		CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction (	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	Johnnu	. MI	OFFICE USE ONLY
IVAWIL	NICKNAME	Carter	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO Box	- · .	CITY: STATE; ZIP CODE  AMPROXIK, TX 79079	En Fok n
Change of Address				/ H 6
5 CANDIDATE/ OFFICEHOLDER PHONE	(806)	216.0193	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$
TREASURER NAME	mrs.	Rhonda	Λ,	Date Processed
147 44712	NICKNAME	LAST	SUFFIX	Date Imaged
	1	Scott		Date imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S		STATE; ZIP CODE
TREASURER ADDRESS	19 W	.OKIahoma f	ave wheeler,	TX 79096
(Residence or Business)				
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(000) 5	548 <i>- 3</i> 374		•
9 REPORT TYPE	January 15	30th day before e	Runoff	15th day after campaign teasurer appointment (Officenoider Only)
	John 15	Etholia, bof is ele	exturn Exceeded Modified Reporting Limit	Final Report (Attach C/OH FR)
10 PERIOD COVERED	Mooth	(lav fear	Morth	Dey Year
COVENED	19	/ 6 / 2023	THROUGH 👌 📝	<a> √30004</a> <a> √</a>
11 ELECTION	ELECTION DA	ATE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	3/5/	General General	Special	
12 OFFICE	OFFICE HELD (if any)	00	13 OFFICE SOUGHT (if known	
	Sher	j++	sherit	<del></del>
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
00MM1122(0)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
	1	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	2	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER

## 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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$					
EXPENDITURE TOTALS	3. TOTAL UNITÉMIZED POLITICAL EXPENDITURE.	\$					
	4. TOTAL POLITICAL EXPENDITURES	\$ 14,941.36					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$					
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$					
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	e and correct and includes all information					
	emdo Sot	<del> </del>					
	Signature of Ca	ndidate or Officeholder					
	Please complete either option below	ŗ.					
· · · · · · · · · · · · · · · · · · ·							
(1) Affidavit							
NOTARY STAMP/SEAL	4-21	and day of February.					
Sworn to and subscribed to be to be subscribed.	before me by <u>KNOVIda OCCU</u> this the which, witness my hand and seal of office.						
haraceklo	man Margaret Dorman	Country Clerk					
Signature of officer administe		Title of officer administering oath					
OR							
(2) Unsworn Declaration	on						
My name is	, and my date of birth is						
My address is	(cib.)	state) (zip code) (country)					
Executed in	(street) (city) ( County, State of, on the day of (month						
	Signature of Candi	date/Officeholder (Doclarant)					

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co.	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
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 CO	NTRIBUTIONS	\$
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 FU	NDS	\$14941.36
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
AME	3 Filer ID (Ethics Commission Filers
5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
6 Contributor address; City; State; Tip Code	
occupation / Job title (See Instructions)  9 Employer (See Instr	ructions)
Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address, City: State; Zip Code	
ccupation / Job title (See Instructions) Employer (See Instr	uctions)
Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Contributor address; City; State; Zip Code	***
ccupation / Job title (See Instructions) Employer (See Instr	ructions)
Full name of contributor	Amount of contribution (\$)
Contributor address: City; State; Zip Code	
ccupation / Job title (See Instructions) Employer (See Instr	ructions)
	5 Full name of contributor

#### SCHEDULE G

		EXPEND	HORE CALE	GURIES	FUR BUX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Conflutions/Donations Made Candidate/Officeholder/Polit CreditCard Payment		Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services		Office Of Polling E Printing I		Transportation E Travel In Distric Travel Out Of D			
о вол саго научна п		The Instruction	on Guide explair	ns how to	complete this form.				
1 Total pages Schedule G:  O Date	2 FILER NA 5 Payee nar	John	my G	art	er	3 Filer ID (E	thics Commission Filers)		
12/10/23	Lone Wolf graphix								
6 Amount (\$)  , 6 O  Reimbursement from political contributions intended	7 Payee add			Jemp	his, TX 7	9 3 45 Sta	te; Zip Code		
8 PURPOSE OF EXPENDITURE	Adve	(See Categories liste  Check if travel outside of	Ex pen	se	sign of	ble side	<del></del>		
9 Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officehold		edule (.	Office sought	n, TX, officeholder liv	Office held		
Date	Payee nam	ne							
1918193	SLD	mult	imedia	À					
Amount (\$)    SO    Reimbursement from political contributions intended	Payee add	Iress;	ahoma		. wheeler	C, TX 7	e; Zip Code 9096		
PURPOSE OF EXPENDITURE	Category FC VCV	(See Categories liste	ed at the top of this so $\sum X D \theta$	SC	Description Graphic des	sign f Ph	otography		
		heck if travel outside o	f Texas. Complete Sch	nedule T.	Check if Austi	n, TX, officeholder liv	ing expense		
Complete ONLY if direct expenditure to benefit C/0		ate / Officeholde	er namė		Office sought		Office held		
Date 13/13/3	Payee nam	_	UP						
Amount (\$) 454, 65 Reimbursement from political contributions intended	Payee add			ppac	city: K, TX 79	State; 1407	Zip Code		
PURPOSE OF EXPENDITURE	Actuer	(See Categories liste	Expens	re	Description Door Hance Check if Austin	CCS	ng expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ate / Officeholds	er name		Office sought		Office held		
	ATTA	CH ADDITION	AL COPIES OF	THIS S	CHEDULE AS NEED	)ED			

