CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Buide explains how	to complete this form.	1 Filer ID (Ethics Commission Filer	s) 2 Total pages file	ed:
3 CANDIDATE/	MS / MRS / MR	FIRST	MI R	OFFICE	USE ONLY
OFFICEHOLDER NAME	MR	chacl	Pations	2	OOL ONE.
NAME	NICKNAME	LAST Pafford	suffix S2	Date Received F	ILED A M
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX;		CITY; STATE; ZIP CODE	FEB	0 5 2024
MAILING ADDRESS				COUNTY CLERK UB	HAMBERS ERTY COUNTY, TEXAS
Change of Address				- 00-00-00	
6 CANDIDATE/ OFFICEHOLDER PHONE					or Date Postmarked Amount \$
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	MRS.	wendy	L WRight SUFFIX	Date Processed	-
	NICRIANIE	Paffor		Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		STATE;	ZIP CODE
TREASURER ADDRESS				9	
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE					
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day aff treasurer ap (Officeholde	
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Mont	h Day Year	
COVERED	01 /	101/2024	THROUGH O	/25/200	4
11 ELECTION	ELECTION DA		ELECTION TY	PE	
	Month Day	Year Primary	Runoff Other Description	n	9
	3/5/	aca4 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kno	own)	
			Liberty Count	u Pet 5 Con	Stable
14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNO CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXP			MMITTEES TO SUPPORT DER'S KNOWLEDGE OR		
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
2		COMMITTEE ADDRESS			
Additional Pages	GENERAL				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
	1				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Charle R.	Pabloo. Sr.	16 Filer ID (Ethics Com	nmission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 157).ºº	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,50	0.00	
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 6		
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,1	0090	
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	STDAY \$ 2,5T	00.00	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$	7	
	wear, or affirm, under penalty of perjury, that the accompanying report is tru	and correct and include	des all information	
rec	quired to be reported by me under Title 15, Election Code.			
)		
	Church G		hea sure	
	Signature of Ca	ndidate or Officeholder	- 3.3	
	Please complete either option below	r.		
Please complete either option below:				
(1) Affidavit				
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.				
	which, with each my hard and accurate office.			
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer a	administering oath	
	OR			
(2) Unsworn Declaration	on			
My name is	, and my date of birth is			
Later State of				
		state) (zip code)	(country)	
Executed in	County, State of, on the day of	. 20	· Commence of	
	(month	(year)		
	Signature of Candi	late/Officeholder (Declar	rant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID	(Ethics Commission Filers)	
	Charle R. Pafford, Sr.		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,50000	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 150.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	vs \$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	TIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,100,88	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	Land V	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIO	ns \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER	RNED \$	

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:
2 FILER NAME	uco R. Paffind, St.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:	7 Amount of contribution (\$)
1/2 - 1	Michael Leeds	
1/2024		Zip Code 2, 500,00
		•
9 Deinsinglass	antico / lob fills (Con losts of con)	
8 Principal occu	pation / Job title (See Instructions) 9 Emp	ployer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
		Another contribution (p)
	Contributes addresses City Charles	•
	Contributor address; City; State;	Zip Code
Principal occup	ation / Job title (See Instructions) Emp	ployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	
Date	Total Harrie of Contained of	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code
14		
Principal occup	ation / Job title (See Instructions) Emp	ployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code
Principal occur	ation / Job title (See Instructions) Emp	ployer (See Instructions)
opai ocoup	Em	S. J. Coo Houdeling

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:	
2 FILER NAM	Grad R. Pattorce. 81		3 Filer ID (Ethics Commission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
10001	Full name of contributor out-of-state PAC (ID#	Zip Code	8 Amount of Contribution \$ In-kind contribution description \$ Solution Campaign Campaign Check if travel outside of Texas. Complete Schedule T. (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribut	or'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)		28020	
Date	Full name of contributor	Zip Code	Amount of 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)			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solories/Mesos/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Polit Credit Card Payment	ical Committee Legal Services Salaries The Instruction Guide explains how to		nter a category not listed above)	
1 Total pages Schedule G:	Chara Reporting SR	3 Filer	ID (Ethics Commission Filers)	
4 Date	6 Payee name			
Yislady	2000 Promotions			
Amount (\$) 1507.54 Reimbursement from political contributions intended	7 Payee address; 803 E. Houston Still	city; ClevelaneQ	State; Zip Code	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Advertising	Signus, Koozies,		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeh		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
4505/51/	The stood Stuff			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended	23226 Toxas 321 Sted.	Cleveland	TF 77327	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Advertising	Magnetic Sisns		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office expenditure to benefit C/OH		Office sought	Office held	
Date	Payee name			
1/13/2024	Shade Tree			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended	13468 FM 787 W	Cleve lance -	Tx 77327	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE	Event Expense verage	Poreakfast Neet + Greet		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeh	nolder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL CODIES OF THE	SOURDING AS MEEDES		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Travel In District Consulting Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Chacl K 2012 4 Date 5 Payee name 1/20/2024 Tres the Moment 7 Payee address; 6 Amount (\$) City: State: Zip Code Hwy 321 Dayton (b) Description 8 (a) Category (See Categories listed at the top of this schedule) PURPOSE 14- Campain Shirts OF Advantising EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Amount (\$) State: Zip Code City; Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED