# 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.

Date Received FILED FOR RECORD
AT 10: 43 O'CLOCK A M

AUG - 7 2023

KARREN WINTER, COUNTY CLER CARCHER COUNTY, TEXAS

Date Hand-delivered or Postmarked

Date Processed

Subscription to the Code of Fair Campaign Practices is voluntary.

1 ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILER  CANDIDATE  If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.	POLITICAL COMMITTEE		
3 NAME OF CANDIDATE	TITLE (Dr., Mr., Ms., etc.) FIRST	MI		
(PLEASE TYPE OR PRINT)	JAMES	C		
	CLIFTON RUSSE	SUFFIX (SR., JR., III, etc.)		
4 TELEPHONE NUMBER	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	EXTENSION		
OF CANDIDATE (PLEASE TYPE OR PRINT)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			
5 ADDRESS OF CANDIDATE	STREET / PO BOX; APT / SUITE #; CIT	TY; STATE; ZIP CODE		
(PLEASE TYPE OR PRINT)	Ancitén County Commis	HENCIRY TX 76351		
6 OFFICE SOUGHT BY CANDIDATE	Ancita Councy Commis	SSIVARA		
(PLEASE TYPE OR PRINT)	Pc1. 3			
7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)				
8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)	TITLE (Dr., Mr., Ms., etc.) FIRST	MI C		
	NICKNAME LAST  CIFTUR // USSE//	SUFFIX (SR., JR., III, etc.)		
GO TO PAGE 2				

### **CODE OF FAIR CAMPAIGN PRACTICES**

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

#### THEREFORE:

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

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

Signature

Date

## APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

See C	1 Total pages filed:		
NAME	MS/MRS/MR FIRST MI  MR JAMES  NICKNAME LAST SUFFIX  LIFTUR RUSSE//	OFFICE USE ONLY  FILED FOR RECORD  AT 10:43 O'CLOCK  Pate Redeived  AUG - 7 2023	
MAILING	ADDRESS / POBOX; APT / SUITE #; CITY; STATE; ZIP CODE  P.O. 130 × 938 Anithen City TX 76357	KARREN WINTER, COUNTY CLER ARCHER COUNTY, TEXAS  Date Hand-delivered or Postmarked	
4 CANDIDATE PHONE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Receipt # Amount \$  Date Processed	
5 OFFICE HELD (if any)		Date Imaged	
6 OFFICE SOUGHT (if known)	ARCHER Co Commissioner Por. 3		
TREASURER	Me JAMES C CLIPTUR /	LAST SUFFIX ZUSSE//	
TREASURER	APT/SUITE#; CITY;  HM1 E. South St Anchen City	STATE; ZIP CODE  76 351	
TREASURER	(940) 574 –2886		
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Text I am aware of my responsibility to file timely reports as the Election Code.  I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.  Signature of Candidate	required by title 15 of	
	CO 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 which declaration applies  Signature of Candidate	
		_

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 <a href="mailto:treasappoint@ethics.state.tx.us">treasappoint@ethics.state.tx.us</a>
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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

				2 Tatal name fled:
The C/OH Instruction Gu	uide explains how to	complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME	JAMES  LAST  LAST  LAST	SUFFIX	OFFICE USE ONLY  Date Receipted FOR RECORD  AT 4.1/1 O'CLOCK 7
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	938, Arc	CITY: STATE: ZIP CODE HEARITY, TX 7635	JAN - 8 2024  KARREN WINTER, COUNTY CLERK
5 CANDIDATE/ OFFICEHOLDER PHONE	area code (940)	PHONE NUMBER 733-374		Date Hand delivered of hale Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MR NICKNAME CLIFION	JAMES LAST USSE//	SUFFIX	Date Processed  Date Imaged  STATE: ZIP CODE
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (N	38, ARCH	en City, Tx	3
8 CAMPAIGN TREASURER PHONE	AREA CODE (940 )	733-3	EXTENSION	
9 REPORT TYPE	January 15  July 15	30th day before	Exceeded Modifies	
10 PERIOD COVERED	. Konth	Day Year / 28/23	THROUGH /	/ 15/24
11 ELECTION	Month Day	Year	ral Special	on
12 OFFICE	OFFICE HELD (if any)		00011111	MISSIONAN PCT.
14 NOTICE FROM POLITICAL COMMITTEE(S)				ES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN	TREASURER NAME	
		COMMITTEE CAMPAIGN	TREASURER ADDRESS	
		GO T	O PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	From Russell	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)	\$ 260000				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 248700				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ //300				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLLAST DAY OF THE REPORTING PERIOD	THE \$				
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code.	e and correct and includes all information				
	Signature of Ca	andidate or Officeholder				
Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	before me by this the	, day of,				
	which, witness my hand and seal of office.					
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declarat	on A	. 1				
My name is TAME	and my date of birth is	_ / /				
My address is	2 E. Sunth St . KhcHan (177.	TX, 17635! USA.				
Executed in Ancus	(city)  County, State of FEAS, on the 8th day of months.	(state) (zip code) (country)				
, *	Signature of Land	idate/Officeholder (Declarant)				

### SUBTOTALS - C/OH

19 FILER NAME  JAMES CUFTIN RISSE//				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT			
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 260000			
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 CON	NTRIBUTIONS \$ 248700			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS \$			
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS \$			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED \$			

