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 FIRST 3 CANDIDATE / MI OFFICE USE ONLY **OFFICEHOLDER** DAVID MR A NAME Received 🛆 NICKNAME LAST SUFFIX RECEIVED JR BLAKEY FEB **02** 2024 ZIP CODE 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; CITY: STATE: **OFFICEHOLDER** PO BOX 1572 MAILING BRENHAM, TX 77834 **ADDRESS** Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 23-20 (979)289-3599 PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN **TREASURER** SUZY MRS E Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **BLAKEY** ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; 7 CAMPAIGN **TREASURER** 4550 WILHELM LANE **ADDRESS** BURTON, TX 77835 (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION** TREASURER PHONE (979) 289-3599 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Year Month Day Year COVERED 25 24 1 1 24 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Description Month Day Year 24 5 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE SHERIFF 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 OFFICEHOLDERS 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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME DAVID A. BLAKEY, J	R.	10	6 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)		\$	5,200.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	88.69
	4.	TOTAL POLITICAL EXPENDITURES		\$	3,425.28
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	11,554.37
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE	\$	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	

20 24, to certify which, witness my hand and seal of office.		day of February Notary Public Title of officer administering oath
	OR	
(2) Unsworn Declaration		
My name is DAVID A. BLAKEY, JR.	, and my date of birth is 06/19	9/67
My address is 4550 WILHELM LANE	BURTON TX	77835 UNITED STATES
(street) Executed in WASHINGTON County, State of TEXAS	, on the 31 day of JANUARY (month)	(zip code) (country) , 20 24 (year) Techolder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	ILER NAME /ID A. BLAKEY, JR. 20 Filer ID (Ethics Com	nmission Filers)	
	CHEDULE SUBTOTALS AME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,200.00	
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	\$ 3,336.59	
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.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

ii tile reques	sted information is not applicable, DO NOT include this page in	the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2
DAVID A. E	BLAKEY, JR.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	
01/02/2024	6 Contributor address; City; State; Zip Code PO BOX 2263 BRENHAM, TX 77834	1,500.00
Principal occu	pation / Job title (See Instructions) 9 Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
01/02/2024	Contributor address; City; State; Zip Code 2729 HWY 105 BRENHAM, TX 7783	1,000.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
01/07/2024	JED & MONICA SKEETE Contributor address; City; State; Zip Code 4004 FM 1697 BURTON, TX 77835	200.00
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	estructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
01/10/2024	BRADLEY TEGELER Contributor address; City; State; Zip Code 135 WEST ALAMO BRENHAM, TX 7783	200.00
Principal occup	eation / Job title (See Instructions) Employer (See In	istructions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see Instruction guide for additi	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reques	sted information is not applicable, DO NO	T include this page in the	report.
The	Instruction Guide explains how to complete	this form.	1 Total pages Schedule A1: 2
2 FILER NAME DAVID A. E	BLAKEY, JR.		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state TERRY & ROBIN LUEDTKE	7 Amount of contribution (\$)	
01/19/2024	6 Contributor address; City; PO BOX 390 BURTON		2,000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state DAVID & RHONDA HERMANN		Amount of contribution (\$)
01/22/2024	Contributor address; City; 405 FRITZ ROAD BREN		300.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state	e PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state	e PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACHARDITIONAL	50 OF THE OC. 150 OF THE OC.	
	If contributor is out-of-state PAC, please see I	ES OF THIS SCHEDULE AS NI	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
Total pages Schedule F1:	2 FILER NAME DAVID BLAKEY, JR.		3 Filer ID (Ethics Commission Filers)	
Date 01/05/2024	5 Payee name BRENHAM BANNER PRESS			
Amount (\$)	7 Payee address;	City;	State; Zip Code	
587.00	PO BOX 585	BRENHAM, T	X 77834	
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	NEWSPAPER	AD	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
01/05/2024	DESIGNER GRAPHICS			
Amount (\$)	Payee address;	City;	State; Zip Code	
1,946.34	12404 HWY 155 SOUTH	TYLER, TX 77	503	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	CAMPAIGN S	IGNS	
	Check if travel outside of Texas, Complete Schedule T,	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
01/11/2024	BRAND IT GRAPHIX			
Amount (\$)	Payee address;	City;	State; Zip Code	
108.25	2507 BECKER DR.	BRENHAM, TX	77833	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	CAMPAIGN SI	GN STAKES	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	
	7			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

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

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

1 Total pages Schedule Ft: 2 FILER NAME DAVID BLAKEY, JR. 4 Date 01/16/2024 5 Payse name WASHINGTON COUNTY GO TEXAN 7 Payse address; City: State: Zip Code 8 PURPOSE OF EXPENDITURE (c) Check if twell outside of Toross. Complete Schedule T. Date 01/16/2024 Amount (s) Payse name BRENHAM VFW Amount (s) Payse address; City: State: Zip Code BRENHAM, TX 77833 PURPOSE OF EXPENDITURE PURPOSE OF EXPENDITURE Payse name BRENHAM VFW Amount (s) Payse address; City: State: Zip Code BRENHAM, TX 77833 Category: See Categories listed at the top of this schedule) Complete QNLY if direct OF EXPENDITURE Category: Gee Categories listed at the top of this schedule) Complete QNLY if direct OF EXPENDITURE Category: Gee Categories listed at the top of this schedule) Complete QNLY if direct OF EXPENDITURE Category: Gee Categories listed at the top of this schedule) Complete QNLY if direct OF EXPENDITURE Category: Gee Categories listed at the top of this schedule) Check if twell outside of Toross. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if twell outside of Toross. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete CNLY if direct oppenditure to benefit GICH Candidate / Officeholder name Complete Schedule T. Check if Austin, TX, officeholder living expense	Credit Card Payment	The Instruction Guide explains how to	complete this form.		
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Amount (\$) 7 Payee address; City: State: Zip Code 250.00 LABAHIA HALL HWY 237 BURTON, TX 77835 ABAHIA HALL HWY 237 BURTON, TX 77835	Date				
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OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Complete ONLY if direct Candidate / Office holder name Candidate / Office held		Category (See Categories listed at the top of this schedule)	Description		The second second
Complete ONLY if direct	OF	ADVERTISING EXPENSE	ADVERTISEM	ENT	
Complete Cital II allock		Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
			Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	