CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains hov	to complete this form.	1 Filer ID (Ethics Commission Filers	2 Total pages	filed: 9
.3 CANDIDATE / OFFICEHOLDER NAME 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	MS / MRS / MR NICKNAME ADDRESS / PO BOX	MARVIA LAST ENKINS APT / SUITE #:	SUFFIX CITY; STATE; ZIP CODE	Date Received	For Record
Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE	YO BOX AREA CODE (903) 7	724 0191	Olony TX 95801 EXTENSION	Date Hand-delive	asey Brown of Administrator deputy red or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Sugar Last	R MI SUFFIX	Date Imaged	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE): APT / S	UITE#; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	578- 0335	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before ele	- Foundation	treasure (Officeho	r after campaign r appointment older Only) port (Attach C/OH - FR)
10 PERIOD COVERED	Month 08	Day Year /14 / 23	THROUGH O	15 / a	ear Page
11 ELECTION	Month Day	Year Primary General	Runoff Other Description Special	E	
12 OFFICE	OFFICE HELD (if any)	4	PC+ 2 CC	onstable	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES S MAY HAVE BEEN MADE WITHOUT THE CARED TO REPORT THIS INFORMATION ONLY IF	NDIDATE'S OR OFFICER	OLDER'S KNOWLEDGE OR
	- 1/196	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	o session	
· Paristery	and the same	GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	16 Files	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ —
broad to their	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5188 a
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2760.97
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2427.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0
	Please complete either option below:	N. Triongle a
(1) Affidavit	8 14 20 04 18	0
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is	Box 438 Tenn CVI Pr. TX.	756. US
Executed in And	(street) (city) (state) County, State of , on the / Z / day of (month)	(zip code) (country) 1. 20 GY. (year)
	Signature of Candidate/Off	ficeholder (Declarant)

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 for	m.	1 Total pages Schedule A1: 3
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	MARVIN G Jenkigs		
4 Date	5 Full name of contributor ut-of-state PAC (ID#	:	7 Amount of contribution (\$)
	Jozette Dubray Jenkins		
	/ (State; Zip Code	•
		-011	200 -00
19/2/23	PoBox424 Tenn Colony TX 7	589/ Employer (See Instruction	200 X
1)	`, ,	We via TS	
<u> Highs</u>	chool trincipal	1 MII IN	<u>D</u>
Date	Full name of contributor		Amount of contribution (\$)
	HARW TENKIS	·	
		State; Zip Code	
			11,00
10/16/23	3721 /tcl 2701 Tenn Colony		660 00
Principal occup	pation 1. Job title (See Instructions)	Employer (See Instruction	ns)
	Keliker		
Date	Full name of contributor	:	Amount of contribution (\$)
	V: 0		
1/3/23	Contributor address; City; S	State; Zip Code	
1 / / 2			1- 00
10/20/23	611 Fm 3372 PAlestine TX ?	1.5823	1500 %
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full page of contributor Out-of-state PAC (FDS		Amount of contribution (\$)
Daw	Full passe of contributor out-of-state PAC (EDS		Amount of controlled (by .
	11190 Cripter	Note: 7in Cado	· -
	Contributor address; City; S	State; Zip Code	
10/20/23	17489 N. UShow 287 Tenn.	(2/any 7495861)	878
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	
	PeachitieneR		<u> </u>
			×.
1			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SUBTOTALS - C/OH

19 FILER NAME 20 Filer ID (Ethics Commission Filers)					
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT			
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	5/88			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ _	<i>O</i>			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$,	0			
4. SCHEDULE E: LOANS	\$ _	0			
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$ 3	760.97			
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ _	0			
. 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS \$	0			
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ _	0-			
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os \$ /	184			
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH \$.	0			
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$	0			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	ONS RETURNED \$	0			

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: 3
2 FILER NAME	MARVIN DENKINS	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
12-11-23	106 West YARY AVE YALESTINE TX 75001	50 x
8 Principal occu	Hatton / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
17-19-23	Contributor address; City: State; Zip Code 103 LISA LANC PALESTING TX 7580!	100 20
To 19-20	action 7 Job title (See Instructions) Employer (See Instruc	tions)
Principal occup	Keliked	
Date	Full name of contributor out-of-state PAC (ED#:)	Amount of contribution (\$)
	Efwic Williams Contributor address; City; State; Zip Code	80.2°
1-3-24	917 N. Hamoton Rd Stc 205 Desoto Tx 7515	360 %
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
1 /	glesman Self	
Date	Full name of contributor out-of-state PAC (EDF:)	Amount of contribution (\$)
12-6-23	Contributor address; City: State; Zip Code	· -
10-6-5	7065 CR 237 OAKWOOD TX 75855	1000 00
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
FOR	eman Andreson Co	Punty
l		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SUBTOTALS - C/OH

<u> </u>	
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 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	\$

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: 3
2 FILER NAME	MARVIN JOKES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
	6 Contributor address; City; State; Zip	Code
12-7-23	250 PR 6419 YAlestine TX	7583 500
8 Principal occu	pation / Job title (See Instructions) 9 Employer 6	(See tostructions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip	Code
Principal occup	pation / Job title (See Instructions) Employer	(See Instructions)
		•
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State; Zip	Code
Principal occu	pation / Job title (See Instructions) Employer	(See Instructions)
Date	Full name of contributor	Amount of contribution (\$) .
	Contributor address; City; State; Zip (Code
Principal occu	pation / Job title (See Instructions) Employer	(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.

