

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 10
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: MR FIRST: DAVID MI: A NICKNAME: _____ LAST: BLAKEY SUFFIX: JR		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ✓ Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 1572 BRENHAM, TX 77834		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (979) PHONE NUMBER: 289-3599 EXTENSION: _____		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: MRS FIRST: SUZY MI: E NICKNAME: _____ LAST: BLAKEY SUFFIX: _____		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4550 WILHELM LANE BURTON, TX 77835		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (979) PHONE NUMBER: 289-3599 EXTENSION: _____		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 9 / 5 / 23 12 / 31 / 23		
11 ELECTION	ELECTION DATE: Month Day Year 3 / 5 / 24	ELECTION TYPE: <input checked="" type="checkbox"/> Primary Runoff Other Description <input type="checkbox"/> General Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) SHERIFF	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

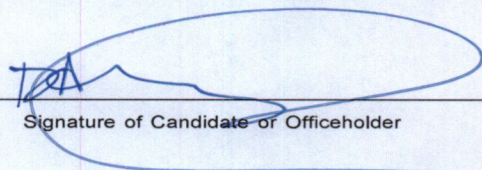
GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME DAVID A. BLAKEY, JR.		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. 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)	\$ 15,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 84.53
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,920.35
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 9,779.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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 Code.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

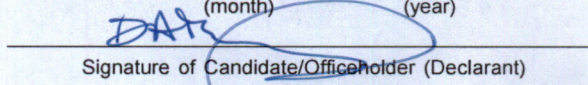
Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is DAVID A. BLAKEY, JR., and my date of birth is 06/19/67
 My address is 4550 WILHELM LANE, BURTON, TX, 77835, UNITED STATES.
(street) (city) (state) (zip code) (country)
 Executed in WASHINGTON County, State of TEXAS, on the 15 day of JANUARY, 2024.
(month) (year)


Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME DAVID A. BLAKEY, JR.		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 15,700.00
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		\$ 5,835.82
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: 5
2 FILER NAME DAVID A. BLAKEY, JR.		3 Filer ID (Ethics Commission Filers)
4 Date 09/08/2023	5 Full name of contributor out-of-state PAC (ID#: _____) OTTO HANAK FOR SHERIFF 6 Contributor address; City; State; Zip Code PO BOX 2504 BRENHAM, TX 77834	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/02/2023	Full name of contributor out-of-state PAC (ID#: _____) TCB RENTAL, INC., CARL BUCKNER Contributor address; City; State; Zip Code PO BOX 1593 BRENHAM, TX 77834	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/17/2023	Full name of contributor out-of-state PAC (ID#: _____) HOAV, LLC., dba K&M GROCERY Contributor address; City; State; Zip Code 3600 HWY 36 SOUTH BRENHAM, TX 77833	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/20/2023	Full name of contributor out-of-state PAC (ID#: _____) AARON MARKIZER, *LOYDY MARKIZER Contributor address; City; State; Zip Code 6037 MOCKINGBIRD ROAD BRENHAM, TX 77833	Amount of contribution (\$) 100.00
Principal occupation / 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.

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: 5
2 FILER NAME DAVID A. BLAKEY, JR.		3 Filer ID (Ethics Commission Filers)
4 Date 10/26/2023	5 Full name of contributor out-of-state PAC (ID#: _____) RICK SEEKER 6 Contributor address; City; State; Zip Code 10901 HUSEMANN ROAD BRENHAM, TX 77833	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 10/31/2023	Full name of contributor out-of-state PAC (ID#: _____) JAMES GILLESPIE Contributor address; City; State; Zip Code 4407 HWY 105 BRENHAM, TX 77833	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/02/2023	Full name of contributor out-of-state PAC (ID#: _____) DARIUS SMITH Contributor address; City; State; Zip Code BRENHAM, TX	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/14/2023	Full name of contributor out-of-state PAC (ID#: _____) GERALD WEHRING Contributor address; City; State; Zip Code 1905 SOUTH PARK STREET BRENHAM, TX 77833	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME DAVID A. BLAKEY, JR.		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/2023	5 Full name of contributor out-of-state PAC (ID#: _____) ERIC HENSLEY	7 Amount of contribution (\$) 500.00
	6 Contributor address; City; State; Zip Code TEXAS	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11/20/2023	Full name of contributor out-of-state PAC (ID#: _____) ANDY HUGHES	Amount of contribution (\$) 500.00
	Contributor address; City; State; Zip Code 2821 JASMINE BRENHAM, TX 77833	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/20/2023	Full name of contributor out-of-state PAC (ID#: _____) JERRY CREWS	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code 8001 OLD CHAPPELL HILL ROAD BRENHAM, TX 77833	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/04/2023	Full name of contributor out-of-state PAC (ID#: _____) ROBIN AND TERRY LUEDTKE	Amount of contribution (\$) 2,500.00
	Contributor address; City; State; Zip Code PO BOX 390 BURTON, TX 77835	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 5
2 FILER NAME DAVID A. BLAKEY, JR.		3 Filer ID (Ethics Commission Filers)
4 Date 12/07/2023	5 Full name of contributor out-of-state PAC (ID#: _____) RUSSELL M. NEINAST 6 Contributor address; City; State; Zip Code 5026 REHBURG ROAD BURTON, TX 77835	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 12/07/2023	Full name of contributor out-of-state PAC (ID#: _____) ROYCE NEINAST Contributor address; City; State; Zip Code 5548 REHBURG ROAD BURTON, TX 77835	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/07/2023	Full name of contributor out-of-state PAC (ID#: _____) 4K RANCH, MARK KLAUS Contributor address; City; State; Zip Code 13825 HWY 290 WEST BURTON, TX 77835	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/07/2023	Full name of contributor out-of-state PAC (ID#: _____) DR. GARY L. APPELT Contributor address; City; State; Zip Code 1907 FM 390 WEST BRENHAM, TX 77833	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 5
2 FILER NAME DAVID A. BLAKEY, JR.		3 Filer ID (Ethics Commission Filers)
4 Date 12/11/2023	5 Full name of contributor out-of-state PAC (ID#: _____) TERRY KORTHAUER 6 Contributor address; City; State; Zip Code 6818 REHBURG ROAD BURTON, TX 77835	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 12/20/2023	Full name of contributor out-of-state PAC (ID#: _____) HUESKE PROPERTIES, JOHN HUESKE Contributor address; City; State; Zip Code PO BOX 533 BURTON, TX 777835	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 12/21/2023	Full name of contributor out-of-state PAC (ID#: _____) J&S OUTDOORS, LLC. Contributor address; City; State; Zip Code 2780 FM 389 BRENHAM, TX 77833	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME DAVID BLAKEY, JR.	3 Filer ID (Ethics Commission Filers)
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4 Date 10/31/2023	5 Payee name BRENHAM FAITH MISSION
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6 Amount (\$) 600.00	7 Payee address; City; State; Zip Code 500 EAST ACADEMY BRENHAM, TX 77833
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING EXPENSE	(b) Description CANDLELIT DINNER FUNDRAISER
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/17/2023	Payee name LATHAN STAAL
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Amount (\$) 453.51	Payee address; City; State; Zip Code 6370 REHBURG ROAD BURTON, TX 77835
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAMPAIGN KOOZIES
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/01/2023	Payee name WASHINGTON COUNTY REPUBLICAN PARTY
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Amount (\$) 750.00	Payee address; City; State; Zip Code P O. BOX 479 BRENHAM, TX 77834
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description FILING FEE
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

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1 Total pages Schedule F1: 2	2 FILER NAME DAVID A. BLAKEY, JR.	3 Filer ID (Ethics Commission Filers)
4 Date 12/08/2023	5 Payee name DESIGNER GRAPHICS	
6 Amount (\$) 4,032.31	7 Payee address; City; State; Zip Code 12404 HWY 155 SOUTH TYLER, TX 77503	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CAMPAIGN SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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