check i	f political contribution returned to filer			
Date	Name of person from whom amount is received	Amount (\$)			
	Address of person from whom amount is received; City; Si	tate; Zip Code			
	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;	State; Zip Code			
	Purpose for which amount is received Check	if political contribution returned to filer			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
	Two Ethics Commission www.ethics.state.tx.us	Revised 11/15/20			

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

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.						
The Instruction Guide explains how to complete this form. 1 Total pages Schedule T:						
2 FILER NAME Dova Strange			3 Filer ID (Ethics Commission F	Filers)		
4 Name of Contributor / C	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
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						
6 Dates of travel	7 Name of p	erson(s) 1	traveling			
	8 Departure	city or na	me of departure loca	tion		
	9 Destination	n city or n	name of destination lo	ocation		
10 Means of transportatio	n 1	1 Purpos	se of travel (including	name of conference, s	eminar, or other event)	
Name of Contributor / (Corporation of	r Labor O	rganization / 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 Departure city or name of departure location						
	Destination	on city or	name of destination	location		
Means of transportati	on	Purpo	ose of travel (includin	g name of conference,	seminar, or other event)	
Name of Contributor /	Corporation	or Labor C	Organization / Pledgo	or / 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	s) traveling			
	Departu	re city or i	name of departure lo	cation		
	Destinat	ion city o	r name of destination	location		
Means of transporta	lion	Purp	pose of travel (including	ng name of conference	, seminar, or other event)	
	Α'	TTACH A	DDITIONAL COPIE	S OF THIS SCHEDU	LE AS NEEDED	
				thics state ty us		Revised 11/15/20

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 Strange 2 Filer ID (Ethics Commission Filers)				
3	SIGNAT	URE /				
	designati	expect any further political contributions or political expenditures in connection with my candidacy. I understand that any a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any a contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder				
4	FILER V	VHO IS NOT AN OFFICEHOLDER lete 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 from political contributions.				
		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.				
	В.	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	OFFIC Com	EHOLDER plete 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				
		Signature of Officenoider				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

/	-)
-	/	
1		
		/

The C/OH Instruction Go	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS (MR) FIRST DOUG & S NICKNAME LAST STRANGE	Duke Suffix AT	OFFICE USE ONLY Date Received FILED FOR RECORD 1.22 0'CLOCK M		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER	ADDRESS / TO BOX,	EXTENSION	FEB 2 3 2024 KARREN WINTER, COUNTY CLERK Dad PROHE PROMUNITY DIEX PROMINER HER		
6 CAMPAIGN TREASURER NAME	MS/MRS(MR) FIRST Douglas NICKNAME LAST LAST	e Duke	Receipt # Amount \$ Date Processed Date Imaged STATE; ZIP CODE		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) 8 CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE): APT 7: 138 Strense Dr Holliday TK AREA CODE PHONE NUMBER (940) 733-045	76366 EXTENSION	SINIE, ZII GODE		
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year // 73 / 23	THROUGH Z	Day Year / 23/ 24		
11 ELECTĮON	ELECTION DATE Month Day Year Primary General General	Description	E		
12 OFFICE	Coustable Pret	13 OFFICE SOUGHT (if know Constate)	le Prot 1		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE RECOMMITTEE TYPE COMMITTEE TYPE COMMITTEE NAME	NS ACCEPTED OR POLITICAL EXPENDITURES RES MAY HAVE BEEN MADE WITHOUT THE CA QUIRED TO REPORT THIS INFORMATION ONLY IS	MADE BY FOUNDATION OF THE STATE		
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN T				
	GO TO PAGE 2				
1	GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	Doug Strange	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)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAG OF REPORTING PERIOD	ST DAY \$		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$		
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. Please complete either option below: MAKAYLA HALL Notary ID # 131757945 My Commission Expires 10-12-2026				
NOTARY STAMP/SE. Sworn to and subscribe. 20 74 , to certif		213 day of February.		
Signature of officer adminis	tering oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declara				
My name is	, and my date of birth	s		
My address is		(-1-1-) (-in pada) (
	(555)	(state) (zip code) (country)		
Executed in	County, State of, on the day of (mor	tth) (year)		
	Signature of Cano	didate/Officeholder (Declarant)		

SUBTOTALS - C/OH

19 FILER NAME 20 Filer ID (Ethics Comm				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT		
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$		
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4. SCHEDULE E: LOANS		\$		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$.		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	ITIONS RETURNED	\$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Doug Stranse		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PAC	(ID#:)	7 Amount of contribution (\$)
10.5			
2-22-24	RB Morris 6 Contributor address; City; P.O. Box 1065 Archy	State; Zip Code	200,00
	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instru	ctions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	upation / Job title (See Instructions)	Employer (See Instru	ctions)
	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.

The	e Instruction Guide explains how to complete this form		1 Total pages Schedule A2:
2 FILER NAME	Doug Strange		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor)	8 Amount of 9 In-kind contribution Contribution \$ description
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	pupation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)		utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	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	Zip Code	Amount of Contribution \$ In-kind contribution description Check if travel outside of Texas. Complete Schedule T.
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	yer (FOR NON-JUDICIAL)(See Instructions)
Contributor	's principal occupation (FOR JUDICIAL)		butor's job title (FOR JUDICIAL) (See Instructions)
Contributor	r's employer/law firm (FOR JUDICIAL)	Law fi	rm of contributor's spouse (if any) (FOR JUDICIAL)
If contribut	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF	THIS SCHE	DULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The I	nstruction Guide explains how to complete this for	m.	1 Total pages Schedu	
FILER NAME	Doug Stranse		3 Filer ID (Ethics Co	ommission Filers)
TOTAL OF	UNITEMIZED PLEDGES		\$	
Date	6 Full name of pledgor Out-of-state PAC (ID#:)	8 Amount of Pledge \$	9 In-kind contribution description
	7 Pledgor address; City; State;	Zip Code		
				de of Texas. Complete Schedule T.
Principal occur	pation / Job title (See Instructions) 11	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge	In-kind contribution description
	Pledgor address; City; State	; Zip Code		1 1 1
			Check if travel outs	ide of Texas. Complete Schedule
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	e; Zip Code		
			Check if travel out	I . side of Texas. Complete Schedule
Principal occi	upation / Job title (See Instructions)	Employer (Se	e Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State;	Zip Code	Check if travel ou	 tside of Texas. Complete Schedule
Principal occi	upation / Job title (See Instructions)	Employer (Se	ee Instructions)	
	ATTACH ADDITIONAL COPIES O	OF THIS SCHED	OULE AS NEEDED or additional reporti	ng requirements.

SCHEDULE E **LOANS**

II the requested in	normation to the tapp		
The In	struction Guide explains how to complet	te this form.	1 Total pages Schedule E:
FILER NAME	Doug Strange		3 Filer ID (Ethics Commission Filers)
	TEMIZED LOANS		\$
Date of loan	_	AC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
Y N 2 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Colla		15 Check if personal fundaccount (See Instruct	ds were deposited into political
none 6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
O Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan		PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate Maturity date
Institution?		Employer (See Instructions)	
Principal occupati	on / Job title (See Instructions)		
Description of Col	lateral	Check if personal fu account (See Instru	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	tion (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS N	EEDED
If	Iender is out-of-state PAC, please see I		Revised 11/15/
	VADADA!	ethics state tx.us	11011000 11110

