FORM C/OH **CANDIDATE / OFFICEHOLDER COVER SHEET PG 1** CAMPAIGN FINANCE REPORT Filer ID HOLEVATHOMASO: COUNTY CLERK The C/OH Instruction Guide explains how to complete this form. JASPER COUNTY, TEXAS FIRST CANDIDATE / MS/MRS/MR МІ **OFFICEHOLDER** Charles NAME **NICKNAME** LAST SUFFIX Havard Date Hand-delivered or Date Postmarked CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE **OFFICEHOLDER** MAILING Amount Receipt # **ADDRESS** Change of Address Buna, TX 77612 **Date Processed** Date Imaged FIRST Μĭ MS/MRS/MR CAMPAIGN **TREASURER** V. NAME Howard Mr. LAST SUFFIX NICKNAME Moss STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN CITY; **TREASURER** TX 77612 Buna **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 382-3894 (409)REPORT **TYPE** 15th day after campaign treasurer January 15 30th day before election Runoff appointment (officeholder only) Final Report (Attach C/OH-FR) Exceeded modified July 15 8th day before election reporting limit Month PERIOD Day Year Day Year COVERED 02/25/2024 THROUGH 06/30/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other Special **□**General 11 OFFICE OFFICE HELD (if any) 12 OFFICE SOUGHT (if known)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

GO TO PAGE 2

Version V4.1.0.d378aba0

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 16

				20110
13 C / OH NAME	Havard , Charles		14 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	the candidate's or officel	holder's knowledge or
Additional Pages	COMMITTEE TYPE		<u> </u>	
	GENERAL			
	D encourse			
	SPECIFIC			-
•		COMMITTEE CAMPAIGN TREASURER NAME		
	{	COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		IZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	S)	\$ 7,600.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES	-	\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 15,888.57
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 2,991.19
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
	LISA SARGEN Notary Public, State Comm. Expires 06-0 Notary ID 13379	04-2026 632-9	all information required to	be reported by me
VELIA NO	TARY STAMP / SEAL ABO	·	Julianate of Chicofolic	
		- .	~ 0.	u_
Sworn to and subso		aid Chuck Hayard ertify which, witness my hand and seal of office.	, this the 2 &-	dayday
y'sala		lisa Sarana	Notae	~y
Signature of office	er administering	Printed name of officer administering		administering oath
- 111	Ell.'s Gamental and	ususu athias atata tu us		Jarcian V/4 1 0 d279aba0

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

SOBIOTALO SIGIT		COVER SHE	ET PG 3 3 of 16
18 FILER NAME Havard , Charles	19 Filer ID	,	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAI	_ AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	7,600.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	· · · · · ·	\$:
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	· .
4. SCHEDULE E: LOANS	· · · · · · · · · · · · · · · · · · ·	\$	
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	15,888.57
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	· · · · · · · · · · · · · · · · · · ·	\$	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBU	UTIONS	\$	· .
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	·
10. SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINES	SS OF C/OH	\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBL	JTIONS	\$	
12. X SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED	\$	702.00
			•
, , , , , , , , , , , , , , , , , , ,			
	V.		
			, •

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 4/16 2 FILER NAME Filer ID Havard, Charles Date Full name of contributor Amount of Contribution (\$) X out-of-state PAC (ID#: C00002089 03/13/2024 CWA-COPE PCC \$1,000.00 Contributor address; City; State; Zip Code Washington, DC 20001 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: Giglio, Charles (Mr.) 04/12/2024 \$2,000.00 Contributor address; City; State; Zip Code Beaumont, TX 77707 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 02/25/2024 Neild, Taylor (Mr.) \$1,000.00 Contributor address; City; State; Zip Code Beaummont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 04/02/2024 Reaud, Wayne (Mr.) \$1,100.00 Contributor address; City; State; Zip Code Beaumont, TX 77720 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$2,500.00 04/24/2024 Whitlow, Ken (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) **Employer (See Instructions)**

