

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:						
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MISTI	MI H	<div style="border: 2px solid blue; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="margin: 0;">OFFICE USE ONLY</p> <p style="margin: 0; color: blue;">RECEIVED</p> <p style="margin: 0; color: red; font-size: 1.2em;">FEB 22 2024</p> <p style="margin: 0; font-size: 0.8em;">Date Received: 2-22-2024</p> <p style="margin: 0; font-size: 0.8em;">Date Hand-Delivered or Date Postmarked: 2-22-2024</p> <p style="margin: 0; font-size: 0.8em;">Receipt #</p> <p style="margin: 0; font-size: 0.8em;">Amount \$</p> <p style="margin: 0; font-size: 0.8em;">Date Processed: 2-22-2024</p> <p style="margin: 0; font-size: 0.8em;">Date Imaged</p> </div>					
	NICKNAME	LAST CORN	SUFFIX						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 22756 FM 1155 E. WASHINGTON TX 77880								
	AREA CODE	PHONE NUMBER	EXTENSION						
5 CANDIDATE / OFFICEHOLDER PHONE	(979)	525-9646							
	MS / MRS / MR	FIRST JOSH	MI P						
6 CAMPAIGN TREASURER NAME	NICKNAME	LAST CORN	SUFFIX						
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE 22756 FM 1155 E. WASHINGTON TX 77880								
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	AREA CODE	PHONE NUMBER	EXTENSION						
	(979)	525-7237							
8 CAMPAIGN TREASURER PHONE	<table style="width:100%; border: none;"> <tr> <td style="width:33%;">January 15</td> <td style="width:33%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:33%;">Runoff</td> </tr> <tr> <td>July 15</td> <td>8th day before election</td> <td>Exceeded Modified Reporting Limit</td> </tr> </table>			January 15	<input checked="" type="checkbox"/> 30th day before election	Runoff	July 15	8th day before election	Exceeded Modified Reporting Limit
	January 15	<input checked="" type="checkbox"/> 30th day before election	Runoff						
July 15	8th day before election	Exceeded Modified Reporting Limit							
15th day after campaign treasurer appointment (Officeholder Only)			Final Report (Attach C/OH - FR)						
9 REPORT TYPE	Month	Day	Year						
	1	1	24						
10 PERIOD COVERED	THROUGH	Month	Day						
		1	25						
11 ELECTION	ELECTION DATE		ELECTION TYPE						
	Month	Day	Year						
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) COUNTY COMMISSIONER PCT 1						
	3	5		24					
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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							

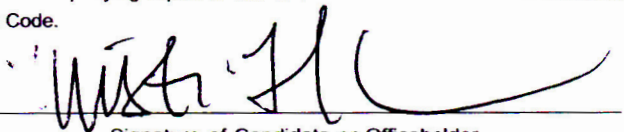
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME MISTI H CORN		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)	\$ 140.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,540.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 274.13
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,616.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 124.20
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

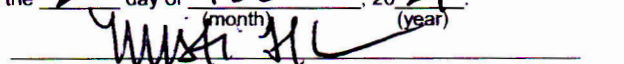
Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is MISTI HARTSTACK CORN, and my date of birth is 10/8/1974.
 My address is 22756 FM 1155 E, WASHINGTON TX 71880, WASHINGTON
(street) (city) (state) (zip code) (country)
 Executed in WASHINGTON County, State of TX, on the 21 day of FEB, 2024.
(month) (year)


 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,540.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,616.13
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: 1
2 FILER NAME MISTI H CORN		3 Filer ID (Ethics Commission Filers)
4 Date 01/21/2024	5 Full name of contributor out-of-state PAC (ID#: _____) JOSH CORN 6 Contributor address; City; State; Zip Code 22756 FM 1155 E, WASHINGTON TX 77800	7 Amount of contribution (\$) 1,200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 01/22/2024	Full name of contributor out-of-state PAC (ID#: _____) BILL RANKIN Contributor address; City; State; Zip Code 2600 MUSTANG, BRENHAM TX 77833	Amount of contribution (\$) 200.00
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)

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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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	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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1	2 FILER NAME MISTI H CORN	3 Filer ID (Ethics Commission Filers)
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4 Date 01/19/2024	5 Payee name KTEX
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6 Amount (\$) 2,342.00	7 Payee address; City; State; Zip Code PO BOX 1280, BRENHAM TX 77833
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description RADIO ADS
	(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	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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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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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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