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

	Т	he Instruction Guide explains how to complete this form.	1	Total pa	iges Sc	hedule F3:	
2	FILER NAME		3	Filer ID	(Ethics	Commission	on Filers)
4	Date	5 Name of person from whom investment is purchased					
		6 Address of person from whom investment is purchased; City	у;			State;	Zip Code
		7 Description of investment			45		
		8 Amount of investment (\$)					
	Date	Name of person from whom investment is purchased					
		Address of person from whom investment is purchased; City	y;			State;	Zip Code
		Description of investment					
		Amount of investment (\$)					
		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS	S NEE	DED		
1							

### **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 Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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)

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL OF UNITEM	MIZED UNPAID INCURRED OBLIGATIONS	6	\$		
5 Date	6 Payee name				
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code	
9 TYPE OF EXPENDITURE	Political Non-Pol	itical			
10 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living e	expense	
11 Complete ONLY if direct expenditure to benefit C/OI	Carradate / Cinetitate	ffice sought	Office he	ld	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
TYPE OF EXPENDITURE	Political Non-Po	olitical			
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, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Office sought	Office h	eld	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	EEDED		

## NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	1	1 Total pages Schedule A2:		
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTION	18 \$		
5 Date	6 Full name of contributor		) 8	Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	•	Check if travel outsi	      de of Texas. Complete Schedule T.
10 Principal occ	Lupation / Job title (FOR NON-JUDICIAL)(See Instructions)	<b>11</b> Em	ployer	(FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Co	ntributo	r's job title (FOR JL	JDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	<b>15</b> La	w firm c	f contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor		)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Cod	de [	Check if travel outs	    -  ide of Texas. Complete Schedule T.
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Er	nployer	(FOR NON-JUDIC	IAL)(See Instructions)
Contributor	's principal occupation (FOR JUDICIAL)	Co	ontributo	or's job title (FOR JU	JDICIAL) (See Instructions)
Contributor	's employer/law firm (FOR JUDICIAL)	La	w firm	of contributor's spou	use (if any) (FOR JUDICIAL)
If contribute	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
-	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

### PLEDGED CONTRIBUTIONS

### SCHEDULE B

_					
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
2	FILER NAME			3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor	)	8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; Stat			 
				Check if travel outs	I. ide of Texas. Complete Schedule T.
10	) Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	te; Zip Code		 
				Check if travel outs	. ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ite; Zip Code		 
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)	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		 
				Check if travel outs	i    -  ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
Γ		ATTACH ADDITIONAL COPIES of contributor is out-of-state PAC, please see Institute.			requirements.

### **LOANS**

### SCHEDULE E

	The I	nstruction Guide explains how to comple	te this form.	1 Total pages Schedule E:	
2	FILER NAME			3 Filer ID (Ethics Commission Filers)	
4	TOTAL OF UN		\$		
5	Date of loan	_	AC (ID#:)	9 Loan Amount (\$)	
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date	
	Y N				
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14	Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political ions)	
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address; City;	State; Zip Code		
L			24 -		
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
-	ls lender a financial	Lender address; City;	State; Zip Code	Interest rate	
	Institution? Y N			Maturity date	
	Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Collateral		ateral	Check if personal fun- account (See Instruct	ds were deposited into political tions)	
1	none	T		Amount Guaranteed (\$)	
	GUARANTOR INFORMATION	Name of guarantor			
		Guarantor address; City;	State; Zip Code		
L	not applicable		Freedom (Co. L. Co.)		
	Principal Occupat	cion (See Instructions)	Employer (See Instructions)		
F	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				
1	If lender is out-or-state PAC, please see instruction guide for additional reporting				

### 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 JAMES CCIFTUR RUSSE/	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
P.U. Box 938 Anchar 177 7x 76351	
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instru  Anchar (	Ora ISD
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	# 1/00006
P.O. Box 938 AncHan (1, 24 Tx 76351	ations\
Principal occupation / Job title (See Instructions)  Employer (See Instru  Ancua	Cira ISD
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
12-4-23 FRANCES HARVEY RUSSEll  Contributor address; City; State; Zip Code  2509 Amhans Wichtzafaus 74 76308	\$ 75000
Principal occupation / Job title (See Instructions)  Employer (See Instru	uctions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) $25000$
Contributor address; City; State; Zip Code  2509 Amharsa Wiching FAUS TL 76308	
Principal occupation / Job title (See Instructions)  Employer (See Instru	

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. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. JAMES CLIFTUR RUSSEll 3 Filer ID (Ethics Commission Filers) 4 Date 7 Amount of contribution (\$) JAMES CLIFTUM ZNSSELL

6 Contributor address: City: State: Zip Code
P.O. BOX 938 Archer City To 70357 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) ACISD TEACHER Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Date Amount of contribution (\$) State; Zip Code Contributor address; City; Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) State; Zip Code Contributor address; City; Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Contributor address: Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## 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/Manes/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 d	complete this form.	•
1 Total pages Schedule F1:	2 FILER NAME		D (Ethics Commission Filers)
4 Date 11-14-23	5 Payee name ARCHEN CO REPUBLICAN	PARTY	
6 Amount (\$)	7 Payee address;		State; Zip Code
\$75000	P.U. 130x 606	Another City	Te 76351
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FERS	FILING Fee	_
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeh	holder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-4-23	ARCHER LU NEWS		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 61000	104 E. WALNUT	Anchen City	TX 76351
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advantising Expenses	Ads IN	PAPER
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	holder living expense
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-20-23	AncHEN CO NEW.	5	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 4500	104 E. WARNU+	ARCHER (194	TL 7635/
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advantising Expansas	Ada in	PAPER
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	cholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED	

## →OLITICAL 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 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

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Printing Expense Travel Salaries/Wages/Contract Labor Other	Out Of District enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME JAMES CLIFTIN	Pussell 3 File	er ID (Ethics Commission Filers)
4 Date /7-28-23	5 Payee name PRO CREATIV	•	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 1082,00	607 E. Scott	WICHTAFALLS	TX 76301
8	(a) Category (See Categories listed at the top of this sch		
PURPOSE OF	11	RAMMAS	Signs, CARDS
EXPENDITURE	ACVERTISING EXPENS	75/10000	
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin, TX, offi	ceholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	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 sche	dule) Description	
PURPOSE OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Scheo	lule 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
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
/ ( ( )	rayee address,	City,	State, Zip Code
	Category (See Categories listed at the top of this sched	(ule) Description	
PURPOSE			
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin, TX, offic	eholder 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	
	ATTACTADDITIONAL COLIEGO	THE CONTEDUCE AG NEEDED	

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

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

#### EXPENDITURE CATEGORIES FOR BOX 10(a) Solicitation/Fundraising Expense Loan Repayment/Reimbursement **Event Expense** Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Fees Accounting/Banking Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Consulting Expense Travel Out Of District Printing Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor 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 F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date Zip Code State: City; 8 Payee address; 7 Amount (\$) TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE 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 Complete ONLY if direct expenditure to benefit C/OH Payee name Date State; Zip Code City; Payee address; Amount (\$) TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description **PURPOSE** 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 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

	Candidate/Officeholder/Politic credit Card Payment	Legal Services Salanes/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	-			
4	Date	5 Payee name		
6	Amount (\$)	7 Payee address;	City;	State; Zip Code
	Reimbursement from political contributions intended			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
	omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	Date	Payee name		
	Amount (\$)	Payee address;	City;	State; Zip Code
	Reimbursement from political contributions intended			
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/		Office sought	Office held
	Date	Payee name		
	Amount (\$)	Payee address;	City;	State; Zip Code
	Reimbursement from political contributions intended			
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
	EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Ce	complete <u>ONLY</u> if direct xpenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
F		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

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

#### SCHEDULE H

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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 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

Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1 Date	5 Business name		
6 Amount (\$)	7 Business address;	City;	State; Zip Code
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(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/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Business name		,
Amount (\$)	Business address;	City;	State; Zip Code
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	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/C	Candidate / Officeholder name DH	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	EDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

The Instruction Guide explains how to complete this form.					
	The Instruction Guide explains now to comp	nete this form.	3 Files !!	C (Ethios Con	nmission Filers)
Total pages Schedule I:	2 FILER NAME		3 Filer II	) (Ethics Con	minission i nersy
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions re	agarding 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 (Se required.)	e instructions r	regarding 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 (So	ee instructions	regarding type o	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (S required.)	ee instructions	regarding type of	of information
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS N	EEDED		

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

### SCHEDULE K

Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAM	IE	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; Star	ate; 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; Sta	ate; 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; Sta	ate; Zip Code
	Purpose for which amount is received	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; St	
	Purpose for which amount is received Check if	f political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED

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

### SCHEDULE T

The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
5 Contribution / Expenditure reported 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, s	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	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS
Departure city or name of departure location	
Destination city or name of destination location	
Means of transportation Purpose of travel (including name of conference,	seminar, or other event)
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	
Contribution / Expenditure reported on:  Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule 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 conference	, seminar, or other event)
ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT



				2 Tables and filed:
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	MS/MRS/MR MR	JAMES	<u> </u>	OFFICE USE ONLY
NAME		LAST	SUFFIX	Date Received FILED FOR RECORD
	NICKNAME .	EUSSE/	/	AT 4:25 O'CLOCK
	CLIFTON	APT / SUITE #;	CITY: STATE; ZIP CODE	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	_	HEA CITY TX 76351	FEB - 1 2024
Change of Address			EXTENSION	KARREN WINTER, COUNTY CLERK
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date HandARCHER COURTY, PEXAS
OFFICEHOLDER PHONE	(940)73	3-374/		Receipt # Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	
TREASURER	MR	JAMES	Ċ	Date Processed
NAME	NICKNAME	LAST	SUFFIX	Data Impact
121	1	D 11	/	Date Imaged
	CLIFTON	//USSE//	SUITE #: CITY:	STATE: ZIP CODE
7 CAMPAIGN	STREET ADDRESS (N			~ ~
TREASURER	P.O. Box	938	AnoHEN CITY	TX 16331
ADDRESS (Residence or Business)	1.0. 1>0x	120		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER			1	
PHONE	(940)	733-3	74/	
9 REPORT TYPE	January 15	30th day before	e election 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	Mont	h Day Year
COVERED		15/2024	THROUGH 2	/1/2024
# FLECTION	ELECTION DAT	re l	ELECTION TY	/PE
11 ELECTĮON		Prima	ry Runoff Other	
	Month Day	Year	Description	on .
	3/5/	2024 Gene	ral Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kr	
12 OFFICE	0111021122111		Ancie Course	Commissioner Per. 3
				Contacts survey 101.
14 NOTICE FROM POLITICAL				ES MADE BY POLITICAL COMMITTEES TO SUPPORT CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR Y IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
		COMMITTEE ADDRESS		
A Januara - L Dansar	GENERAL			
Additional Pages		COMMITTEE CAMPAIGN	TREASURER NAME	
	SPECIFIC	COMMITTEE CAMPAIGN		
		COMMITTEE CAMPAIGN	TREASURER ADDRESS	
		GO T	O PAGE 2	

