The C/OH Instruction	Guide explains how	v to complete this form	1 Filer ID (Ethics C	Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST		мі і З.		USE ONLY
	NICKNAME	LAST CORTELYOS APT / SUITE #;	/	SUFFIX	FILED FOR at_4:25 o'cl	RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	_	CR 2435		ZIP CODE	JUL 1	5 2024
Change of Address 5 CANDIDATE/	AREA CODE	BURG, TX PHONE NUMBER	75686		County Clerk, Com	p.County, Texas
OFFICEHOLDER PHONE		856-6657	EXTENSI	ON	Cuie Hand delivere	d or Date PREMISIKED
6 CAMPAIGN TREASURER NAME	MS/MRS/MR SAMF	FIRST		MI	Receipt # Date Processed	Amount \$
IVAIVIE	NICKNAME	LAST	•••••••	SUFFIX	Date 170cessed	
					Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	SAME	(NO PO BOX PLEASE); AP	T / SUITE #; CITY;		STATE:	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EVTENOL	ON		
TREASURER PHONE		SOME	EXTENSI	ON		
9 REPORT TYPE	January 15	30th day befo	ore election Run	noff		ifter campaign appointment er Only)
	July 15	8th day befor	C CICCUOII	eeded Modified orting Limit		ort (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Yea	ar
COVERED	01	01/2024	THROUGH	d	30 /20	24
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Prim	ary Runoff	Other Description		
	11/05	2024 Gen	eral Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE S	SOUGHT (if known	n)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. <i>THESE EXPENDIT</i>	ONS ACCEPTED OR POLITICAL URES MAY HAVE BEEN MADE IS EQUIRED TO REPORT THIS INFO	NITHOUT THE CAN	DIDATE'S OR OFFICEHO	I DER'S KNOW! EDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
_	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAME			
		COMMITTEE CAMPAIGN	TREASURER ADDRESS			
		GO T	O PAGE 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)	\$ -6-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ - 0-
	4. TOTAL POLITICAL EXPENDITURES	\$ -0 -
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 0 -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ -0-
Sworn to and subscribed	Please complete either option below	15th day of July
	in Knight SANDRA KNIGHT	County Clerk
Signature of officer administer		Title of officer administering oath
(2) Unsworn Declaration	OR On	
My name is	, and my date of birth is	
My address is		
Executed in		state) (zip code) (country)
Executed III	County, State of , on the day of (month) 20 (year)
	Signature of Candid	late/Officeholder (Declarant)

19	FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
21	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 CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

			4 Files ID (Files a community of the com	0 =
The C/OH Instruction C		to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MB)	FIRST GCOL1C	мі Д _	OFFICE USE ONLY
	NICKNAME	French	SUFFIX	FILED FOR RECORD at 735 o'clock A m
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	303 Bo	APT / SUITE #:	14 Sheng TX. 75686	JUL 15 2024
Change of Address				SANDRAKNIGHT County Clerk, Serry County, Texas
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER	EXTENSION	Date Hand-deller or Date Desimbriked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST G-066C LAST	мі	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	. Date 1 locessed
		French		Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS		SUITE #; CITY;	STATE; ZIP CODE
ADDRESS	303 Bal	White	Pitt Sburg	TX 75686
(Residence or Business)			9	
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(903)5	75 8168		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	ļ <u>9</u> _	@ 1 /202 K	THROUGH 6	30/2024
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	<u> </u>
	Month Day	Year Primary	Runoff Other Description	
		General		
		,		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	n)
	Commissi	ench		
44 NOTICE EDOM			ACCEPTED OF POLITICAL EXPENDITURES	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CEHOLDER, THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
Name and the second sec	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	-	GO TO	PAGE 2	