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Con	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	\$

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

ir the requested into	ormation is the	it applicable, DO H	OT IIICIUUE III	is page in the re	sport.	·····	
		EXPENDITURE C	ATEGORIES FO	OR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fe Fo y Gi al Committee Le	vent Expense ses pod/Beverage Expense ft/Awards/Memorials Expense gal Services The Instruction Guide e	Office Overh Polling Expe se Printing Exp Sataries/Wa	ense ges/ContractLabor	Travel in District Travel Out Of Dist	ipment & Related Exp	
1 Total pages Schedule F1:	2 FILER NAM	irvin G	Jeokios		3 Filer ID (Ethi	ics Commission File	ers)
4 Date //- 8- 23	5 Payee name	check) P	glestine Co	py + Pring	}		
6 Amount (\$)	7 Payee addre)SS;	\bigcirc	City;	State;	Zip Code	
67.09	2507	WCST OAK See Categories listed at the top	YAIRS+II	(b) Description	801		
PURPOSE OF		•		ନ	a l.		•
EXPENDITURE	+ rinting	EXPLOSES eck if travel outside of Texas. Con	mplete Schedule T.		in, TX, officeholder livi	ing expense	
9 Complete ONLY if direct expenditure to benefit C/OH	$\Delta M = \Delta M$	/Officeholder name	enkins	Office sought	n Stable	Office held	
Date	Payee name	1		•			
11-13-23	Y Alest	ine Sign C	OMPANY				
Amount (\$)	Payee addre	ess;	′ ′ .	City;	State;	Zip Code	
442.28	500	W MAIN	- / /- /-	stice TX	7580/		
PURPOSE	Category (Se	ee Categories listed at the top	of this schedule)	Description	. /		
OF EXPENDITURE	Printi	ng Expresses	9	Yost C	neds	· · · · · · · · · · · · · · · · · · ·	
		eck if travel outside of Texas, Con	riplete Schedule T.		in, TX, officeholder livi		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		COfficeholder name	Jenkins	Office sought	Coastable	Office held //A	
Date	Payee name	•		\cap			
11-20-23	Ander	RSON COUN	ty Kepu	blican KAK	ety		
Amount (\$)	Payee addre	ess;	•	City;	State;	Zip Code	
380.50	PoBax	: 3675		V Alesti	x TX	75802	
PURPOSE OF	Category (Se	ee Categories listed at the top	of this schedulo)	Description Filipa	FRA		
EXPENDITURE	/ <u>(</u>	ck if travel outside of Texas, Con	notete Schedule T	Chark if Aueti	in, TX, officeholder livi	nn expense	
Complete ONLY if direct	Candidate	/ Officeholder name		Office sought	, and the last	Office held	
expenditure to benefit C/OF	\sim	Al in G	T	_	•	h / A	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITUR	E CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	Office C Polling cpense Printing Salaries	epsyment/Reimbursement werhead/Rental Expense Expense Expense :Wages/Contract Labor o complete this form.	Travel in District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER N	AME O		•	3 Filer ID (Ethic	S Commission Filers)
	TY IF	KVIN (7.	Jenkins			
4 Date //- 22 - 23	5 Payee na	STAKS	Post OF	Fice		
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
153 œ	1814	6 Fm 645	5 Ten	n Colony	TX 758	6/
8	(a) Category	(See Categories listed at th	ne top of this schedule)	(b) Description		
PURPOSE OF	4.1			1		
EXPENDITURE	Advec	HISIM EXPH	15C) 51A	MD5	
	(c)	Check if travel outside of Texas	i. Complete Schedule T.	Check if Aust	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	Tenkins	Pct 2 Cons	Able	Office held
Date	Payee na	me				
12-04-23	Unita	STARS	PostAL.	Sarvice	•	
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
204 00	1816	Fm 645	Tenn	Cdony T	Y 75861	
	Category	(See Categories listed at the	e top of this schedule)	Description		
PURPOSE OF	01.	C				
EXPENDITURE	Hover	ising Expros	<u>es</u>	JAN STAN	nps	
		Check if travel outside of Texas	s, Complete Schedule T.	Check if Aust	lin, TX, officeholder livin	g expense
Complete ONLY if direct		ate / Officeholder nam	e	Office sought		Office held
expenditure to benefit C/OF	14 MKVI	NG Jenkin	25	Yet a coos	h 6/c	NA
Date	Payee na	ame		1		
17-20-23	Unis	ed States	POSTAL	SCRVICE		
'Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
204 04	18/6	Fm 645	Tenn	Colony TX	75841	
	*Category	(See Categories listed at the	top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Adv	ectisina Exi	0r0 55	5-16	m05	
		Check if travel outside of Texas	. Complete Schedule T,	Check if Aust	in, TX, officeholder livin	g expense
Complete ONLY if direct	Candida	ate / Officeholder nar	ne	Office sought		Office held
expenditure to benefit C/OF	MARVI	n G Jeak	05	Ycta Can	Stable	NA