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	I Committee 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 FILER NAME 3 Filer ID	
	Sch: 1/11 Rpt: 5/16	Havard , Charles	
4	Date	5 Payee name	
	03/11/2024	Barfield, Michael (Mr.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00		
-	,	Lumberton, TX 77657	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas, Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Wages for campaign sign clean-up and storage,	
		post-election.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OF		-
-	Date	Power name	
	03/04/2024	Payee name Barfield, Michael (Mr.)	
H		Payee address; City; State; Zip Code	
	Amount (\$) \$2,585.00	. ayou address, Oily, State, 2th Code	
	Ψ2,500.00		
		Lumberton TV 77657	
L	DI IDDOOF	Lumberton, TX 77657	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salarias/Mages/Contract Labor Check if travel outside of Texas, Complete Schedule T.	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Wages for campaign work, polls, administrative.	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
Г	Date	Payee name	
	03/04/2024	Barfield, Michael (Mr.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$91.00		
		Lumberton, TX 77657	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Reimbursement for printing costs for campaign	
		letters.	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
\vdash			
L			

SCHEDULE F1

							, ,
•	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	Event Expense Fees Food/Beverage Exp Gilf/Awards/Memon I Committee Legal Services	ense F als Expense F	oan Repaymen Office Overhead Polling Expense Printing Expense Salaries/Wages/	nt/Reimbursement d/Rental Expense e Contract Labor	Solicitation/Fundraising Expen Transportation Equipment & R Travel in District Travel Out of District OTHER (enter a category not l	elated Expense
1	Total pages Schedule F1: Sch: 2/11 Rpt: 6/16	2 FILER NAME Havard , Charles			3	Filer ID	
4	Date 06/27/2024	5 Payee name Barfield, Michael (Mr.)	,			· · · · · · · · · · · · · · · · · · ·	
6	Amount (\$) \$200.00	7 Payee address; City; Lumberton, TX 77657	State;	Zip Code		· · · · · · · · · · · · · · · · · · ·	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Salaries/Wages/Contract		·	Check if Austin, T	side of Texas. Complete Schedul K, officeholder living expense paign administrative w	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Off	ice sought		Office held	
	Date 06/28/2024	Payee name Barfield, Michael (Mr.)	3 11.				
	Amount (\$) \$250.00	Payee address; City; Lumberton, TX 77657	State;	Zip Code			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed Salaries/Wages/Contract	•			side of Texas. Complete Schedul K, officeholder living expense JS.	еТ.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Off	ice sought		Office held	
	Date 03/04/2024	Payee name Bertrand, Nicona					
	Amount (\$) \$150.00	Payee address; City; Unknown	Stațe;	Zip Code			
		Unknown, TX 00000	٠	·		,	
	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed Salaries/Wages/Contract			<u>. </u>	side of Texas. Complete Schedul X, officeholder living expense WO rker.	е Т.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name I	Off	ice sought		Office held	e
		•			_ e		

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees
Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Leg	t/Awards/Memorials gal Services ne Instruction Gu			/ages	/Contract Labor	Travel Out of I OTHER (enter	District ' or a category not listed above)	J
1	Total pages Schedule F1:	2	FILER NAME						3 Filer ID		
	Sch: 3/11 Rpt: 7/16		Havard , Charl	les							
4	Date	5	Payee name								
	06/07/2024		Brewster, Jere	emy							
6	Amount (\$) \$250.00	7	Payee address;	City;	State;	Zip Co	de		···		
	ΦΖ30,00	'									
			Kirbyville, TX	75956							
8	PURPOSE		Category (See C			edule)	(b)	Description		,	
	OF EXPENDITURE		Contributions/I							omplete Schedule T.	
			Candidate/Offi	iceholder/Poli	tical Comm	ittee			, TX, officeholder livi		
				3				Donation to	meuicai expe	nse fundraiser.	
9	Complete ONLY if direct	Щ	Candidate/Officeh	holder name		Office sou	aht	•	Office	hold ,	
	expenditure to benefit C/O		aluidate/Onice	IOIGEI HAITE		Jilice acu	yn.	1 T	Onice	Tielu ·	
	Date		Payee name								
	03/04/2024		Brown, Ashley	<i>'</i>							
	Amount (\$)		Payee address;	City;	State;	Zip Co	de	· -			
	\$180.00		Unknown								
_			Unknown, TX	00000				_	_		
	PURPOSE OF		Category (See C			edule)	(b)	Description	Tayon Co	the other days to	
	EXPENDITURE		Salaries/Wage	es/Contract La	abor			_	outside of Texas, Co , TX, officeholder livi	omplete Schedule T. Ing expense	
								Wages for po			
	Complete ONLY if direct		Candidate/Office	nolder name	C	Office sou	ght		Office	held	
	expenditure to benefit C/OF	Н									
	Date		Payee name								
	03/04/2024		Cotrozzi, Anth	ony							
	Amount (\$)	\Box	Payee address;	City;	State;	Zip Co	de				
	\$225.00		Unknown								
		l									
			Unknown, TX	00000							
	PURPOSE	(a)	Category (See C	Categories listed at th	ne top of this sch	edule)	(b)	Description -			_
	OF EXPENDITURE		Salaries/Wage	es/Contract La	abor					omplete Schedule T.	
		ļ							TX, officeholder livi	ing expense	
		l						Wages for po	ii worker.		
_	Complete ONLY if direct	ᆫ	Candidate/Officeh	holder name		Office sou	aht		Office	hold	-
	expenditure to benefit C/OI		anuluale/Officer	loluel riame		Jilice Sou	gnı		Office	neiu /	
H											