#### SCHEDULE G

		EXPE	NDITURE CA	ATEGORIE:	S FOR BOX 8(a	1)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad- Candidate/Officeholder/Poli Credit Card Payment		Legal Service	ge Expense ternorials Expens s	Office C Polling i e Printing Salaries	epayment/Reimbursen Nerhead/Rental Expe Expense Expense Wages/Contract Lab	ense oor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of District Other (enter a category)	oment & Related Expense
		···	Cuon Galde ex	tpiains now to	complete this for	rm.		
1 Total pages Schedule G:	2 FILER NA	Joh	004	acte	<u> </u>		3 Filer ID (Ethic	s Commission Filers)
4 Date	5 Payee nar	ne	<del>''''''</del>	<del>///                                    </del>	1		<del></del>	
12/14/23	Lone	WOLF	Grap	hix				
Armount (\$)  CSO.  Reimbursement from political contributions intended	7 Payee add	44	st.	mem f	ohis, TX		State; 1345	Zip Code
8 PURPOSE	(a) Category	(See Categories	listed at the top of	this schedule)	(b) Description	n		*-
OF EXPENDITURE	Adver	11 - 1. 1	3 EX	pense				Banner
	1 11		de of Texas. Comple	ete Schedule T.	·	if Austin, 1	X, officeholder living e	expense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeho	older name	•-	Office sought			Office held
Date	Рауее пап	ie						<u> </u>
12/18/23	Sla	te (	Group	>				
Amount (\$) 1,553.39 Reimbursement from political contributions intended	Payee add	•	st. i	_u bb0	ck, TX	; 79'	State;	Zip Code
DUBBOOK	Category	(See Calegories	listed at the top of	this schedule)	Description	n		
PURPOSE OF EXPENDITURE	<u>Adver</u>	tisin	19 EX	pose	Yard Si	igns	S	
		heck if travel outsic	de of Texas. Comple	te Schedule T.	Check i	if Austin, T	X, officeholder living e	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C		ite / Officeho	older name		Office sought			Office held
Date	Рауее лат	e						
19/284	Pens	. Con	$\cap$					
Amount (\$)  343.54  Reimbursement from political contributions intended	Payee add	ress;	Knou	NU	City;		State;	Zip Code
	Category	See Categories I	isted at the top of t	his schedule)	Description	1		
PURPOSE OF EXPENDITURE	Active	ertis	ing Ex	borse	<u> </u>		brinsley	<del></del> ·
			le of Texas. Complet	e ochequie I.		Austin, T.	X, officeholder living e	·
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeho	lder name		Office sought			Office held
	ATTA	CHADDITIO	NAL COPIES	S OF THIS S	CHEDULE AS N	NEEDE	)	

#### SCHEDULE G

	EXPENDITURE CATEG	SORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officaholder/Politi Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	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 G:	2 FILER NAME	rter	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payes name				
115/24	Slate Group		<u> </u>		
6 Amount (\$) 885.24 Reimbursement from political contributions intended	7 Payee address; (\$\infty\$ \text{\text{\text{W}}} \text{\text{S}}\tau\$. Lubb	oock, TX 794	State; Zip Code		
8 PURPOSE	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description	A.*		
OF EXPENDITURE	Actuartising Expense	EDDM-P	ostage		
	(c) Check if travel dutefide of Texas. Complete Sche		, TX, officeholder living expense		
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
115124	Slate Group				
Amount (\$)  Reimbursement from political contributions intended	16024 45th St. Lub	bbock, TX 79	State: Zip Code		
PURPOSE	Category (See Categories listed at the top of this sch	nedule) Description			
OF	Advertising Expens	e EDDM Posto	card-Janmailingservice		
EXPENDITURE	Check if trayel outside of Texas. Complete Sche		Check if Austin, TX, officeholder living expense		
<u>'</u>	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/C					
Date	Payee name				
1994	Slate Group				
Amount (\$)  O3.12  Reimbursement from political contributions intended	6094 45th St. Lubb	00CK, TX 79L	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	ore Rack car	. TX, officeholder living expense		
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 NEED	ED		