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		ITICAL CONTRIBUTIONS (OTHER THU UARANTEES OF LOANS, OR ELECTRONICALLY)	s - O -
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,	TRIBUTIONS LOANS, OR GUARANTEES OF LOAN	\$ -0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLI	TICAL EXPENDITURE,	\$ -0-
	4. TOTAL POLITICAL EXP	ENDITURES	\$ -0-
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	IBUTIONS MAINTAINED AS OF THE I	LAST DAY \$ - 0 -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	NT OF ALL OUTSTANDING LOANS AS RTING PERIOD	\$ -0-
18 SIGNATURE I s	wear or affirm under penalty of periu	my that the accompanying report is	true and correct and includes all informa
(1) Affidavit	TEXAS TEXAS	mplete either option belo \sim	
Sworn to and subscribed	before me by (1envae)	French this th	he 15th day of July
01/1	/		10 10 mg
20 A Tocentry	which, witness my hand and seal of offic	, ,	
	- 7 7 /	ANDRAKNIGHT	County Clerk
Signature of officer administe	ring oath Printed name o	of officer administering oath	Title of o ffi cer administering oa
		OR	
(2) Unsworn Declaration	on		
My name is		, and my date of birth	n is
My address is		;	,
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	on theday of	onth) (esset)
		Signature of Car	ndidate/Officeholder (Declarant)

	OOVERC	
19 FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
21 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 CON	TRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	os	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$

CAMPAIG	N FINAN	ICEHOLDER CE REPORT			cov	FORM C/O
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (E	Ethics Commission Filers)	2 Tota	al pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Kelly LAST		F.		OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE 6 CAMPAIGN	ADDRESS / PO BO	Gunn	urg, T)	SUFFIX ATE: ZIP CODE C 75686 (TENSION	S) Cou By	JUL 15 2024 ANDRA KNIGH Inty Clerk County Text Ind-delivered or Date Postmark
TREASURER NAME	NICKNAME	Kelly Guun		SUFFIX	Date Proc	Cessed
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SU		Сітү;		STATE: ZIP CODE
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE	2120, P:HS b PHONE NUMBER		X 75 U 8 U ENSION		
9 REPORT TYPE	January 15 July 15	30th day before elect		Runoff Exceeded Modified Reporting Limit	tı	15th day after campaign reasurer appointment Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	THROUGH	Month	Day / 30 /	Year
11 ELECTION	ELECTION DA		Runoff Special	ELECTION TYPE Other Description		<i>.</i> ,
12 OFFICE	OFFICE HELD (if any) District	Clerk		ICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE CONSENT. CANDIDATES COMMITTEE TYPE	E OF POLITICAL CONTRIBUTIONS AGENOLDER. THESE EXPENDITURES AS AND OFFICEHOLDERS ARE REQUIRE COMMITTEE NAME	CCEPTED OR POLITI MAY HAVE BEEN MA ED TO REPORT THIS	ICAL EXPENDITURES MA ADE WITHOUT THE CANDI INFORMATION ONLY IF TH	DE BY POLIT DATE'S OR C EY RECEIVE	FICAL COMMITTEES TO SUPPO OFFICEHOLDER'S KNOWLEDGE NOTICE OF SUCH EXPENDITURI
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREAS	SURER NAME			
		COMMITTEE CAMPAIGN TREA	SURER ADDRES	S		
<u> </u>		GO TO P	PAGE 2			

15 C/OH NAME	1 12-2		16 Filer	r ID (Ethics (Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL	FICAL CONTRIBUTIONS (OTHER ARANTEES OF LOANS, OR LECTRONICALLY)	THAN	\$	b.0D
	2. TOTAL POLITICAL CONT		ANS)	\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI			\$	· · · · · · · · · · · · · · · · · · ·
	4. TOTAL POLITICAL EXPE	NDITURES		\$	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF TH	E LAST DAY	\$	250.00
OUTSTANDING LOAN TOTALS		OF ALL OUTSTANDING LOANS A	AS OF THE	\$	100.00
		Helly Jun Signature o	Ch Gr of Candidate o	UW or Officehold	ler
(1) Affidavit	AS A	plete either option be			
Sworn to and subscribed I	before me by	nch Gunn this	the <u>15 H</u>	day of	July.
\ / \ <i>i</i>	. \(\nu\) '//	NORA KNIGHT	Con	ente. M.	Par la
Signature of officer administeri		officer administering oath		Title of office	r administering oath
		OR			
(2) Unsworn Declaratio	n				
My name is		_, and my date of bir	th is		
					•
	(street)	(=it.)	-,, (state) (;	, _ (zip code)	(country)
Executed in	County, State of	, on the day of (n		_, 20 (year)	·
		Signature of Ca	andidate/Office	holder (Decl	arant)