SCHEDULE F1

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 The Instruction Guide explai	Office Overhea Polling Expens Printing Expens Salaries/Wages	se s/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Ex Travel in District Travel Out of District OTHER (enter a category not listed abo	ortation Equipment & Related Expense n District Dut of District	
1	Total pages Schedule F1:	2 FILER NAM	E .			3 Filer ID		
ı	Sch: 4/11 Rpt: 8/16	Havard , C	harles			4		
4	Date	5 Payee name)					
1	02/26/2024	Crossroad	s Jiffy Market		, .			
6	Amount (\$) \$60.51	7 Payee addre		ate; Zip Code				
8	PURPOSE OF EXPENDITURE		See Categories listed at the top of this tion Equipment And Rela	,	Ц	utside of Texas. Complete Schedule T. TX, officeholder living expense aign vehicle.		
\				1				
9	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sought		Office held		
F	Date	Payee name		 -	***			
l	02/29/2024	Crossroad	s Jiffy Market					
	Amount (\$) \$57.52	Payee addre		ate; Zip Code				
	PURPOSE OF EXPENDITURE		See Categories listed at the top of this ation Equipment And Rela			utside of Texas. Complete Schedule T. TX, officeholder living expense aign vehicle.		
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office sought	1	Office held		
Г	Date	Payee name	 					
	04/05/2024	DDM Mark	eting Consulting LLC	**	1			
	Amount (\$) \$5,000.00	Payee addre	ess; City; Sta	ate; Zip Code			,	
	PURPOSE OF EXPENDITURE	(a) Category (a) Advertising	See Categories listed at the top of this g Expense	s schedule) (b)	Check if Austin,	utside of Texas. Complete Schedule T. TX, officeholder living expense and web ads for campaign.		
	Complete ONLY if direct expenditure to benefit C/O		ficeholder name	Office sought		Office held		
	•						ı	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Rélated Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services	Gift/Awards/Memorials Expense Printing Expense				• • • • • • • • • • • • • • • • • • • •			
1	Total pages Schedule F1:	2 FILER NAM	1E					3 F	iler ID	
	Sch: 5/11 Rpt: 9/16	Havard , C	Charles							
4	Date	5 Payee nam	e							
	02/29/2024	Faustos								
6	Amount (\$)	7 Payee addi	ess; City;	State;	Zip Cod	e				
	\$71.58									
		Buna, TX	77612							
8	PURPOSE		See Categories listed at the top		ule) (b) Desc	cription		-	
	OF EXPENDITURE		ation Equipment And	Related	- 1				of Texas, Complete Si iceholder living expen	
		Expense				_	for camp			se
								J 5		
9	Complete ONLY if direct	Candidate/O	fficeholder name	Offi	ice soug	ht			Office held	
	expenditure to benefit C/OI	Н			_					
	Date	Payee nam	e							
	03/04/2024	Get N Go	Market							
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	e				
	\$40.00									
		Evadale, 7	TX 77615							
	PURPOSE	(a) Category	See Categories listed at the top	of this schedu	ule) (b) Desc	cription			
	OF EXPENDITURE		ation Equipment And	Related					of Texas. Complete S	
		Expense				_	neck if Austin I for camp		iceholder living expen: vehicle	se
						1 40	i ioi oaiii	paigii	701110101	
	Complete ONLY if direct	Candidate/O	fficeholder name	Offi	ice soug	ht			Office held	
	expenditure to benefit C/OI	Н			_					
	Date	Payee nam	e			·				
	03/04/2024	Green, An	gel							
	Amount (\$)	Payee addr	ess; City;	State;	Zip Cod	e				
	\$180.00	Unknown								
		Unknown,	TX 00000							
	PURPOSE	(a) Category	See Categories listed at the top	of this schedu	ıle) (b) Desc	cription			
	OF EXPENDITURE	Salaries/V	/ages/Contract Labor						of Texas. Complete S	
							neck if Ausun ges for po		iceholder living expen: 'ker.	se
							,_c.s. po			
_	Complete ONLY if direct		fficeholder name	Offi	ice soug	ht			Office held	
	expenditure to benefit C/OI	Н			_					
										-