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

CAMPAIGN		
15 C/OH NAME	16	5 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	\$ 396,06
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE I re	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Can	didate or Officeholder
	Please complete either option below	:
(1) Affidavit		
NOTARY STAMP/SE	AL	
Sworn to and subscribe	d before me by this the _	day of
	fy which, witness my hand and seal of office.	
Signature of officer adminis	stering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declara	tion	
My name is	and my date of birth is	8-18-60
My address is 472	7 E. SUREH ST Ancien City	14. 76351, ANCHEL
Executed in	(street) (city) (s	state) (zip code) (country)
	Signature of Candid	date/Officeholder (Declarant)

## SUBTOTALS - C/OH

3 FILER NAME 20 Filer ID (Ethics Comm				
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$			
SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
SCHEDULE E: LOANS	\$			
SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$			
SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 39600			
SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE  SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS  SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS  SCHEDULE B: PLEDGED CONTRIBUTIONS  SCHEDULE E: LOANS  SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F2: UNPAID INCURRED OBLIGATIONS  SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD  SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS  SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH  SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
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 Qut Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
Total pages Schedule G:	2 FILER NAME LUFTON RUSSEll		3 Filer ID (Ethics Commission Filers)
1-31-24	Areten Co NEWS	City;	State; Zip Code
Reimbursement from political contributions intended	7 Payee address:  104 E. WALNUT	Anchen City	Tx 76351
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Adventism, Eapense	(b) Description	de
	(c) Check if travel outside of Texas. Complete Schedule T.	Office sought	n, TX, officeholder living expense Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C.	Candidate / Officeholder name l /OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Au	istin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NE	EDED

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

### SCHEDULE H

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees O Food/Beverage Expense P Gift/Awards/Memorials Expense P al Committee Legal Services S	Gees Office Overhead/Rental Expense Polling Expense Gif/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 n	low to complete this form.	3 Filer ID (Ethics	Commission Filers)		
Total pages Schedule H:	2 FILER NAME		3 Filer ID (Luncs			
1 Date	5 Business name			7.0.4		
6 Amount (\$)	7 Business address;	City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched					
	(c) Check if travel outside of Texas. Complete Sched	ule T. Check if Austi	in, TX, officeholder living ex	kpense		
9 Complete ONLY If direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held		
Date	Business name					
Amount (\$)	Business address;	City;	State;	Zip Code		
PURPOSE OF	Category (See Categories listed at the top of this school	odule) Description				
EXPENDITURE	Check if travel outside of Texas. Complete Sched	dule T. Check if Aus	tin, TX, officeholder living e			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held		
Date	Business name					
Amount (\$)	Business address;	City;	State;	Zip Code		
PURPOSE OF	Category (See Categories listed at the top of this sch	nedule) Description				
EXPENDITURE	Check if travel outside of Texas. Complete Sch	edule T. Check if Au	stin, TX, officeholder living			
Complete ONLY if direct expenditure to benefit Complete Only if direct complete on the complete of the complete on the complete of the complete on the complet	t Candidate / Officeholder name :/OH	Office sought		Office held		
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS N	EEDED			
				Revised 11/15/2		

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE |

	The Instruction Guide explains how to compl	ete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Con	nmission 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 (See required.)	instructions rega	rding type of i	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions reg	arding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (So	ee instructions req	garding type o	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (S required.)	See instructions re	garding type o	of information
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS N	IEEDED		

# 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		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	te; Zip Code		
	7 Purpose for which amount is received	political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)		
	Address of person from whom amount is received; City; St			
	Purpose for which amount is received Check if	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; St	ate; 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		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	LE AS NEEDED		

### 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 i	ill the report.			
The Instruction Gui	de explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor / Corporation	n or Labor Organization / Pledgor / Payee	•			
Scriedale A2	ed on: chedule B	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name	of person(s) traveling				
8 Depa	ture city or name of departure location				
9 Desti	nation city or name of destination location				
10 Means of transportation	11 Purpose of travel (including name of conference, s	seminar, or other event)			
Name of Contributor / Corporat	on or Labor Organization / Pledgor / Payee				
Schedule F2  Dates of travel  Dep	chedule B Schedule B(J) Schedule C2 schedule F4 Schedule G Schedule H e of person(s) traveling arture city or name of departure location	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS			
	Purpose of travel (including name of conference,	seminar, or other event)			
Means of transportation	Purpose of traver (including hame or some energy				
Name of Contributor / Corpora	ion or Labor Organization / Pledgor / Payee				
Scheddle A2	nedule B Schedule B(J) Schedule C2 hedule 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					
De	Destination city or name of destination location				
Means of transportation	Purpose of travel (including name of conference	e, seminar, or other event)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED			
- ag/1000000000000000000000000000000000000	M. L. Salata Avena	Revised 11/15/20			