19 FILER NAME 20 Fil	er ID (Ethics Commission Filers)
21 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 CONTRIBU	TIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRI	BUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINE	SS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	TIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	ETURNED \$

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Et	thics Commission Filers)	2 Total pages fil	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Sed		Č r		USE ONLY
Walvie	NICKNAME	Hetrer	•••••••••	SUFFIX	at 4:200'd	RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		CITY; STA	75686	SANDRA County Clerk, Ca	5 2024
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXT	rension	()	Deputy or Date Postmarked
OFFICEHOLDER PHONE	(903)	855-2900				
6 CAMPAIGN TREASURER	MS / MRS / MR	Same		МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	UITE #;	CITY;	STATE;	ZIP CODE
TREASURER ADDRESS		Same		•		2 11 3 22
(Residence or Business)		JAME				
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXT	ENSION		
PHONE	()	SAMe				
9 REPORT TYPE	January 15	30th day before el	lection	Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before ele	ction	Exceeded Modified Reporting Limit	····	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	r
	1 400	1/2024	THROUGH	<u> 6</u>	30/2	024
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	11/5/	2024 Deneral	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFF	FICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CE OF POLITICAL CONTRIBUTIONS / CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIF	MAY HAVE BEEN M.	ADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRES	38		
	1	GO TO	PAGE 2			
		90 10	FAGE 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) 	* O
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OLLAST DAY OF THE REPORTING PERIOD	F THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- uired to be reported by me under Title 15, Election Code.	e and correct and includes all information
(1) Affidavit NOTARY STAMP / SEAL Sworn to and subscribes 20	Please complete either option below OF CAMBOOF	15th day of July, Title of officer administering oath
	OR	The organical autilitistering dath
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	*
My address is		·
	· · · · · · · · · · · · · · · · · · ·	state) (zip code) (country)
Executed in	County, State of , on the day of(month	, 20 <u>(year)</u> .
	Signature of Candi	date/Officeholder (Declarant)

19	19 FILER NAME 20 Filer ID (Ethics Com					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	0			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0			
4.	SCHEDULE E: LOANS	\$	0			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0			
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	O			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	$\overline{\mathcal{O}}$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0			

The C/OH Instruction G	Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total p	ages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Mr. Michael Shawn	FFICE USE ONLY
IVAIVIL		FOR RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	614 haraft lottery 1x 13600 SANE	JL 15 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Byto Hands (903) 856-8738 Receipt #	James of Date Park Act
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Sham Date Proces	
	NICKNAME LAST SUFFIX Date Image	d
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE). APT. SUITE #, CITY. ST	ATE. ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (903) 856-8738	
9 REPORT TYPE	tre (O Substitution Exceeded Modified Fire F	th day after campaign assurer appointment fficeholder Only) naf Report (Attach C/OH - FR)
	Reporting Limit	
10 PERIOD COVERED	Month Day Year Month Day / / / 2024 THROUGH / 30	Jeh Y
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special	
12 OFFICE	OFFICE HELD (if apy) 13 OFFICE SOUGHT (if known) Coastalle	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLIT THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR O. CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE MOMENTITIES TYPE COMMITTEE NAME	FFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS	
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	

