CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	The C/OH Instruction G	uide explains how t	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 6		
3	CANDIDATE / OFFICEHOLDER	MS / MRS / MR Mr.	Jeffrey	MI K	OFFICE USE ONLY		
	NAME	NICKNAME Jeff	Neal	SUFFIX CITY: STATE: ZIP CODE	Date Received 2025 JAN 2025 JAN		
	CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #: Tex	N-6 PM			
5	CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$		
6	CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	Jeffrey	мі К	Date Processed		
	NAIVIL	Jeff	Neal	SUFFIX	Date Imaged		
	CAMPAIGN TREASURER ADDRESS Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY; STATE; ZIP CODE Texarkana, Texas 75501					
	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
9	REPORT TYPE	January 15 July 15	30th day before	Exceeded Medified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10	PERIOD COVERED	Month 7	Day Year / 1 / 24	THROUGH 12	Day Year / 31 / 24		
11	ELECTION	Month Day	Year Primary General	Description			
12	OFFICE	Sheriff		13 OFFICE SOUGHT (if known	n)		
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 ADDRESS					
	Additional Pages	GENERAL SPECIFIC	COMMITTEE CAMPAIGN TR				
	GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer	ID (Ethics	Commission Filers)			
17 CONTRIBUTION TOTALS							
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	650.00			
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE						
	4. TOTAL POLITICAL EXPENDITURES		\$ 2	2,817.67			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	\$ 16	5,006.31			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	FTHE	\$	0.00			
18 SIGNATURE s	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and cor	rrect and in	cludes all information			
The state of the s	quired to be reported by me under Title 15, Election Code.						
	Signature of Ca	andidate (or Officebo	Ider			
	Signature of Ga	indidate t	or officerior	ide!			
	Disease complete either ention below	.,.					
	Please complete either option below	v.					
(1) Affidavit							
NOTARY STAMP/SEA	L						
Swall to and Sabbalber select me sy							
20, to certify which, witness my hand and seal of office.							
Signature of officer administe	ering oath Printed name of officer administering oath		Title of office	cer administering oath			
OR							
(2) Unsworn Declaration							
leffrey K	Neal						
My name is Jeffrey K	Neal, and my date of birth is, Texarkana T	exas 7	75501	United States			
My address is	(30,000)		(zip code)	(country)			
Executed in Bowie	County State of Texas on the 5th day of Janu	ary	_, 20 25				
	Mus	K Nea	(year	,			
	Sonature of Cand	idate/Offic	eholder (De	eclarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics Cor			on Filers)	
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	650.00		
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 CON	\$	2,817.67		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COM	TRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$		

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 d	complete this	form.	1 Total pages Schedule A1:		
Jeffrey K N	leal			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Nathaniel Moran Campaign			7 Amount of contribution (\$)		
09/24/20	6 Contributor address; City; State; Zip Code 1590 Holcomb Circle Tyler, Texas 75703			500.00		
8 Principal occup	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)		
Date	Full name of contributor John Hawkins	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
10/18/20				150.00		
	Contributor address;	(50)	The second secon	100.00		
	5605 Stoneridge Tex	ai Kai ia,	16xa5 / 5501			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
	Contributor address;		State; Zip Code			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)		
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)		
	Contributor address;	City;	State; Zip Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
	ATTACH ADDITION If contributor is out-of-state PAC, pl	NAL COPIES lease see Instr	OF THIS SCHEDULE AS N ruction guide for additional	IEEDED 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

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 c	omplete this form.	200 January 1 - Constant of the Constant of th	***************************************			
1 Total pages Schedule F1:	2 FILER NAME Jeffrey K. Neal		3 Filer ID (Ethics	Commission Filers)			
4 Date 07/11/2024	5 Payee name Lakeside Ministorage						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
1,440.00	8522 S Lake Dr, Texarkana, Texas 7	5501					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Other	Storage Locker for Signs					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
08/22/2024	08/22/2024 James Bowie Athletic and Band Boosters						
Amount (\$)	Payee address;	City;	State;	Zip Code			
65.00 7497 US Highway 67 West Simms, Texas 75574							
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Advertising Expense	Ad					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, off						
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
10/04/2024	Lakeside Ministorage						
Amount (\$)	Payee address;	City;	State;	Zip Code			
1,050.00 8522 S Lake Dr, Texarkana, Texas 75501							
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Other	Second Stora	ge Locker for	Signs			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED				

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

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.							
1 Total pages Schedule F1: 2	2 FILER NAME Jeffrey K Neal		3 Filer ID (Ethics	Commission Filers)			
4 Date 11/03/2024	5 Payee name Bowie County Citizens Tribune						
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code			
200.00	139 E N Front Street New Boston, Texas 75570						
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Advertising Expense	Ad					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
12/13/2024	Sam's Club						
Amount (\$)	Payee address;	City;	State;	Zip Code			
62.67 3610 St Michael Dr, Texarkana, TX 75503							
	Category (See Categories listed at the top of this schedule)	Description					
PURPOSE OF EXPENDITURE	Food/Beverage Expense	od/Beverage Expense Drinks for swearing in lunch					
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
Amount (\$)	Payee address;	City;	State;	Zip Code			
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 ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							