CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (The C/OH Instruction Guide explains how to complete this form			1 Filer ID (Ethics Commission Filers) 2 Total pages filed:			
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR MR	FIRST TIMOTHY		Mi L		EUSEONLY	
	NICKNAME			SUFFIX	Date Receivad		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO) 605 S Main		спу, sta hamrock T			CR NECO	
Change of Address				_	· · ·		
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)	PHONE NUMBER 663-2257	EXT	ENSION		ed or Date Postmarked	
6 CAMPAIGN TREASURER			, 	MI	Receipt #	Amount \$	
NAME		LAST	••••••	R SUFFIX	Date Processed		
		FERGUSON	N		Date Imaged	· · · · -	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE): APT / tate 40		amrock	STATE; TX	ZIP CODE 79079	
(Residence or Business)							
8 CAMPAIGN TREASURER PHONE	(512)	PHONE NUMBER 656-9331	EXT	ENSION			
9 REPORT TYPE	January 15	30th day before	election	Runoff		after campaign appointment fer Only)	
	July 15	8th day before e	lection	Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)	
10 PERIOD	Month	Day Year		Month	Day Yea	3r	
COVERED	9	19 23	THROUGH	1	25 24	ŀ	
11 ELECTION	ELECTION DA	TE Year Primary 24 Genera		ELECTION TYPE Other Description			
12 OFFICE	OFFICE HELD (If any)	/		ce sought (if known) eler County	/ Sheriff		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E of Political Contributions Cholder. <i>These Expendituri</i> And OfficeHolders are requ	ES MAY HAVE BEEN MA	DE WITHOUT THE CANDI	DATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME				
		COMMITTEE CAMPAIGN TR	REASURER ADDRES	S			
		GO TO	PAGE 2	<u>,</u>			

Forms provided by Texas Ethics Commission

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Revised 1/1/2024

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

16 C/OH NAME Timothy Lloyd Reeve	5 16 Fi	ker ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	300.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	13,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	242.11
	\$	11,821.14	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	978.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00
(1) Affidavit	Signature of Candidate	or Ofi	ficeholder
NOTARY STAMP/SEAL Sworn to and subscribed 2024, to certify to certify Signature of officer administer	before me by <u>Timothy Reeves</u> this the <u>54</u> which, witness my hand and seal of office. <u>Uncan</u> <u>Maxgaret Darman</u> ing oath Printed name of officer administering oath	_ day	of <u>February</u> , nty <u>Jerk</u> of officer administering oath
	OR		
(2) Unsworn Declaration My name is <u>[] MOT</u> My address is <u>[] MOT</u> Executed in <u>[] MCE</u>	hy Reeves, and my date of birth is S. Main St, Shamrock, TX (street) (city)(state)	<u>~ 3</u> /10 (zip ci (0.1

-Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME 20 Filer ID (Ethics Con Timothy Lloyd Reeves					
	HEDULE SUBTOTALS ME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	SCHEDULEA1: 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 CONTRIBUTIONS					
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 CONTRIBU	ITIONS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