15 C/OH NAME			16 Filer	ID (Ethics Cor	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITION PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE ELE		HAN	\$	~
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOAD	NS)	\$	0 -
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.		\$ - 1	0-
	4. TOTAL POLITICAL EXPEN	IDITURES		\$ -0) —
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBI	UTIONS MAINTAINED AS OF THE	LAST DAY	\$ -0	_
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS ING PERIOD	S OF THE	\$ — C	? —
	swear, or affirm, under penalty of perjury, quired to be reported by me under Title 15.	()	true and co	rrect and inclu	udes all information
			~ /		
		101			
		Signature of	f Candidate	or Officeholde	er
25	Please com	nplete either option bel	low:		
S NP	1 OF CAMP	-			
A.C.	A CX				
82 C	- SB				
(1) Affidavit	7/\\ 158				
Mo. 1					
Ø*	TEVAS				
NOTARY STAMP	TEXAUSE AND OF	1/			\bigcap
Sworn to and automite	before me by Michael Sha	un Kennington	the 154	/ (\ day of	Luly
* ·/ A	/ 1	//	10/	Guy UI	Unity .
20 24 , ocertify	y which, withess my hand and seal of office	. /			1
/ lunds	<u> </u>	IDRA KNIGHT	Lo	unty C	Urk_
Signature of officer administ	ering dath // Printed name of	officer administering oath		Title 6 office	r administering oath
		OR			
(2) Unsworn Declarat	ion				
,-, b oolalat					
My name is		, and my date of bir	th is		
wy audiess is	(street)	(city)	(state)	(zip code)	(country)
Evanueladia		` ,	, ,		,
Executed in	County, State of	, on the day of (m	nonth)	, 20 (year)	-•
		Signature of Co	andidate/Offi	ceholder (Dec	larant)

CANDIDAT CAMPAIGN	FORM C/OH COVER SHEET PG 1				
The C/OH Instruction G	uide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	NICKNAME LAST SUFFIX	office use only bate A:30 o'clock p m			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX, APT / SUITE #; CITY; STATE; ZIP CODE L42 CR 2331 Pi H3burg TX 72 AREA CODE PHONE NUMBER EXTENSION	JUL 15 2024 SANDRA KNIGHT County Clerk, Carp County, Texas Deputy			
OFFICEHOLDER PHONE	(903) 767-2300	Date Hand-delivered or Date Postmarked Receipt # Amount \$			
6 CAMPAIGN TREASURER NAME	NICKNAME NICKNA	Date Processed Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO POIBOX PLEASE): APT / SUITE #, CITY, 642 CR 2331 P. H. Sburg TX 7568	STATE: ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION $(903) 767-2300$	Ψ			
9 REPORT TYPE	July 15 30th day before election Runoff Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month THROUGH 7	Day Year / 15 / 24			
11 ELECTION	ELECTION DATE Month Day Year Primary Runoff Other Description General Special				
12 OFFICE	TAX ASSESSE COLLECTOR 13 OFFICE SOUGHT (if know	n)			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANCONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR			
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER

15 C/OH NAME	Missy Huffman	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s D				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	(NS) \$ O				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0				
	4. TOTAL POLITICAL EXPENDITURES	\$ 0				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	S OF THE \$				
	swear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	true and correct and includes all information				
	Signature of Candidate of Officeholder					
	d before me by	the $15H$ day of $\frac{1}{3}$ day of $\frac{1}{3}$				
Signature of officer administ	tering oath Printed name of officer administering oath	County Clerk Title of officer administering oath				
Signature of officer duminist	OR					
(2) Unsworn Declarat	tion					
My name is	, and my date of bir	th is				
		(state) (zip code) (country)				
Executed in	(street) (city) County, State of , on the day of (n					
	Signature of C	andidate/Officeholder (Declarant)				

FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / FIRST OFFICE USE ONLY **OFFICEHOLDER** Sandra K. NAME FILED FOR RECORD NICKNAME LAST SUFFIX Knight at 3:30 o'clock 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: STATE ZIP CODE **OFFICEHOLDER** 308 Royal Lane Pittsburg, TX 75686 JUL 15 2024 **MAILING ADDRESS** SANDRA KNIGHT Change of Address County Clerk, Carny County, Texas AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION OFFICEHOLDER** (903 855-2701 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN MI **TREASURER** Sandra K. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Knight STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: CAMPAIGN STATE: ZIP CODE **TREASURER** 308 Royal Lane Pittsburg. TX 75686 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN **EXTENSION TREASURER PHONE** (903 855-2701 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Day Month Day Year COVERED 24 30 24 **THROUGH** 11 ELECTION **ELECTION DATE ELECTION TYPE** Runoff Primary Other Month Day Year Description General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) County Clerk THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