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this fo	rm.
		<ul> <li>Complete only if "Report Type" on page 1 is marked "Fin</li> </ul>	al Report" ••
1	C/OH NA	ME	2 Filer ID (Ethics Commission Filers)
3	SIGNAT	IRE	
	I do not e	spect any further political contributions or political expenditures in connection with ag a report as a final report terminates my campaign treasurer appointment. I also contributions or make any campaign expenditures without a campaign treasurer a	
4	FILER	VHO IS NOT AN OFFICEHOLDER  lete A & B below <i>only</i> if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Checi	only one:	from political contributions
		I do not have unexpended contributions or unexpended interest or income earned	
		I have unexpended contributions or unexpended interest or income earned from personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contributions final report. Further, I understand that I must dispose of unexpended pointerest or income earned on political contributions in accordance with the require	d contributions and that I may not retain ontributions longer than six years after slitical contributions and unexpended
	В.	ASSETS	
	Chec	conly one:	
		I do not retain assets purchased with political contributions or interest or other inc	come from political contributions.
		I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or personal use. I also understand that I must dispose of assets purchased with por requirements of Election Code, § 254.204.	office friconne from political contributions
			Signature of Candidate
	5 OFFIC	EHOLDER  uplete this section only if you are an officeholder ••	
		I am aware that I remain subject to filing requirements applicable to an officeholder value. I am also aware that I will be required to file reports of unexpended contribution an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	is it, after filling the last required report as
			Signature of Officeholder

## MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

			1 Total pages Schedule A1:
The I	nstruction Guide explains how to complete this f	orm.	
FILER NAME			3 Filer ID (Ethics Commission Filers)
1 Date	5 Full name of contributor  ut-of-state PAC (	ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City;	State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 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 Instruc	ctions)
			T
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	upation / Job title (See Instructions)	Employer (See Instru	ictions)
Date	Full name of contributor	C (ID#:	Amount of contribution (\$)
	Contributor address; Clty;	State; Zip Code	
Principal occ	upation / Job title (See Instructions)	Employer (See Instru	uctions)
		1	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS	S NEEDED al reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

•			
The	e Instruction Guide explains how to complete this form		1 Total pages Schedule A2:
2 FILER NAME	<b>E</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	F UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$
5 Date	6 Full name of contributor  ut-of-state PAC (ID#:	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	Lupation / Job title (FOR NON-JUDICIAL) (See Instructions)		ver (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)		outor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law fir	m of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor	Zip Code	Amount of   In-kind contribution description
Principal oc	ccupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emplo	over (FOR NON-JUDICIAL)(See Instructions)
Contributor	r's principal occupation (FOR JUDICIAL)	Contri	ibutor's job title (FOR JUDICIAL) (See Instructions)
Contributor	r's employer/law firm (FOR JUDICIAL)	Law f	irm of contributor's spouse (if any) (FOR JUDICIAL)
If contribut	tor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instru	THIS SCHE	DULE AS NEEDED for additional reporting requirements.

## PLEDGED CONTRIBUTIONS

### SCHEDULE B

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedu	
2 FILER NAME			3 Filer ID (Ethics Co	ommission Filers)
TOTAL OF	UNITEMIZED PLEDGES		\$	
5 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		
				I. ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (See Instructions)	1 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 outs	I. side of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Sta	te; Zip Code		
				I . tside of Texas. Complete Schedule I
Principal oc	cupation / 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		 
				I utside of Texas. Complete Schedule
Principal oc	cupation / Job title (See Instructions)	Employer (Se	e Instructions)	
	ATTACH ADDITIONAL COPIES  If contributor is out-of-state PAC, please see Inst	OF THIS SCHED	OULE AS NEEDED or additional reporti	ng requirements.

#### SCHEDULE E LOANS

The Ins	truction Guide explains he	ow to comple	te this form.	1 Total pages Schedule E:
FILER NAME				3 Filer ID (Ethics Commission Filers)
TOTAL OF UNIT	EMIZED LOANS			\$
2	7 Name of lender	out-of-state P	AC (ID#:)	9 Loan Amount (\$)
Date of loan				
a financial	8 Lender address;	City;	State; Zip Code	10 Interest rate
Institution? Y N				11 Maturity date
	/ Job title (See Instructions)		13 Employer (See Instructions)	
4 Description of Colla	reral		15 Check if personal fun	nds were deposited into political
	era.	*	account (See Instruc	etions)
none  6 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	18 Guarantor address;	City;	State; Zip Code	
not applicable				
20 Principal Occupati	on (See Instructions)		21 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state	PAC (ID#:)	Loan Amount (\$)
				Interest rate
Is lender a financial	Lender address;	City;	State; Zip Code	Maturity date
Institution?				Waterity date
Y N  Principal occupation	on / Job title (See Instructions	s)	Employer (See Instructions)	
Description of Coll	ateral		Check if personal for account (See Instru	unds were deposited into political
none			account (see many	Amount Guaranteed (\$)
GUARANTOR INFORMATION	Name of guarantor			Amount Guarantees (4)
	Guarantor address;	City;	State; Zip Code	
not applicable				
Principal Occupat	ion (See Instructions)		Employer (See Instructions	)
	ATTACH AD	DITIONAL CO	PIES OF THIS SCHEDULE AS N	HEEDED
lf !	ender is out-of-state PAC	, please see	Instruction guide for additional	Revised 11/1

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

5 Payee name

(c)

7 Payee address;

Payee name

Payee address;

Payee name

Payee address;

### 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

4 Date

8

6 Amount (\$)

PURPOSE OF EXPENDITURE

9 Complete ONLY if direct expenditure to benefit C/OH

Date

Amount (\$)

**PURPOSE** OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Date

Amount (\$)

**PURPOSE** OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH **Event Expense** Fees Food/Beverage Expense
Gift/Awards/Memorials Expense Legal Services