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 Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Total pages Schedule F1: 2 FILER NAME Doug Strange 5 Payee name 5 Payee address: 7 Payee address: 1 LS 25 Stone Hollow Dr. B 220 Austin TX 78758 6 (a) Category (See Categories listed at the top of this schedule) FURPOSE OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Office sought Office sought Office held	Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries The Instruction Guide explains how to d	complete this form.
Date Day S Payee name Signs on the Check State: Zip Code	1 Total pages Schedule F1:	2 FILER NAME	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description STSMS		Doug Strange	
PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description STSMS	4 Date 7-19-24	5 Payee name Signs on the C	hecp State: Zin Code
(a) Category (See Categories listed at the top of this schedule) (b) Description	6 Amount (\$)		
PURPOSE OF EXPENDITURE (c)	905,06	11525 Stone Hollow	Dr. B220 Austin, TX 78758
Complete ONLY if direct expenditure to benefit C/OH Check if vavel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
Payee address: Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Office holder name Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Constant Pet Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Constant Pet Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Constant Only if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH	OF	Advertising	Signs
Payee name 2-10-24 Amount (\$) Payee address: City: State: Zip Code Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Camplete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Candidate / Office holder name Complete ONLY if direct expenditure to benefit C/OH Payee name Candidate / Office holder name Candidate / Office Sought Category (See Categories listed at the top of this schedule) Purpose OF Expenditure Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of			
Amount (\$) Payee address; City: State: Zip Code Payee address: City: State: Zip Code Purpose Expenditure Complete ONLY if direct expenditure to benefit C/OH Payee address: Complete Schedule T. Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Payee name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Doog St	erge Comparing Office held Comparing Pet 1
Amount (\$) Payee address; City; State; Zip Code Purpose Expenditure Complete ONLY if direct expenditure to benefit C/OH Payee address; Candidate / Officeholder name Candidate / Officeholder is state; City; State; Zip Code Description Add th Paper Candidate / Officeholder name Office sought Office held Constable Pet Constable Pet Candidate / Officeholder name Office sought City; State; Zip Code Payee name Candidate / Officeholder name Office held Constable Pet Candidate / Officeholder name Office sought Officeholder living expense Office held Candidate / Officeholder name Office sought Officeholder living expense Officeholder living expense Officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Office held	Date		
Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if vavel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Payee address; Candidate / Office holder name Complete ONLY if direct expenditure Payee name Category (See Categories listed at the top of this schedule) Payee name Candidate / Office hold Constant Pet Category (See Categories listed at the top of this schedule) Payee name Category (See Categories listed at the top of this schedule)		Archer County	2:- Codo
PURPOSE OF 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 Constant	Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	250.5		
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Category (See Categories listed at the top of this schedule) Camplete ONLY if direct expenditure Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure Candidate / Office holder name Office sought Const-Life Pct Co		Category (See Categories listed at the top of this schedule)	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Constable Pet Constable Pet Constabl	OF	Advertosing	Ad in paper
Complete ONLY if direct expenditure to benefit C/OH Date Payee name Candidate / Officeholder name Constable Pct Constable Pct Constable Pct Constable Pct Constabl		Check if travel outside of Texas. Complete Schedule T.	
Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held	Complete ONLY if direct	Candidate / Officeholder name	Office sought
Date Payee name Amount (\$) Payee address; City; State; Zip Code PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held	expenditure to benefit C/O	H Down Strange	Constable Pet Constable Pet
Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Date		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder living expense Office sought Office held		Paris address:	City; State; Zip Code
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Category (See Categories into the content of the categories into the categories in cate	Amount (\$)	Payee address,	
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Category (See Categories into the content of the categories into the categories in cate			
PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held	-	Category (See Categories listed at the top of this schedule)	Description
OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held	PURPOSE		
Complete ONLY if direct expenditure to benefit C/OH Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held			
Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH Complete ONLY if direct expenditure to benefit C/OH		Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/C		Office sought Office held
			IS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Contributions/Donations Made By Candidate/Officeholder/Political (Gift/Awards/Memonals Expense Fritting Expense Other (enter a category not listed above) Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F2:	2 FILER JAME 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED UNPAID INCURRED OBLIGATIONS \$
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
10	(a) Category (See Categories listed at the top of this schedule) (b) Description
PURPOSE OF	
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/O	Candidate / Officeholder name Office sought Office held H
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule) Description
PURPOSE	
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
EXPENDITURE Complete ONLY if direct	Candidate / Officeholder name Office sought Office held

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
	ne instruction duide explaine non to samp	3 Filer ID (Ethics Commission Filers)
FILER NAME	Day Strange	
1 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 SCHE	
	ways ethics state tx US	Revised 11/15/2

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

	EXPEND	ITURE CATEGO	ORIES FOR	R BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Committee Legal Services	Expense morials Expense tion Guide explains	Office Overhe Polling Expen Printing Expen Salaries/Wag	nse es/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
-	Victoria de la companya de la compa	tion Guide explains	104 10 0011	protection to the same	3 Filer ID (Ethics Co	mmission Filers)
1 Total pages Schedule F4:	2 FILER NAME					
4 TOTAL OF UNITEMI	ZED EXPENDITURE	S CHARGED	TOACRE	DIT CARD	\$	
5 Date	6 Payee name					
7 Amount (\$)	8 Payee address;			City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political		Non-Poli			
10 PURPOSE OF	(a) Category (See Categorie	es listed at the top of this	schedule)	(b) Description		
EXPENDITURE	(c) Check if travel or	utside of Texas. Complete	Schedule T.	Check if A	ustin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Office	ceholder name	Of	fice sought	Office h	eld
Date	Payee name					
Amount (\$)	Payee address;			City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	[Non-Po	olitical		
PURPOSE	Category (See Catego	ries listed at the top of th	is schedule)	Description		
OF EXPENDITURE	Check if trave	I outside of Texas. Complet	te Schedule T.	Check if	Austin, TX, officeholder livi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Off	ficeholder name		Office sought	Office	neld
	ATTACH ADDIT	IONAL COPIES	OF THIS S	SCHEDULE AS I	NEEDED	D : - 1 44/45/20