Syd Reeves Full name of contributor Steve Zaiontz Contributor address: City: 709 South Madden Shamrock, tion / Job title (See Instructions)	State; Zip Code	 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) Amount of contribution (\$) 2,000.000
Full name of contributor out-of-state PAC Steve Zaiontz Contributor address: City: 709 South Madden Shamrock,	State; Zip Code TX 79079	7 Amount of contribution (\$) 2,000.00
Steve Zaiontz Contributor address: City: 709 South Madden Shamrock,	State; Zip Code TX 79079	2,000.00
Contributor address: City: 709 South Madden Shamrock,	State; Zip Code TX 79079	
tion / Job title (See Instructions)	9 Employer (See Instruct	· · · · · · · · · · · · · · · · · · ·
		ions)
Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
Bobby Edwards		
Contributor address; City;	State; Zip Code	2,500.00
104 South Oklahoma Shamrocl	k, TX 79079	,
ion / Job title (See Instructions)	Employer (See Instruct	ions)
Full name of contributor out-of-state PAC	(ID#)	Amount of contribution (\$)
Phillip & DeeDee Reeves		
-		500.00
ion / Job title (See Instructions)		ons)
	(ID#:)	Amount of contribution (\$)
		1,500.00
on / Job title (See Instructions)	Employer (See Instruct	ons)
ATTACH ADDITIONAL COPIES C	DF THIS SCHEDULE AS N	EEDED
	Bobby Edwards Contributor address; City; 404 South Oklahoma Shamroc on / Job title (See Instructions) Full name of contributor out-of-state PAC Phillip & DeeDee Reeves Contributor address; City; 1502 North Haylon Street Shamrock on / Job title (See Instructions) Full name of contributor out-of-state PAC 300 North Haylon Street Shamrock on / Job title (See Instructions) Full name of contributor Out-of-state PAC Barry Sanders Contributor address; City; P.O. Box 36 Shamrock on / Job title (See Instructions) Attach AdDitional Copies Completed Street S	Bobby Edwards Contributor address; City; State; Zip Code 404 South Oklahoma Shamrock, TX 79079 on / Job title (See Instructions) Employer (See Instruct Full name of contributor out-of-state PAC (ID#) Phillip & DeeDee Reeves Contributor address; City; State; Zip Code 502 North Haylon Street Shamrock TX 79079 on / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#) Full name of contributor out-of-state PAC (ID#) Sarry Sanders City; State; Zip Code P.O. Box 36 Shamrock TX 79079 Out-of-state PAC (ID#)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

loyd Reeves	3 Filer ID (Ethics Commission Filers)	
Full name of contributor out-of-state PAC (ID# Raymond & Phyllis Schlegel	, 7 Amount of contribution (\$)	
6 Contributor address; City; State; Zip Code 705 South Houston Street Shamrock, TX 79079	500.00	
upation / Job title (See Instructions) 9 Employer (See Instr	uctions)	
Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$)	
Contributor address; City; State; Zip Code P.O. Box 36 Shamrock TX 79079	1,500.00	
pation / Job title (See Instructions) Employer (See Instru	uctions)	
Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
Contributor address; City; State; Zip Code 404 South Oklahoma Shamrock, TX 79079	2,500.00	
Dation / Job title (See Instructions) Employer (See Instru	uctions)	
Full name of contributor	Amount of contribution (\$)	
Contributor address; City; State; Zip Code 1309 North Arizona Shamrock, TX 79079	200.00	
Deation / Job title (See Instructions) Employer (See Instru	L	
	5 Full name of contributor out-of-state PAC (ID#	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 3
2 FILER NAME Timothy L	loyd Reeves	3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID# Barry Sanders	
01/16/2024	© Contributor address; City; State; P.O. Box 36 Shamrock TX 7	Zip Code 1 500 00
8 Principal occu	pation / Job title (See Instructions) 9 Em	ployer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
	Contributor address; City; State;	
Principal occup	vation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code
Principal occup	ation / Job title (See Instructions) Emp	oloyer (See Instructions)
Date	Full name of contributor out-of-state PAC (10#) Amount of contribution (\$)
	Contributor address; City; State;	Zip Code
Principal occup	ation / Job title (See Instructions) Emp	loyer (See Instructions)
	ATTACH ADDITIONAL COPIES OF THIS If contributor is out-of-state PAC, please see Instruction gu	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

			•••••••		
. T	he Instruction Guide explains how to complete this for	n.	1 Total pages Scheduk	e A2: 1	
2 FILER NAM			3 Filer ID (Ethics Com	mission Filers)	
Timothy	Lloyd Reeves				
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 200.00		
5 Date	6 Full name of contributor out-of-state PAC (ID#:)	8 Amount of 1 Contribution \$ 1	9 In-kind contribution description	
	7 Contributor address; City; State;	•••••			
40				e of Texas. Complete Schedule T,	
10 Principal oc	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL	.)(See Instructions)	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	ntor's job title (FOR JUD	ICIAL)(See Instructions)	
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	ι of contributor's spouse	(if any) (FOR JUDICIAL)	
16 If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	<u>.</u>			
Date	Full name of contributor 🔲 out-of-state PAC (ID#		Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code			
O rthon to a base			1	of Texas. Complete Schedule T.	
Principal oo	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL	.)(See Instructions)	
Contributor	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDIC(AL)				
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instructi	HIS SCHEDU	JLEAS NEEDED additional reporting	requirements.	
	••	—			

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 CreditCard Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Optains how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Exp Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1: 12				<u> </u>	3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee na					
11/09/2023		nips.com				
6 Amount (\$)	7 Payee ad	<u> </u>		City;	State:	Zip Code
290.74	Online			-		
8	1	y (See Categories listed at the top of this	schedule)	(b) Description	· _ ·	· · · · ·
PURPOSE OF EXPENDITURE	Advertis	sing Expense	Campaign Adv	vertising Chip	DS	
	(C)	Check if travel outside of Texas Complete S	chedule T.	Check if Aust	n, TX, officeholder livin	g expense
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH				Office sought		Office held
Date	Payee na	me		· · · · · · · · · · · · · · · · · · ·		
11/09/2023	BUILD-/	4-SIGN				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
222.97	11525A \$	Stonehollow Dr. Suite	100	Austin	тх	78758
		(See Categories listed at the top of this se	chedule)	Description		
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Campaign Ya	rd Signs	
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austir	n, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ite / Officeholder name		Office sought		Office held
Date	Payee na	me			···· · ···	
11/11/2023	Sticker M	lule				
Amount (\$)	Payee add	tress;		City:	State;	Zip Code
97.20	Online					
	Category	(See Categories listed at the top of this so	:hedule)	Description		
PURPOSE OF EXPENDITURE	Advertisi	ng Expense		Campaign Stic	kers	
	(Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	ı, TX, officebolder living) expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

Forms provided by Texas Ethics Commission

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic CreditCard Payment	Fees Office (Food/Beverage Expense Polling ade By Git/Awards/Memorials Expense Printing folitical Committee Legal Services Salarie The Instruction Guide explains how t		Office Ove Polling Ex Printing E Salaries/M	ipense /ages/Contract Labor	Travel in District Travel Out Of Dist	ipment & Related Expense
1 Total pages Schedule F1					3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee na	me		···· ···		
11/11/2023	Sticker	Mule				
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
146.88	Online					
8	(a) Category	/ (See Categories listed at the top of this s	schedule)	(b) Description	····	
PURPOSE OF EXPENDITURE	Advertis	ing Expense		Campaign St	ickers	
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Aust	in, TX, officeholder livir	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held
Date	Payee nar	пе	· · · · ·	······································		
11/14/2023	Wheeler	County Republican P	Party			
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
750.00		NA				
	Category	(See Categories listed at the top of this sc	hedule)	Description		·····
PURPOSE OF EXPENDITURE	Fees			Campaign F	iling Fee	
	(Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
Date	Payee na	me			· · · · · · · · · · · · · · · · · · ·	******
11/14/2023	Wheeler	County Republican Pa	arty			
Amount (\$)	Payee add	lress;		City;	State;	Zip Code
10.00		NA				
	Category	(See Categories listed at the top of this scl	hedule)	Description		
PURPOSE OF EXPENDITURE	Fees			Cashiers Che	eck Fee	
	C	heck if travel outside of Texas. Complete Sch	iedule T.	Check if Austin	n, TX, officeholder living	, expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
, <u>_</u> _, <u>_</u> _, <u>_</u> , <u>_</u> , <u>_</u> _, <u>_</u> , <u>_</u> _, <u>_</u> , <u>_</u> _, <u>_</u> , <u>_</u> _, <u>_</u> , <u>_</u>	ATT	ACH ADDITIONAL COPIES (OF THIS S	CHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee CreditCard Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	es Office Overhead/Rental Expense od/Beverage Expense Polling Expense t/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not issted above)		
1 Total pages Schedule F1: 1).		AME Lloyd Reeves			3 Filer ID (Ethic	s Commission Filers)	
4 Date	6 Payee na	· · · · · · · · · · · · · · · ·					
11/17/2023	Magnet	s On The Cheap					
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code	
126.65	Stoneha	Illow Drive		Austin	ТХ	78757	
8	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertis	ing Expense	Campaign Ca	aign Car Magnets			
	(C)	(C) Check if fravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>QNLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name				Office sought		Office held	
Date	Payee na	ne				· · · · · · · · · · · · · · · · · · ·	
11/22/2023	National	Pen					
Amount (\$)	Payee ad	dress;		City;	State	Zip Code	
237.00							
	Category	(See Categories listed at the top of this sc	hedule)	Description			
PURPOSE OF EXPENDITURE	Advertis	ing Expense		Pens			
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	, TX, officeholder living	j éxpénse	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held	
Date	Payee na	ne					
11/25/2023	Vista Pri	nt					
Amount (\$)	Payee add	iress;		City;	State;	Zip Code	
144.18	Online						
	Category	(See Categories listed at the top of this scl	hedule)	Description			
PURPOSE OF EXPENDITURE	Advertisi	ng Expense		Business Card	S		
	(check if travel outside of Texas. Complete Sch	edule T.	Check if Austin	, TX, officeholder living	expense	
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held	
	ATT	ACH ADDITIONAL COPIES (OF THIS S	SCHEDULE AS NEE	DED		

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 E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	Office O Polling E Nise Printing Sataries	Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Tolal pages Schedule F1:		AME / Lloyd Reeves			3 Filer ID (Ethi	cs Commission Filers)		
4 Date	5 Payee na	ame			·			
11/28/2023 6 Amount (\$)	Build A							
1,619.73		Stonehollow Dr.	Suite 100	City: Austin	State; TX	Zip Code 78758		
8	_	y (See Categories listed at the to	op of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Campaign Ya	Campaign Yard Signs			
	(C) Check if ravel outside of Texas. Complete Schedule T. Check if Austro,				in, TX, officeholder livin	TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH			Office sought		Office held			
Date	Payee na	IME		······································				
11/28/2023	Build A S	Sign						
Amount (\$)	Payee ac			City;	State;	Zip Code		
672.23	11525A	Stonehollow Dr. S	Suite 100	Austin	TX 7	8758		
		(See Categories listed at the top	of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Campaign Ya	ard Signs			
		Check if travel outside of Texas. Co	mplete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held		
Date	Payee na	me						
12/01/2023	Build A S	Sign						
Amount (\$)	Payee ad		D	City;	State;	Zip Code		
188.14	11525A	Stonehollow Dr. S	Suite 100	Austin	ТХ	78758		
		(See Categories listed at the top	of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertis	ing Expense		Car Magnets				
		Check if travel outside of Texas. Cor	nplete Schedule T.	Check if Austi	n, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought	<u>_</u>	Office held		
	ATT	ACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NEE	EDED			

Forms provided by Texas Ethics Commission

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic CreditCard Payment		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Git/Awards/Memorials Expense Printing Expense Legal Services Sataries/Wages/Contract Labor The Instruction Guide explains 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 F1		AME Lloyd Reeves			3 Filer ID (Ethic	s Commission Filers)	
4 _{Date} 12/01/2023	5 Payee na VISTAP	ime					
6 Amount (\$) 182.20	7 Payee ac ONLINE			City;	State;	Zip Code	
8 PURPOSE		(a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Door Hange					
OF EXPENDITURE							
	(c)	Check if travel outside of Texas. Complete So	hedule T	Check if Austin	n, TX, officeholder living	g expense	
Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH			Office sought		Office held		
Date	Рауее па	me	·			- · · · · · · · · · · · · · · · · · · ·	
12/05/2023	Wheeler	Times					
Amount (\$)	Payee ad	dress;		City:	State;	Zip Code	
70.38	110 E T	exas Ave		Wheeler	ТХ	79096	
		(See Categories listed at the top of this so	hedule)	Description			
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Newpaper Ad			
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held	
Date	Payee na	me					
12/06/2023	Route 66	6 Media					
Amount (\$)	Payee ad			City;	State;	Zip Code	
135.00	207 Norti	n Main Street		Shamrock	тх	79079	
	Category	(See Categories listed at the top of this sc	hedule)	Description			
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Radiot Ad			
		Check if travel outside of Texas. Complete Sch	nedule T	· Check if Austin,	TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		te / Officeholder name		Office sought		Office held	
······································	ATI	ACH ADDITIONAL COPIES (OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fæs Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explair	Office Ove Polling Ex Printing Ex Salaries/M	vpense Vages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense		
1 Total pages Schedule F1:					3 Filer ID (Ethic	s Commission Filers)		
4 Date	5 Payee na			······································]			
12/07/2023		Pen Co						
6 Amount (\$)	7 Payee address; City; State; Zip C							
297.98	Online							
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Advertis	sing Expenses		Pens				
	(c)	Check if travel outside of Texas. Complete S	thedule T.	Check if Aust	in, TX, officeholder living	j expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held		
Date	Рауее па	me		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
12/13/2023	FLUHM	N OUTDOOR						
Amount (\$)	Payee address; Ci			City;	State;	Zip Code		
549.00	505 S A	rthur St		Amarillo	TX 79 ⁻	102		
	Category	(See Categories listed at the top of this so	hedule)	Description		···		
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Billboard				
		Check if travel outside of Texas. Complete Sc	ftravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held		
Date	Payee na	me		· ·				
12/13/2023	BUILD /	SIGN						
Amount (\$)	Payee ad			City;	State;	Zip Code		
1,007.10	11525A S	Stonehallow Drive Suit	ie 100	Austin	ТХ	78758		
	Category	(See Categories listed at the top of this so	hedule)	Description		· · · · · · · · · · · · · · · · · · ·		
PURPOSE OF EXPENDITURE	Advertisi	ng Expense		yard/campaig	n signs			
	Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense					expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH							
	AT1	ACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE	DED			

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics CreditCard Payment		Fees Office Overhead Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense		xpense Wages/Contract Labor	IExpense Transportation Equipment & Related Ex Travel In District Travel Out Of District ct Labor Other (enter a category not listed above)	
1 Total pages Schedule F1:			i		3 Filer (D (Ethia	cs Commission Filers)
4 Date 12/14/2023	5 Payee na Vista Pr	ame	<u> </u>			
6 Amount (\$) 213.84	7 Payee ad Online	ldress;	City;	State;	Zip Code	
8	(a) Categor	y (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense Mugs					
	(C)	Check if travel outside of Texas Complete So	chedule T.	Check if Austi	in, TX, officeholder living	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/QH		late / Officeholder name		Office sought		Office held
Date	Payee na	ime			<u>.</u>	
12/14/2023	National	Pen Co				
Amount (\$)	Payee ac	ldress;	<u> </u>	City;	State;	Zip Code
254.83	Online					
		(See Categories listed at the top of this sc	chedule)	Description		
PURPOSE OF EXPENDITURE	Advert	ising Expense		Pens		
1		Check if travel outside of Texas. Complete Sci	hedule T.	Check of Austin	n, TX, officeholder living	j expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
12/15/2023	Pokerchi	ips.com				
Amount (\$) 195.78	Payee ad Online	dress;		City;	State;	Zip Code
	Category	(See Categories listed at the top of this sci	hedule)	Description		
PURPOSE OF EXPENDITURE	Advertis	ing Expense		Campaign Nov	elty Chips	
		Check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin	i, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
		ACH ADDITIONAL COPIES (OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Office/holder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Mernonials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor e explains 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 F1:					3 Filer ID (Ethic	a Commission Filers)
4 Date 12/29/2023	6 Payee na				J	
⁶ Amount (\$) 439.50	7 Payee ad	dress;	II	^{City;} Pampa	State; TX	Zip Code
8 PURPOSE OF		(See Categories listed at the top of this s Sing Expense	schedule)	(b) Description Hats		
EXPENDITURE	(C)	Check if travel outside of Texas. Complete Sc	chedule T	Check if Aust	in, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	ne			,	
01/03/2024	FLUHMA	N OUTDOOR MEDIA	١			
Amount (\$)	Payee add	tress;		City;	State;	Zip Code
250.00	505 S A	thur St		Amarillo	ТХ	79102
PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so ing Expense	:hedule)	Description Billboard		
	ſ	Check if travel outside of Texas. Complete Sci	; expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
Date	Payee na	me			· · · · · · · · · · · · · · · · · · ·	
01/04/2024	Route 6	6 Media				
Amount (\$) 72.00	Payee add 207 Nort	^{tress;} It Main Street		_{City;} Shamrock	State; TX	Zip Code 79079
		(See Categories listed at the top of this sci	hedule)	Description		
PURPOSE OF EXPENDITURE	Advertisi	ng Expense		Radio Ad		
	(check if travel outside of Texas. Complete Sch	hedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		Office held
	TTA	ACH ADDITIONAL COPIES (OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic CreditCard Payment	Fees Office O Food/Beverage Expense Polling E le By Gift/Awards/Memorials Expense Privring		Office Ove Polling Ex Printing E Sataries/V	xpense Wages/Contract Labor	ead/Rental Expense Transportation Equipment & Relate tse Travel In District nse Travel Out Of District es/Contract Labor Other (enter a category not listed al		
1 Total pages Schedule F1: 12		IAME y Liyod Reeves			3 Filer ID (Ethi	cs Commission Filers)	
4 Date 01/06/2024	8 Payee n Uprintir	ame			<u></u>		
⁶ Amount (\$) 509.32	7 Payee a Online	ddress;		City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this JEXPENSE	; schedule)	(b) Description EDDM Mailer	S		
	(C)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		late / Officeholder name		Office sought		Office held	
Date	Payee na	ame					
01/08/2024	806 Las	er & Design					
Amount (\$)	Payee ac	Idress;		City;	State;	Zip Code	
136.40				Pampa	ТХ		
PURPOSE OF EXPENDITURE		r (See Categories listed at the top of this s Sing Expense	ichedule)	Description Shirts/Hats		·	
		Check if travel outside of Texas Complete S	chedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held	
Date	Payee na	ame				d	
01/09/2024	SignsOr	theCheap.com					
Amount (\$) 487.93	Payee ac Online	idress;	<u> </u>	City;	State;	Zip Code	
PURPOSE OF		(See Categories listed at the top of this so Sing Expense	chedule)	Description Yard Signs			
EXPENDITURE	<u> </u>						
Complete ONEX # direct	Candid	Check if travel outside of Texas. Complete So ate / Office holder name		Office sought	, TX, officeholder living	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH							
	AT	TACH ADDITIONAL COPIES	OF THIS !	SCHEDULE AS NEE	DED		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Accounting/Banking F Consulting Expense F Contributions/Donations Made By C		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor is how to complete this form.		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Tra vel In District Tra vel Out Of District Other (enter a category not listed above)				
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethic	s Commission Filers)			
4 Date	5 Payee na	ame							
01/11/2024	Smoke	Smoke Wagon Apparel- Joush Lewis							
6 Amount (\$)	7 Payee a	idress;		City;	State;	Zip Code			
435.00									
8	(a) Categor	Y (See Categories listed at the top of this	schedule)	(b) Description					
PURPOSE OF EXPENDITURE	Advert	sing Expenses		Apparel					
	(C)	Check if travel outside of Texas Complete S	chedule T.	Check if Aust	in, TX, officeholder livin	g expense			
9 Complete <u>QNLY</u> if direct expenditure to benefit C/Or		ate / Officeholder name		Office sought		Office held			
Date	Payee na	ime			· · · · .				
01/12/2024	National	Pen Co							
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code			
269.36	Online								
	Category	(See Categories listed at the top of this s	schedule)	Description					
PURPOSE	Adverti	sing Expense		Pens					
OF EXPENDITURE	Ì								
	Check if traveloutside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense					g expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held			
Date	Payee n	ame							
01/15/2024	806 Las	er & Design							
Amount (\$)	Payee a	dress;		City;	State;	Zip Code			
405.94				Pampa	TX				
··	Category	(See Categories listed at the top of this a	schedule)	Description					
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Hats					
		Check if travel outside of Texas. Complete S	Schedule T.	Check if Aust	in, TX, officeholder fivin	g expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	-	late / Officeholder name		Office sought		Office held			
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NE	EDED				

Forms provided by Texas Ethics Commission

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officehokder/Politica CreditCard Payment			erhead/Rental Expense pense xpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not isted above)		
1 Total pages Schedule F1:		IAME Lloyd Reeves			3 Filer ID (Ethic	s Commission Filers)
4 Date	6 Payee na			I		······
01/22/2024	- ,	Star News				
6 Amount (\$)	7 Payee a			City;	State;	Zip Code
441.00	212 N M	lain St		Shamrock	ТХ	79079
8	(a) Catego	ry (See Categories listed at the top of this	i schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Newpaper Ad		
	(c)	Check if travel outside of Texas. Complete S	Schedule T.	Check if Austin	n, TX, officeholder living	; expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
01/22/2024	Wheele	er Times				
Amount (\$)	Payee ac	dress;		City;	State;	Zip Code
236.25	110 E T	exas Ave		Wheeler	ТХ	79096
	Category	/ (See Categories listed at the top of this s	schedule)	Description	· · · ·	
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Newspaper A	d	
		Check if travel outside of Texas. Complete S	ichedule T	Check if Austin	a, TX, officeholder living	expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought Office he		Office held
Date	Payee na	ame				
01/23/2024	USPS					
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
262.35						
	Category	(See Categories listed at the top of this s	chedule)	Description		
PURPOSE OF EXPENDITURE	Advertis	ing Expense		Postage for El	DDM Mailers	
		Check if travel outside of Texas. Complete Se	chedule T	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
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SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Commit CreditCard Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Ove Polling Ex Printing Ex Salaries/M	Expense Travel Out Of District Nages/Contract Labor Other (enter a category not #sted ab		
1 Total pages Schedule F1:	[IAME	· · · -		3 Filer ID (Ethic	s Commission Filers)
4 Date 01/23/2024	5 Payee na USPS				l	
6 Amount (\$) 222.15	7 Payee a	Jdress;		City;	State;	Zip Code
8	(a) Categor	y (See Categories listed at the top of this	schedule)	(b) Description	. <u>.</u>	· · · · · · · · · · · · · · · · · · ·
PURPOSE OF EXPENDITURE	Adverti	sing Expense		Postage for E	DDM Mailers	;
	(C)	Check if travel outside of Texas. Complete S	chedule T	Check if Aust	in, TX, officeholder living	; expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee na	ime				
Amount (\$)	Payee ad	idress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	chedule)	Description		
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Offiœholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ac	ldress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
		Check if travel outside of Texas. Complete So	ch edule T.	Check if Austi	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	AT	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEI	EDED	· · · · · ·