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) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

rees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Politing 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)

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

	The Instruction Guide explains now to c	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethic	S Commission Filers)
4 Date -4-24	5 Payee name 1) esking Graphics			-
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
473.16	12404 Hay 155 SOND T	Ty/AR TX	75703	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expresse	Signs		
	(c) Check if Travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H MARVIN & Sentins	PC+2 COASH	ble	Office held
Date	Payee name			
1-4-24	United States Postal Se	RVKC		·
Amount (\$)	Payee address;	City;	State;	Zip Code
166.20	1213 NLINK PAISTING TX	75803		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Express	Stan	05.	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder livin	eg expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oł	MARVIN G DEOKIOS	YCH COOSAD	Ste .	NIH
Date	Payee name			
1-5-24	United 5-tates Postal	Service		
Amount (\$)	Payee address:	City;	State;	Zip Code
204.00		Colony TA	7581	•
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertision Expuse	S/An	105	
	Check if leavel outside of Texas, Complete Schedule T.	Check if Austi	n, TX, officeholder (ivin	g expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/Oł	MAKVIN G DENKINS	ct 2 cosska	be	NA
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDIT	DRE CALEG	ORIEST	OR BOX o(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expe Gift/Awards/Memoria Legal Services		Office Overh Polling Expe Printing Exp		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
Credit Card Payment	,	•	Guide explains	how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER N	PARVIN C	7 Jai	nkins		3 Filer ID (Ethic	3 Commission Filers)
4 Date	5 Payee na	ime					
01-06-2026	Inc	7KVIA	Scaking	<u> </u>			
6 Amount (\$)	7 Payee ad	idress;			City;	State;	Zip Code
184 00	Po F	30x424	Ten	n Ca		586/	
8	(a) Categor	y (See Categories listee	d at the top of this s	chedule)	(b) Description		
PURPOSE	\circ	,			<u>م</u> سبب	<i>l</i>	
OF EXPENDITURE	Kein	Dursement			1-51	nRts	
	(6)	Check if travel outside of	Texas. Complete Sci	hedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	^ ^	late / Officeholder i	name		Pct 2 count	6bc	Office held
Date	Payee na	ıme					
01-08-2024		SAM	s club	6		•	
Amount (\$)	Payee ad	idress;			City;	State;	Zip Code
5000	2025	55. Sw/	1 .000 .3a:	3 TV/4	RTX 7576	7/	·-
PURPOSE	Category	/ (See Categories listed	at the top of this so		Description		Signs Pult Signs
OF EXPENDITURE	11.00	HICK EXP	60	j	CAR FOR	Disting 1	Out Sizas
		Check if travel outside of	Texas, Complete Sc	hedule T,	Check if Austi	in, TX, officeholder living	V///
Complete ONLY if direct	Candid	late / Officeholder i	name		Office sought		Office held
expenditure to benefit C/OH	M	ARVIN G	,]	cokin	s Pot.	2 constab	k —
Date	Payee na	ame					
1-08-2024	PAles	time Sign	Compi	9NY			
Amount (\$)	Payee ac	tdress;	•	/	City;	State;	Zip Code
232.74	500	West	MAIN		stoc TX	75801	
,	Category	(See Categories listed	at the top of this sc	hedule)	Description		
PURPOSE OF	41				Ω	1/1	
EXPENDITURE	Hove	dising e	xpeas		POST CAR	d CADE	<u>'</u>
		Check if travel outside of	Texas, Complete Sci	hedule T.	Check if Austi	in, TX, officeholder living	expense
Complete ONLY if direct		late / Officeholder	name		Office sought	• •	Office held
expenditure to benefit C/OH	\bigcap	JARVIN_	Jenkin	5	1ct 2 con	STANC	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 11-3-23	5 Payee name 5 DAM 1-111- PIRESON	N	
6 Amount (\$) Reimbursement from political contributions intended	150 Ferguson Rd	PAlestine T.X 7	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch	T-Shirt Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		i. -
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so	hedule) Description	
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; .	City;	State; Zip.Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this so		
	Check if travel outside of Texas. Complete Sch	edule T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			