SCHEDULE F1

Advertising Expense

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee 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: Sch: 6/11 Rpt: 10/16	2 FILER NAME Havard , Charles 3 Filer ID
4 Date	5 Payee name
06/11/2024	Henderson , Mason
6 Amount (\$) \$150.00	7 Payee address; City; State; Zip Code Evadale, TX 77615
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Medical expenses.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date	Payee name
03/05/2024	KJAS
Amount (\$)	Payee address; City; State; Zip Code
\$2,275.00	
	Jasper, TX 75951
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Radio ads for campaign.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 03/05/2024	Payee name KJAS
Amount (\$) \$1,300.00	Payee address; City; State; Zip Code Jasper, TX 75951
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Radio ads for campaign.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
• •	

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 7/11 Rpt: 11/16	Havard , Charles	
4	Date	5 Payee name	
	03/21/2024	KJAS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00		
		Jasper, TX 75951	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Website ads for campaign.	
		website aus for campaign.	
_	Olate ONII V if disease	Office possible Office held	_
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	
	·		_
	Date	Payee name	
	03/07/2024	Kirbyville Citgo	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$64.80		
	-		
		Kirbyville, TX 75956	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
ŀ	OF EXPENDITURE	Transportation Equipment And Related	
	LAFENDITORE	Expense Check if Austin, TX, officeholder living expense	
		Fuel for campaign vehicle.	
L			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L			_
	Date	Payee name	
	06/01/2024	Lynch, Crystal (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00		
		Nederland, TX 77627	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Contributions/Donations Made By	
	an anditona	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		Donation for charity raffle.	
\vdash	Complete ONLY If direct	Condidate/Officeholder name Office county Office hold	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
\vdash			