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	EXPENDITURE CATEGORII	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Food/Beverage Expense Pollin Gift/Awards/Memorials Expense Printi I Committee Legal Services Salar	Repayment/Reimbursement o Overhead/Rental Expense ig Expense ig Expense ies/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	to complete this form.	
Tuel Schodulo G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Total pages sales	Doug Strange		
	5 Payee name	h 0	
2-10-24	Signs on the C	reap	State; Zip Code
Amount (\$) 905.04 Reimbursement from political contributions	7 Payee address:	Zo Austin	<u> </u>
intended	(a) Category (See Categories listed at the top of this schedule		
PURPOSE OF	Advertising	4	513~5
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
9 Complete ONLY if direct expenditure to benefit C/OH	Doug Strange	Consider	Pet Constable Pet
Date 2-10-24	Payee name County	News	
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions		A	rcher City TX
intended	Category (See Categories listed at the top of this schedu	Description	
PURPOSE OF	Advertising	Adve	~ 400×
EXPENDITURE	Check if travel outside of Texas. Complete Schedule	e T. Check if Au	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name	Office sought Comable Po	office held Cousdable Pc+
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
	Category (See Categories listed at the top of this sched	dule) Description	
PURPOSE OF EXPENDITURE			
EXPERIMENT	Check if travel outside of Texas. Complete Schedu	ule T. Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NE	EDED
		tate ty us	Revised 11/15/2

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 Loan Repayment/Reimbursement Event Expense Transportation Equipment & Related Expense Advertising Expense Office Overhead/Rental Expense Accounting/Banking Consulting Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Contributions/Donations Made By Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) FILER NAME 1 Total pages Schedule H: Strance Business name 4 Date Zip Code State: City; Business address; 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) 8 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 9 Complete ONLY if direct expenditure to benefit C/OH Business name Date Zip Code State: City; Business address; Amount (\$) 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 Business name Date Zip Code State: City; Business address; Amount (\$) 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

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The Instruction Guide explains how to comp	lete this form.				
Total pages Schedule I:	2 FILER NAME		3 F	iler ID	(Ethics Co	mmission Filers)
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 (Ser	e instruc	itions reg	arding 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.)	ee instru	ctions re	garding 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 (S	See instr	uctions re	egarding lype	of information
Date	Payee name					
Amount (\$)	Payee address;	City			State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (required.)	See inst	ructions i	egarding typ	e of information
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS I	NEED	ED	-	

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

SCHEDULE K

II tile requee	ted information to the spirit	1 Total pages Schedu	ile K.
The	Instruction Guide explains how to complete this form.		
FILER NAME	Doug Strenje	3 Filer ID (Ethics	Commission Filers)
Date	5 Name of person from whom amount is received	140	8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	ate; Zip Code	
	7 Purpose for which amount is received Check in	f political contribution r	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; S	State; Zip Code	
	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; S	State; Zip Code	
	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;	State; Zip Code	
	Purpose for which amount is received	k if political contribution	n returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED	
	ALL TILL		Revised 11/15/2

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

SCHEDULE T

If the requested information is not applicable, DO NOT include this page	in the report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
	3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule F2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
6 Dates of travel 7 Name of person(s) traveling	
8 Departure city or name of departure location	
9 Destination city or name of destination location	
10 Means of transportation 11 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 F2 Schedule F4 Schedule G Schedule H Dates of travel Name of person(s) traveling Departure city or name of departure location	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference	ce, 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 F2 Schedule F4 Schedule G Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
Dates of travel Name of person(s) traveling	
Departure city or name of departure location	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conferen	nce, seminar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED Revised 11/15/20
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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	Doug Strange	2 Filer ID (Ethics Commission Filers)
3	SIGNATURE		
	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 WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder.		
	A.	CAMPAIGN FUNDS	
	Check only one:		
	I do not have unexpended contributions or unexpended interest or income earned from political contributions. 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.		om political contributions.
	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	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.		
		ي .	Signature of Officeholder