15 C/OH NAME Sai	ndra K. Knight	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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 200.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* * 0.00
re	quired to be reported by me under Title 15, Election Code.	
	Signature of Cal	ndidate or Officeholder
	Places complete either ention below	,
	Please complete either option below	·•
(1) Affidavit		
NOTARY STAMP/SEA	(V	
Sworn to and subscribed		15th day of July.
20 <u>24</u> , to certify	which, witness by hand and seal of office.	Juda-
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
My address is	(street) (city) (s	state) (zip code) (country)
Executed in	County, State of , on the day of (month	, , , , , , , , , , , , , , , , , , , ,
	Signature of Candid	date/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR OFFICEHOLDER OFFICE USE ONLY NAME FILED FOR RECORD SUFFIX at 3:30 o'clock 4 CANDIDATE / ADDRESS / PO BOX STATE: ZIP CODE **OFFICEHOLDER** JUL 15 2024 **MAILING ADDRESS** SANDRA KNIGHT Change of Address AREA CODE 5 CANDIDATE/ **EXTENSION OFFICEHOLDER PHONE** Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST **TREASURER** NAME Date Processed NICKNA **SUFFIX** Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY; STATE: ZIP CODE **TREASURER ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER **EXTENSION TREASURER PHONE** 9 REPORT TYPE 30th day before election January 15 15th day after campaign Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Month COVERED THROUGH 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Runoff Other Month Description General Special OFFICE HELD (if any 12 OFFICE 13 OFFICE SOUGHT (if known) THIS BOX IS FOR OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OF OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

	TE / OFFICEHOLDER N FINANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAME	TAMES (AT) MASON	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.	\$ 8
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 530, 2
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* 1000. 30
(1) Affidavit	Please complete either option below	:
NOTARY STAME SEAR	TEXAS Derote me by James (AJ) Mason this the	15th day of Oak
01/	which witness my hand and seal of office.	15th day of July.
Signature of officer administe	Printed name of officer administering oath	County (less
	OR	Title of officer administering oath
(2) Unsworn Declaration		
My name is	, and my date of birth is	
		,
	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of, on theday of(month	
	Signature of Candid	ate/Officeholder (Declarant)

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBU	UTIONS \$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITI	TICAL CONTRIBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM PO	PLITICAL CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSO	ONAL FUNDS \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIO	ONS TO A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLIT	TICAL CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND COL TO FILER	NTRIBUTIONS RETURNED \$

CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / FICE USE ONLY **OFFICEHOLDER** NAME o'clock JUL 15 2024 4 CANDIDATE / **OFFICEHOLDER** MAILING **ADDRESS** County Clerk mp County, Texas Change of Address 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX Date Imaged CAMPAIGN STATE: ZIP CODE **TREASURER ADDRESS** (Residence or Business) AREA CODE **CAMPAIGN** PHONE NUMBER **TREASURER** PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Month Day Year COVERED THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

FORM C/OH

		······································			
15 C/OH NAME			16 File	r ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITI PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE ELE		THAN	\$	\bigcirc
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LC	RIBUTIONS DANS, OR GUARANTEES OF LOA	ANS)	\$	\mathcal{C}
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.		\$	0
	4. TOTAL POLITICAL EXPEN	IDITURES		\$	0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE	E LAST DAY	\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS A	AS OF THE	\$ 5	74100
(1) Affidavit NOTARY STAMP / SEA Sworn to and subscribed 20	before me by	plete either option be	elow:	or Officehold	July.
Signature of officer administe		ORA KNIGHT Officer administering oath		Title of office	er administering oath
(2) Unsworn Declarati	on	OR			
My name is		and my date of bi	rth is		
My address is					· · · · · · · · · · · · · · · · · · ·
	(street)	(city)	, ,	(zip code)	(country)
Executed in	County, State of	, on the day of (r	month)	, 20 (year)	
		Signature of C	Candidate/Offi	ceholder (Dec	slarant)

19	9 FILER NAME 20 Filer ID (Ethics Con		nmission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	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	IONS RETURNED	\$	

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/OHNAME 2 Filer ID (Ethics Commission Filers) Mandy)1- Theade 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. Lalso understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treature appointment of Signature of Candidate / Officeholder FILER WHO IS NOT AN OFFICEHOLDER •• Complete A & B below only if you are not an officeholder. •• **CAMPAIGN FUNDS** A. Check only one: I do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. B. **ASSETS** Check only one: I do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. OFFICEHOLDER .. Complete this section only if you are an officeholder .. I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on V 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 contribution