#### SCHEDULE G

		EXPENDIT	JRE CATEGOR	IES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	•	Event Expense Fees Food/Beverage Exper Gift/Awards/Memorial Legal Services The Instruction (	offic nse Polli is Expense Prin Sala	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense nies/Wages/Contract Labor w to complete this form.	Solicitation/Fundraisin Transportation Equipn Travel in District Travel Out Of District Other (enter a categor	nent & Related Expense			
1 Total pages Schedule G:	2 FILER NA	ME		cter	3 Filer ID (Ethics	Commission Fiters)			
4 Date	5 Pavee nar	5 Payee name							
1/11/24	SLD	multin	nedia						
6 Amount (\$) 10 5 Reimbursement from political contributions intended	7 Payee add		noma f	tre. wheele	State; r, TX 790	Zip Code 96			
8 PURPOSE	(a) Category	(See Categories listed at	the top of this schedule	i) (b) Description	/				
OF EXPENDITURE	Adve	rtising 8	Expense	graphic	design				
	(c)	Check if travel outside of Tex	as. Complete Schedule T	Check if Austi	in, TX, officeholder living ex	rpense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	ate / Officeholder r	name	Office sought		Office held			
Date	Payee nar	ne			•				
1/15/24	who	eeler T	imes						
Amount (\$) 150.00 Reimbursement from political contributions intended	Payee add	dress; DX 1080	wheele	r, TX 79091	State;	Zip Code			
DURDOCE	Category	(See Categories listed at	the top of this schedule	e) Description					
PURPOSE OF	Met 101	ع بمداحد	-,, 00056	Political	Δ nna: ca:				
EXPENDITURE	HONG	tising s	-xh/20		Announce				
	<u> </u>	Check if travel dutside of Tex	·		in, TX, officeholder living ex	·			
Complete <u>QNLY</u> if direct expenditure to benefit C/G		ate / Officeholder r	name	Office sought		Office held			
Date	Payee nar	ne							
117124	Leg	ends							
Amount (\$)	Payee add	dress;		City;	State;	Zip Code			
Reimbursement from political contributions intended		Main St	r. S	hamrock, T)	19079				
PURPOSE	Category	(See Categories listed at	the top of this schedule	) Description					
OF	Alvert	isinci Ex	DEASP	Radio Ad	4				
EXPENDITURE	CIVIT	Check if traveled tside of Tex	as Complete Schedule I		✓I	rpense			
<u> </u>	L		<u> </u>	Office sought		Office held			
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candio	ate / Officeholder r	iai i e	Onioc Jough					
	ATTA	CH ADDITIONAL	COPIES OF TH	S SCHEDULE AS NEE	DED				

#### SCHEDULE G

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	•	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	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 G:	2 FILER NAME	rter	3 Filer ID (Ethics Commission Filers)
4 Date 1118124	5 Payee name County Star Ne	us	-
6 Amount (\$)   OO	7 Payee address,  Main St. Sham	City:	State; Zip Code 9079
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch ACIVEY + SING EX DES (c) Check if travel outside of Texas. Complete Sche	e Annound	e ment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/19/94	Buc weather	<u> </u>	
Amount (\$)  3, 000  Relmbursement from political contributions intended	Payee address; Sham	prock, Tx Ty	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch  CONSULTING EX DENSE  Check if travel outside of Texas. Complete Sche	<u>consulti</u>	n. TX. officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name  OH	Office sought	Office held
Date	Payee name		
1126/24	wheeler Times		
Amount (\$)    \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) \( \) Reimbursement from political contributions intended	Payee address; P.O. Box 1080	wheeler, TX	State; Zip Code 79096
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Se Political  Check if Austin	. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	ED

#### SCHEDULE G

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memonals Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense ag Expense as/Wages/Contract Labor to complete this form.	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 G:	2 FILER NAME JOHNNY Car	ter	3 Filer ID (Ethics Commission Filers)					
1/31/34	5 Payee name O O Daddy · Com							
6 Amount (\$)  18 . CC  Reimbursement from political contributions intended	7 Payee address: V	City;	State; Zip Code					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF EXPENDITURE	PAVEVESING EXPENSE  (c) Check if travel outside of Texas. Complete Schedule T.	Wcbsite Check if Aust	in, TX, officeholder living expense					
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
Pate 1 36 34	Payee name County Star 1	Jews						
Amount (\$)' 50   Reimbursement from political contributions intended	Payee address; )  MCINST St	CIMINCK,	State; Zip Code Ty 79079					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule  A VOV HS I NG E X POSC  Check if travel outside of Texas. Complete Schedule	2 Politic	al Adv.					
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held					
Date	Payee name							
Amount (\$)	Payee address;	City;	State; Zip Code					
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedul	e) Description						
	Check if travel outside of Texas. Complete Schedule	T. Check if Au	stin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held					
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NE	EDED					