(a) Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

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

(b) Description

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME

	•			- 1
te this form.				
	3 Filer	ID (Ethic	s Commission Filers	)
City;		State;	Zip Code	
Description				
Check if Aus	tin, TX, offic	cenolaer livir		
Office sought			Office held	
0''		State;	Zip Code	
City;		State,	Zip Godo	
Description				
Check if Au	stin, TX, off	iceholder liv	ing expense	
Office sought			Office held	
Cilico sougiit				
		Ctata	Zip Code	
City;		State;	Zip Code	
Description				
Table Street Control				
Check if A	ustin, TX. o	fficeholder li	ving expense	
			Office held	
Office sought			Office field	

## 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/Reimbursement Transportation Equipment & Related Expense **Event Expense** Advertising Expense Office Overhead/Rental Expense Fees Travel In District Accounting/Banking Polling Expense Food/Beverage Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Consulting Expense Gift/Awards/Memorials Expense 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. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F2: 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 6 Payee name 5 Date Zip Code City; State: 8 Payee address; 7 Amount (\$) 9 TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 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 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

### PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F3

т	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	City; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased;	City; State; Zlp Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED  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) Solicitation/Fundraising Expense Loan Repayment/Reimbursement Transportation Equipment & Related Expense Advertising Expense Office Overhead/Rental Expense Travel In District Accounting/Banking Food/Beverage Expense Polling Expense Travel Out Of District Consulting Expense Printing Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule F4: 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 6 Payee name 5 Date Zip Code State: City; 8 Payee address; 7 Amount (\$) TYPE OF Non-Political Political EXPENDITURE (b) Description (a) Category (See Categories listed at the top of this schedule) 10 **PURPOSE** 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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to	o complete this form.	1 Filer ID (Ethics Commission Filers	5) 2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR	FIRST	MI C	OFFICE	USE ONLY
NAME	NICKNAME	LAST	SUFFIX	AT 9:42	FOR RECORD O'CLOCK
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	-	CITY: STATE: ZIP CODE		2 6 2024
Change of Address				ARCHER	TER, COUNTY CLERK COUNTY, TEXAS
5 CANDIDATE/ OFFICEHOLDER PHONE	(940 )	733 374/	EXTENSION	Date Hand-delivered Receipt #	or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	JAMES	Ž.	Date Processed	
NAME	NICKNAME CLIFTUL	Pussel1	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (F	NO PO BOX PLEASE); APT / S	Anchen City	STATE:	76351
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE (940 )	PHONE NUMBER	374/		
9 REPORT TYPE	January 15	30th day before	election Runoff		fter campaign ppointment er Only)
	July 15	8th day before e	Reporting Limit		rt (Attach C/OH - FR)
10 PERIOD COVERED	Month &	Day Year / 5/2024	THROUGH J	th Day Yea / 27 / 2	4
11 ELECTĮON	ELECTION DA	Year Primary	Description		
12 OFFICE	OFFICE HELD (if any)		71/2.	mnissiman	Per. 3
14 NOTICE FROM POLITICAL			S ACCEPTED OR POLITICAL EXPENDITURI ES MAY HAVE BEEN MADE WITHOUT THE UIRED TO REPORT THIS INFORMATION ONL		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TE	REASURER NAME		
		COMMITTEE CAMPAIGN T	REASURER ADDRESS		
		GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		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	s - U -				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$				
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information				
	Signature of Ca	indidate or Officeholder				
	Please complete either option below	v:				
(1) Affidavit						
NOTARY STAMP / SEA		day of				
I .	boloic inc by	i				
20, to certif	y which, witness my hand and seal of office.					
Signature of officer adminis	ering oath Printed name of officer administering oath	Title of officer administering oath				
OR						
(2) Unsworn Declara		1. /-				
My name is James	E. Surin St. , Archa Ciry,	08/18/1960				
My address is 472						
Executed in	(8.1881)	(state) (zip code) (country)				
	Signature of Cand	idate/Officeholder (Declarant)				

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

		20 Filer ID (Ethics Com	mission Filers)
19 F	ILER NAME	20 1 1101 12 (2111101	
21 S	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
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 C	ONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	UNDS	\$ -0-
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL		\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE		\$
	1011111		

# MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

The	Instruction Guide explains how to complete this form		1 Total pages Schedule A1:
FILER NAME			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)
	6 Contributor address; City; Sta	ate; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor		Amount of contribution (\$)
	Contributor address; City; Si	tate; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	ate Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	Contributor address; City; S	tate; Zip Code	·
Principal occ	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	f:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occ	cupation / Job title (See Instructions)	Employer (See Instru	ctions)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS	NEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

,	
The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:  7 Contributor address; City; State;	Zip Code  Check if travel outside of Texas. Complete Schedule T
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (If any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date  Full name of contributor	Zip Code  Check if travel outside of Texas. Complete Schedule
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruc	THIS SCHEDULE AS NEEDED tion guide for additional reporting requirements.

## PLEDGED CONTRIBUTIONS

## SCHEDULE B

The Instruction Guide explains how to complete this form.  1 Total pages Schedule B:	•	ed Michigan to Mary		
TOTAL OF UNITEMIZED PLEDGES  \$  Date    6   Full name of pledgor   out-of-state PAC (ID8:   State: Zip Code   Check if travel outside of Texas. Complete Schedule   Principal occupation / Job title (See Instructions)   I1   Employer (See Instructions)	The I	nstruction Guide explains how to complete this form.	1 Total pages Schedul	e B:
Date    6 Full name of pledgor   out-of-state PAC (ID#:   State; Zip Code   Check if travel outside of Texas. Complete Schedule   Principal occupation / Job title (See Instructions)   In-kind contribution description   In-kind contribution   In-kin			3 Filer ID (Ethics Con	mmission Filers)
Date 6 Full name of pledgor   out-of-state PAC (ID#:   State; Zip Code   Otheck if travel outside of Texas. Complete Schedule	FILER NAME			
Date    Full name of pledgor	TOTAL OF	UNITEMIZED PLEDGES	\$	
Principal occupation / Job title (See Instructions)  Date  Full name of pledgor   out-of-state PAC (ID#:   Amount of Pledge \$   In-kind contribution description  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Pledgor address: City: State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Pledgor address: City: State: Zip Code    Ocheck if travel outside of Texas. Complete Schedule   In-kind contribution description	Date	6 Full name of pledgor out-of-state PAC (ID#:		9 In-kind contribution description
Principal occupation / Job title (See Instructions)  Date  Full name of pledgor   out-of-state PAC (IDft:   Amount of Pledge \$   In-kind contribution description  Pledgor address: City: State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of pledgor   out-of-state PAC (IDft:   Amount of Pledge \$   In-kind contribution description  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)			.	
Date			Check if travel outside	de of Texas. Complete Schedule
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Pledgor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Pledgor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Pledgor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Pledgor address; City; State; Zip Code  Pledgor S	Principal occu	pation / Job title (See Instructions)  11 Employer (Se	e Instructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Pledgor address: City; State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Pledge \$ In-kind contribution description  Pledge \$ In-kind contribution description  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of In-kind contribution description  Pledge \$ In-kind contribution description  Pledge \$ In-kind contribution description  Check if travel outside of Texas. Complete Schedul Check in travel outside of Texas. Complete Schedul Check if travel Outside of Texas.	Date	Full name of pledgor		In-kind contribution description
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of Pledge \$ In-kind contribution description  Pledgor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  In-kind contribution description  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Pledge \$ In-kind contribution description  Pledge \$ In-kind contribution description  Check if travel outside of Texas. Complete Schedul description		Ctata: Zin Code		
Date  Full name of pledgor			Check if travel outs	I   . ide of Texas. Complete Schedule
Date  Full name of pledgor out-of-state PAC (ID#:)  Pledgor address; City; State; Zip Code  Check if travel outside of Texas. Complete Schedul  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of Check if travel outside of Texas. Complete Schedul  Principal occupation / Job title (See Instructions)  Pledgor address; City; State; Zip Code  Check if travel outside of Texas. Complete Schedul  Check if travel outside of Texas. Complete Schedul  Check if travel outside of Texas. Complete Schedul		Employer (S	ee Instructions)	
Pledgor address: City: State: Zip Code  Pledgor address: City: State: Zip Code  Check if travel outside of Texas. Complete Schedul  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of   In-kind contribution   Pledge \$	Principal occu	pation / Job title (See Instruction)		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Amount of In-kind contribution description  Pledger address;  City; State; Zip Code  Check if travel outside of Texas. Complete Schedul	Date	Full name of pledgor		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of In-kind contribution description  Pledge \$		Pledgor address; City; State; Zip Code		 
Principal occupation / Job title (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   Check if travel outside of Texas. Complete Scheduling			Check if travel out	l side of Texas. Complete Schedul
Date  Full name of pledgor	Principal occ	cupation / Job title (See Instructions) Employer (S	See Instructions)	
Check if travel outside of Texas. Complete Schedu	Date	Full name of pledgor out-of-state PAC (ID#:		
(See Jestructions)		Pledgor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Check if travel ou	I I tside of Texas. Complete Schedu
Principal occupation / Job title (See Histratione)		Employer (	See Instructions)	
	Principal occ	cupation 7 500 title (500 meteors)		
		ATTACH ADDITIONAL COPIES OF THIS SCH	EDULE AS NEEDED	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		If contributor is out-of-state PAC, please see Instruction guide	for additional reporti	ng requirements.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		If contributor is out of other state tx.us		Revised 11/15

# LOANS SCHEDULE E

	The Ir	nstruction Guide explains how to comple	te this form.	1 Total pages Schedule E:
				3 Filer ID (Ethics Commission Filers)
2	FILER NAME			
4	TOTAL OF UNI	TEMIZED LOANS		\$
5	Date of loan	7 Name of lender	AC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City:	State; Zip Code	10 Interest rate  11 Maturity date
	YN			,
12	2 Principal occupation	n / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Colla	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political
	none			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
		18 Guarantor address; City;	State; Zip Code	
	not applicable			
20	9 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
F	2	Name of lender	PAC (ID#:)	Loan Amount (\$)
	Date of loan	Name of lender		
$\vdash$	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution?			Maturity date
L	Y N		Employer (See Instructions)	
	Principal occupati	on / Job title (See Instructions)		
-	Description of Col	lateral	Check if personal fur	nds were deposited into political
	none		account (See Instruc	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	not applicable			
	Principal Occupa	tion (See Instructions)	Employer (See Instructions)	
-			DIEC OF THIS SCHEDULE AS ME	EDED
	16	ATTACH ADDITIONAL CO Jender is out-of-state PAC, please see li	PIES OF THIS SCHEDULE AS NE nstruction guide for additional r	reporting requirements.
1	"	letter to eat et attach to the total		- 1 111500