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commissi	on Filers) 2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS : MR	Pichard	+	OFFICE USE	
NAME	NICKNAME	Penn	SUFI	ix at 4.25 o'clock	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	-	Pittsburg TX 75686	JUL 15 20 SANDRAKN County Clerk, Semple Cou	IGHT
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 767 2890	EXTENSION	Date Hand-delivered or Date	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Richare Penn) t	Date Processed	ount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE). APT S	SUITE #, CITY,	STATE. ZIF	CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	ME EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before		· iliai riopoit (: iliao	ent
10 PERIOD COVERED	Month	Day Year / 1 / 24	THROUGH	Month Day Year 30 24	
11 ELECTION	Month Day	Year Primary Year Genera	Runoff Ot	ION TYPE ler scription	
12 OFFICE	OFFICE HELD (if any)	of the tech	13 OFFICE SOUGH	ir of the fea	([
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOU	DITURES MADE BY POLITICAL COMMITTE THE CANDIDATE'S OR OFFICEHOLDER'S NONLY IF THEY RECEIVE NOTICE OF SUCH	KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS			
Transfer i agas	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME		
		COMMITTEE CAMPAIGN TO	REASURER ADDRESS		
		GO TO	PAGE 2		

15 C/OH NAME	Richard Penn	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	* \$ O
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
(1) Affidavit	Please complete either option below: MANDY MEADE Notary Public, State of Texas Comm. Expires 04/11/2027	
Signature of officer administration	before me by	day of notary Title of officer admirestering oath
(2) Unsworn Declarati		
	, and my date of birth is	
My address is	(street) (city) (state)	(zip code) (country)
Executed in	County, State of , on the day of(month)	20 (year)
	Signature of Candidate/	Officeholder (Declarant)

19	19 FILER NAME 20 Filer ID (Ethics Com		
	Richard Penn		
21	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 CO	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	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	\$

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Con	nmission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Kimber by	U	MI)	OFFICE USE ONLY
IVAME	NIÇKNAME KIM	Pittman		SUFFIX	FILED FOR RECORD at 1:45 o'clock 1 m
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		city; STATE: History TX 7	ZIP CODE	JUL 15 2024 SANDRAKNIGHT
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903) 7	PHONE NUMBER 67 - 0719	EXTENSION	ı	County Clerk, Samp County, Texas By Date Hand-delivered of Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Kin		мі	Receipt # Amount \$ Date Processed
	NICKNAME	Pittoren		SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / S ろうじ		shurg	STATE: ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(903)	767- 0719	EXTENSION	I	
9 REPORT TYPE	January 15	30th day before	election Runof	f	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection [ded Modified ting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 1 / 7024	THROUGH	Month	Day Year 30 / 2024
11 ELECTION	ELECTION DA	Year Primary General	Runoff	LECTION TYPE Other Description	
12 OFFICE	OFFICE HELD (if any) Treasuler		13 OFFICE SO	UGHT (if known	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WIT	THOUT THE CANE	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS		
GO TO PAGE 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)	\$ O.QU			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00			
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 0.0U			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THI LAST DAY OF THE REPORTING PERIOD	\$ 2183.63			
	wear, or affirm, under penalty of perjury, that the accompanying report is true and uired to be reported by me under Title 15, Election Code.	d correct and includes all information			
Signature of Candidate or Officeholder					
(1) Affidavit	Please complete either option below:				
NOTARY STAMP Sworn to and subscribed	before me by this the 15	th day of July.			
20 24 Ato certify	which, witness my hand and seal of office. SANDRA KNIGHT Con	th day of July. unto Clerk			
Signature of officer administer	7 1 71	title of officer administering oath			
	OR				
(2) Unsworn Declaration	on				
My name is	, and my date of birth is	<u> </u>			
My address is	······································				
	(street) (city) (state) (zip code) (country)			
Executed in	County, State of, on theday of(month)	, 20 (year)			
	Signature of Candidate/	Officeholder (Declarant)			