SCHEDULE F1

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Solicitation/Fundraising Expense Advertising Expense Accounting/Banking Event Expense Transportation Equipment & Related Expense Travel in District Consulting Expense
Contributions/ Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense
Salaries/Wages/Contract Labor Travel Out of District Legal Services OTHER (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 8/11 Rpt: 12/16 Havard, Charles 4 Date Payee name 03/05/2024 Modica Brothers Tire Center City; State; Zip Code 6 Amount (\$) Payee address; \$904.73 Jasper, TX 75951 8 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Transportation Equipment And Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Campaign vehicle repairs and maintenance. Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH Date Payee name 02/28/2024 **OCBM** State; Zip Code Amount (\$) Payee address; City; \$38.91 Buna, TX 77612 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense T-posts for campaign signs. Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 03/07/2024 **OCBM** Amount (\$) Payee address; City; State; Zip Code \$48.70 Buna, TX 77612 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense T-post puller for removal of campaign signs, postelection. Office sought Office held Complete ONLY if direct Candidate/Officeholder name expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		y - al Con	mmittee	Food/Beverage Expensi Gift/Awards/Memorials I Legal Services The Instruction Gu	Expense	Printing Salarie:	-	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above	e) ·
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	
l	Sch: 9/11 Rpt: 13/16		Havard , Ch	narles							
4	Date	5	Payee name								
1	06/07/2024		Powell, She	elly							
6	Amount (\$) \$250.00	7	Payee addre		State;	Zip (Code				
8	PURPOSE OF EXPENDITURE	(a)	Contribution	ee Categories listed at th ns/Donations Ma Officeholder/Polit	de By		(b)	Check if Austin	ı, TX,	de of Texas. Complete Schedule T. officeholder living expense cal expenses.	
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offi	ceholder name	C	Office so	ought			Office held	
Г	Date		Payee name								
	03/04/2024		Shell								
Г	Amount (\$)		Payee addre	ss; City;	State;	Zip (Code				
	\$65.00		Buna, TX 7	7612						•	
	PURPOSE OF EXPENDITURE	(a)		ee Categories listed at th ion Equipment A			(b)	=	ı, TX,	de of Texas. Complete Schedule T. officeholder living expense gn vehicle.	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office so	ought			Office held	
	Date		Payee name			1					
	02/26/2024		Smitty's Sm	okehouse							
	Amount (\$) \$58.48		Payee addre	ss; City;	State;	Zip (Code				,
L			Jasper, TX	75951							
	PURPOSE OF EXPENDITURE	(a)	•	ee Categories listed at th age Expense	e top of this sch	edule)	(b)	Check if Austin	1, TX,	de of Texas. Complete Schedule T. officeholder living expense aign workers at polls.	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	ceholder name	C	Office so	ought			Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Consulting Expense
Contributions/ Donations Made By Travel in District Travel Out of District Candidate/Officeholder/Political Committee Legal Services 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 FILER NAME 3 Filer ID Sch: 10/11 Rpt: 14/16 Havard, Charles Date Payee name 03/06/2024 Sunoco Payee address; City; State; Zip Code 6 Amount (\$) \$64.50 Mauriceville, TX 77632 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule) OF 1 Check if travel outside of Texas. Complete Schedule T. Transportation Equipment And Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fuel for campaign vehicle. Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 06/27/2024 Tri-Community V.F.D. Amount (\$) Payee address; City; State; Zip Code \$100.00 Kirbyville, TX 75956 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense Charitable donation Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/04/2024 Vasquez, Rosemary Amount (\$) Payee address; State: Zip Code \$180.00 Unknown Unknown, TX 00000 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Salaries/Wages/Contract Labor **EXPENDITURE** Check if Austin, TX, officeholder living expense Wages for poll worker. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Co	mmittee	Legal Service The Instru		Salaries explains how to o	-	s/Contract Labor ete this form.	OTHER (ente	er a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME	:					3 Filer ID	
	Sch: 11/11 Rpt: 15/16		Havard , Ch							
4	Date	5	Payee name							
	05/10/2024		Wal Mart							
6	Amount (\$)	7	Payee addre	ss; C	ity;	State; Zip (Code			
	\$242.35									
			Silsbee, TX	77656						
8	PURPOSE OF	(a)	Category (se		s listed at the top	of this schedule)	(b)	Description	autaida af T A	amplete Cahadula T
	EXPENDITURE		Event Expe	nse				_	outside of Texas. Co n, TX, officeholder liv	omplete Schedule T. vina expense
										nvolving campaign vehicle
								·		
9	Complete ONLY if direct		Candidate/Offi	ceholder	name	Office so	ought		Office	held
	expenditure to benefit C/OI	1								
	Date		Payee name	•						
	03/03/2024	L	Wal Mart							
	Amount (\$)		Payee addre	ss; C	ity;	State; Zip (Code			
	\$17.00									
			Silsbee, TX	77656						
	PURPOSE	(a)	Category (s	ee Categorie	s listed at the top	of this schedule)	(b)	Description		
	OF EXPENDITURE		Office Over	head/Re	ntal Expens	se			outside of Texas. C n, TX, officeholder liv	complete Schedule T.
									pes for campa	
								J		•
\vdash	Complete ONLY if direct		Candidate/Offi	iceholder	name	Office so	 ought	·	Office	held
	expenditure to benefit C/O	Н								
┢	Date		Payee name		===:				=======================================	
	03/09/2024		Wal Mart							
Ė	Amount (\$)	H	Payee addre	ss; C	ity;	State; Zip (Code			
	\$288.49					•				
			Silsbee, TX	77656						
	PURPOSE	(a	Category (S	ee Categorie	es listed at the ton	of this schedule)	(b)	Description	<u>-</u>	
	OF EXPENDITURE		Event Expe			/		Check if travel		Complete Schedule T.
	LAFENDITORE							_	n, TX, officeholder liv	ving expense
								Candy for ev	eil.	
L	Complete ONII V if direct	L	Candidate/Off	icaholdar	namo	Office s	OLIOP+		Office	held
	Complete ONLY if direct expenditure to benefit C/O		Cariulual e /UII	ice ioluer	name	Onice S	Jugni		Onice	Hold
\vdash										
ı										

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 16/16 2 FILER NAME 3 Filer ID Havard, Charles 4 Date Name of person from whom amount is received 8 Amount (\$) 03/08/2024 Richardson, Steve (Mr.) \$702.00 6 Address of person from whom amount is received; City; State; Zip Code Unknown Unknown, TX 00000 Purpose for which amount is received Check if political contribution returned to filer Indiv. purchase of campaign sign T-posts that were bought with campaign donations.