# 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
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)

redit Card Payment	The Instruction Guide explains how to co	omplete this form.		
Total pages Schedule F1:	2 FILER NAME	3	Filer ID (Ethics	Commission Filers)
Date	5 Payee name			
Amount (\$)	7 Payee address;	City:	State;	Zip Code
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, 1	TX, officeholder living	expense
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 T.		TX, officeholder living	Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE			TV effectedes links	n evnense
	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Office sought	, TX, officeholder livin	Office held
Complete ONLY if direct expenditure to benefit C/0		J		
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED	

# 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 Contributions/Donations Made By Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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

Contributions/Donations Made By Candidate/Officeholder/Political C	Gift/Awards/Memonals Expense Finding Expense Other (enter a category not listed above)  Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
Candidate/Officeriologiff Silicon	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F2:	2 FILER NAME  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 OF 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/0	Candidate / Officeholder name Office sought Office held OH
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
	Payieed 11/15/2

## PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

		1 Total pages Schedule F3:
Th	e Instruction Guide explains how to complete this form.	
FILER NAME		3 Filer ID (Ethics Commission Filers)
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 SCHED	
	www.ethics.state.tx.us	Revised 11/15/2

# EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Committee	EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Loan Repaym Office Overhe Polling Exper Printing Exper Salaries/Wag	ent/Reimbursement sad/Rental Expense nse ense jes/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule F4:	2 FILER				3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHARG	SED TO A CRE	DIT CARD	\$	
5 Date	6 Payee	name				
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political	Non-Pol	(b) Description		
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule)  (b) Description  (b) Description  (c) 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	Paye	e name				
Amount (\$)	Paye	ee address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political		Political	1	
PURPOSE OF EXPENDITURE	Cate	gory (See Calegories listed at the  Check if travel outside of Texas.			if Austin, TX, officeholder liv	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate / Officeholder na	ame	Office sought	Office	neid
	(1505 to	TACH ADDITIONAL CO	DIES OF TUIS	SCHEDULE AS	NEEDED	
	AT.	IACH ADDITIONAL CO	1 120 01 11110			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

	THIAUOTI IO						
		EXPENDITURE CATEGO				_	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	y al Committee	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics C	commission Filers)	
Date	5 Payee nar	ne					
Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code	
Reimbursement from political contributions intended			hadula) T	(b) Description			
PURPOSE OF	(a) Category	/ (See Categories listed at the top of this sc	nedule)	(b) Description			
EXPENDITURE	(c)	Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austi	n, TX, officeholder living ex		
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code	
Reimbursement from political contributions intended				Description			
PURPOSE OF	Catego	ry (See Categories listed at the top of this s	schedule)	Description			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.				if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held  Complete ONLY if direct expenditure to benefit C/OH							
Date	Payeer	name					
Amount (\$)	Payee	address;		City;	State;	Zip Code	
Reimbursement from political contributions intended	1			Description			
PURPOSE OF	Categ	ory (See Categories listed at the top of this	s schedule)	Description			
EXPENDITURE		Check if travel outside of Texas. Complete 5	Schedule T.		stin, TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/C		adidate / Officeholder name		Office sought		Office held	
		TTACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED		

# 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)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense **Event Expense** Advertising Expense Fees Accounting/Banking Travel In District Polling Expense Food/Beverage Expense Travel Out Of District Consulting Expense Printing Expense Gift/Awards/Memorials Expense Other (enter a category not listed above) Contributions/Donations Made By Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule H: **Business** name 4 Date State: Zip Code 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. (c) 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 (\$) Category (See Categories listed at the top of this schedule) Description 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 City; State: 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 complete this form.					
Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Con	nmission 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 (See required.)	e instructions rega	rding 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 (Se required.)	ee instructions reg	arding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Si required.)	ee instructions reg	garding type o	f information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (S required.)	See instructions re	garding type o	of information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

### SCHEDULE K

	The	dule K:			
2	FILER NAME		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	te; Zip Code		
		7 Purpose for which amount is received Check if	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; St			
		Purpose for which amount is received	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; Sta	ate; Zip Code		
		Purpose for which amount is received Check if	political contribution	returned to filer	
F	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	n returned to filer	
F	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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

### SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T:		
2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
						·	
4 Nam	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Cont	tribution / Expendit	ion / Expenditure reported on:					
	Schedule A2	Sched	ule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
[	Schedule F2	Sched	ule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
6 Date	es of travel	7 Name of p	erson(s)	traveling			
	Ī	8 Departure city or name of departure location					
		9 Destinatio	9 Destination city or name of destination location				
10 Me	ans of transportation	on .	11 Purpo	ose of travel (including	name of conference,	seminar, or other event)	
Nar	me of Contributor /	Corporation o	r Labor C	Organization / Pledgor	/ Payee		
Cor	ntribution / Expend	iture reported	on:			_	
	Schedule A2	Schee	dule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
	Schedule F2	Sche	dule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dat	tes of travel	Name of	person(s	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 conference, seminar, or other event)				
Na	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
Co	ontribution / Expend	diture reported	on:			_	
	Schedule A2	Schedu	le B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
	Schedule F2	Schedu	le F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Da	Dates of travel Name of person(s) traveling						
		Departure city or name of departure location					
		Destination city or name of destination location					
N	Means of transporta	ltion	Purpose of travel (including name of conference, seminar, or other event)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					JLE AS NEEDED	

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this form.				
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
1	C/OH NA	AME  2 Filer ID (Ethics Commission Filers)				
3	SIGNAT	URE				
	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 plete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Check	conly 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				
	Chec	k 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	CEHOLDER  Inplete 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				