

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: 9				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST DAVID	MI A	<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: red; font-weight: bold;">RECEIVED</p> <p style="margin: 0; color: red; font-weight: bold;">FEB 26 2024</p> <p style="margin: 0; font-size: 0.8em;">Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged</p> </div>			
	NICKNAME	LAST BLAKEY	SUFFIX JR				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; PO BOX 1572	APT / SUITE #; BRENHAM, TX 77834	CITY; STATE; ZIP CODE				
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	STREET ADDRESS (NO PO BOX PLEASE); 4550 WILHELM LANE		CITY; BURTON, TX 77835		STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (979)	PHONE NUMBER 289-3599	EXTENSION				
9 REPORT TYPE	<input 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 checked="" 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 1	Day 26	Year 24	THROUGH	Month 2	Day 24	Year 24
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month 3	Day 5	Year 24	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) SHERIFF			
14 NOTICE FROM POLITICAL COMMITTEE(S)	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					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

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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)	\$ 100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,602.33
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 195.50
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,671.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,383.07
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

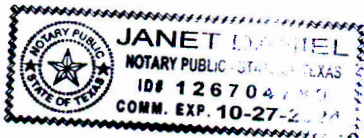
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by David A Blakey Jr. this the 26 day of February 2024, to certify which, witness my hand and seal of office.

[Signature] Janet Daniel Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(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	\$ 3,400.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 102.33
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,475.80
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 DAVID A. BLAKEY, JR.		3 Filer ID (Ethics Commission Filers)
4 Date 01/26/2024	5 Full name of contributor out-of-state PAC (ID# _____) GEORGE DILLINGHAM 6 Contributor address; City; State; Zip Code PO BOX 2269, BRENHAM, TX 77834	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/01/2024	Full name of contributor out-of-state PAC (ID# _____) AL PATEL Contributor address; City; State; Zip Code 2685 SCHULTE BLVD, BRENHAM, TX 77833	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2024	Full name of contributor out-of-state PAC (ID# _____) C. DEMPSEY AVERITT Contributor address; City; State; Zip Code PO BOX 502, BRENHAM, TX 77834	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2024	Full name of contributor out-of-state PAC (ID# _____) CATHERINE KRUEGER Contributor address; City; State; Zip Code PO BOX 475, SOMERVILLE, TX 77879	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: 3
2 FILER NAME DAVID A. BLAKEY, JR.		3 Filer ID (Ethics Commission Filers)
4 Date 02/06/2024	5 Full name of contributor out-of-state PAC (ID# _____) MARY SKLAR 6 Contributor address; City; State; Zip Code 1225 HORIZON LANE, BRENHAM, TX 77833	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/06/2024	Full name of contributor out-of-state PAC (ID# _____) JANICE STEINFELD Contributor address; City; State; Zip Code 1215 HORIZON LANE, BRENHAM, TX 77833	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/06/2024	Full name of contributor out-of-state PAC (ID# _____) RAY STEINFELD Contributor address; City; State; Zip Code 1215 HORIZON LANE, BRENHAM, TX 77833	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/07/2024	Full name of contributor out-of-state PAC (ID# _____) JANICE MAY Contributor address; City; State; Zip Code PO BOX 37, BRENHAM, TX 77834	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: 3
2 FILER NAME DAVID A. BLAKEY, JR.		3 Filer ID (Ethics Commission Filers)
4 Date 02/12/2024	5 Full name of contributor out-of-state PAC (ID# _____) MICHAEL & SANDRA SCHAEFER 6 Contributor address; City; State; Zip Code 3743 CHACO CANYON, COLLEGE STATION, TX 77845	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 02/19/2024	Full name of contributor out-of-state PAC (ID# _____) DOUGLAS BORCHARDT Contributor address; City; State; Zip Code 2010 CARRIAGE LANE, BRENHAM, TX 77834	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/21/2024	Full name of contributor out-of-state PAC (ID# _____) GEORGE & SUSAN DOMOLKY Contributor address; City; State; Zip Code 9905 MAYFAIR LANE, BRENHAM, TX 77833	Amount of contribution (\$) 2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 02/01/2024	Full name of contributor out-of-state PAC (ID# _____) CHARLES & PAT KELM Contributor address; City; State; Zip Code 2900 TRIANGLE Z ESTATES, BRENHAM, TX 77833	Amount of contribution (\$) 200.00
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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1	
2 FILER NAME DAVID A. BLAKEY, JR.		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 102.33	
5 Date 02/22/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAITLYN BLAKEY-STAAAL 7 Contributor address; City; State; Zip Code 6370 REHBURG RD, BURTON, TX 77835	8 Amount of Contribution \$ 102.33	9 In-kind contribution description FACEBOOK ADVERTISING
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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: 2	2 FILER NAME DAVID A. BLAKEY, JR.	3 Filer ID (Ethics Commission Filers)
4 Date 01/26/2024	5 Payee name YOU NAME IT CREATIONS	
6 Amount (\$) 790.23	7 Payee address; City; State; Zip Code 1206 L.J. STREET Brenham TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CAMPAIGN YARD SIGNS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/01/2024	Payee name YOU NAME IT CREATIONS	
Amount (\$) 2,543.88	Payee address; City; State; Zip Code 1206 L.J. STREET Brenham TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAMPAIGN SIGNS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 02/01/2024	Payee name KTTX/KWHI	
Amount (\$) 2,494.00	Payee address; City; State; Zip Code PO BOX 1280, BRENHAM, TX 77834	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description RADIO ADS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME DAVID A. BLAKEY, JR.	3 Filer ID (Ethics Commission Filers)
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4 Date 02/04/2024	5 Payee name DEBBIE YOUNGS
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6 Amount (\$) 350.00	7 Payee address; 902 GENEY STREET, BRENHAM, TX 77833	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD EXPENSE	(b) Description GRAZING TABLE AT MEET & GREET
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 02/17/2024	Payee name YOU NAME IT CREATIONS
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Amount (\$) 297.69	Payee address; 1206 LJ STREET	City; Brenham	State; TX	Zip Code 77833
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description CAMPAIGN SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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