19	FILER NAME 20 Filer ID (Ethics Comm	nission Filers)
21	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 CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (E	Ethics Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR	FIRST TOM IN	V	мі Д		USEONLY
	NICKNAME	LAST ROZÆL	•	SUFFIX	at_ <u>4:30</u> 0'	R RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX			ATE; ZIP CODE		1 5 2024 A-KNIGHT
Change of Address	557	CR 2215	PITTSBUK	76,77 75684	County Clerk,	county, Texas
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER	EX	TENSION	Date Hand-delivered	Deputy d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST		MI R	Receipt #	Amount \$
NAME	NICKNAME	LAST	•••••	SUFFIX	Date Processed	
		BROW		33.177	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		NO PO BOX PLEASE); APT		CITY,	STATE.	ZIP CODE
(Residence or Business)	556	CR 22	15 Pi	MSBURG	,TX 750	86
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EX	TENSION		
	(903)	563 025	74			
9 REPORT TYPE	January 15	30th day before	e election	Runoff		fter campaign ppointment er Only)
	July 15	8th day before	election	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	∡ THROUGH	Month H	Day Yea	
44 ELECTION	ELECTION DA	B1/2029	<i>F</i>	6	30 / 20	724
11 ELECTION	ELECTION DA	Primar	o	ELECTION TYPE		
	Month Day	Year Gener		Other Description		
12 OFFICE	OFFICE HELD (if any)	'cc'auta D		FICE SOUGHT (if known)	
		issionee A				
14 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOW COMSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				DER'S KNOWLEDGE OR		
` ,	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN T	REASURER NAME			
		COMMITTEE CAMPAIGN 1	FREASURER ADDRE	SS		
GO TO PAGE 2						

15 C/OH NAME			16 Filer ID (Ethics (Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRI PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICAL	FLOANS, OR	\$	0	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GU	JARANTEES OF LOANS)	\$	-0-	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEND	ITURE.	\$ -	0	
	4. TOTAL POLITICAL EXPENDITURES		\$ ~	9	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	NTAINED AS OF THE LAS	T DAY \$ -)	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUT LAST DAY OF THE REPORTING PERIOD	STANDING LOANS AS OF	THE \$ -	9—	
	wear, or affirm, under penalty of perjury, that the acquired to be reported by me under Title 15, Election Cod		and correct and in-	cludes all information	
		2	Pall		
		Signature & Car	ndidate Officehol	der	
	Please complete eit	her option below	•		
	IRT OF CANA	•			
(1) Affidavit	SCH COMPANY				
NOTARY STAMP STALL TEXAS					
Sworn to and subscribed before me by					
Signature of officer administe	ring oath Printed name of officer adminis	tering oath	Title of office	er administering oath	
	OR				
(2) Unsworn Declaration	on				
My name is		and my date of birth is		·	
My address is		,,		·	
	(street)	(city) (s	tate) (zip code)	, , , , ,	
Executed in	County, State of, on the	day of(month	, 20 (year)	•	
		Signature of Candid	ate/Officeholder (De	clarant)	

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

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME FILED FOR RECORD NICKNAME at 8:25 o'clock A m 4 CANDIDATE / ADDRESS / PO BOX: CITY STATE: ZIP CODE **OFFICEHOLDER** 3598 ST PITTSburgTX JUL 15 2024 **MAILING ADDRESS** SANDRAKNIGHT Change of Address County Clerk, C AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN МІ **TREASURER** ANNETTE Date Processed NAME SUFFIX Date Imaged STATE: 7 CAMPAIGN ZIP CODE **TREASURER ADDRESS** WEST (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION **TREASURER** PHONE 767-1649 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 2024 **THROUGH ELECTION DATE ELECTION TYPE** 11 ELECTION Runoff Other Month Day Description Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR \$ CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3 TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** \$ **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Cpt ature of Candidate or Officeholder Please complete either option below: (1) Affidav Perry Weeks this the 15th day of NOTARY ST Sworn to and subscribed before me by Signature of officer administering oath (2) Unsworn Declaration ______ and my date of birth is ______ My name is ____ My address is _____ (street) (city) (state) (zip code) (country) Executed in _____ County, State of _____ , on the ____ day of _ (month)

Signature of Candidate/Officeholder (Declarant)

19	FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
21	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 CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
1 2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$