CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MR TIMOTHY	мі L	OFFICE USE ONLY
NAME	NICKNAME LAST REEVES	SUFFIX	Date Received A A R
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		orrock TX 79079	FOR RECU ARET DOWN ARET DOWN TO THE RECURS OF THE RECURS O
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (806) 663-2257	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST MRS AUTUMN	MI R	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	FERGUSON	33711	Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		STATE; ZIP CODE
TREASURER ADDRESS	15351 Interstate 40	Shamrock	TX 79079
(Residence or Business)			
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(512) 656-9331		
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	extion Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
0012.125	1 / 26 / 24	THROUGH 2	/ 22 / 24
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	
	3 / 5 / 24 General	Special	
12 OFFICE	OFFICE HELD (if any) None	13 OFFICE SOUGHT (if known Wheeler County	
14 NOTICE FROM	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS	ACCEPTED OR POLITICAL EXPENDITURES M	ADE BY POLITICAL COMMITTEES TO SUPPORT
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE CAND	NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
, wantoniar i agge	SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME	
	COMMITTEE CAMPAIGN TRI	EASURER ADDRESS	
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME TIMOTHY LLOYD RE	EEVES 16 F	iler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 16,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,719.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 759.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true and quired to be reported by me under Title 15, Election Code.	correct and includes all information
		demonstration of the second
	Signature of Candidate	e or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed		_ day of Feb,
20 24 , to certify	which, witness my hand and seal of office.	\cap
James Los	man Margaret Dorman	Coller
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	ny Reeves , and my date of birth is Oc	1/13/1988
My address is <u>UOS</u>	5. Main Shamrock TX	79079, U.S.
1.10	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on the day of Horuan (month)	, 20 <u>/ /</u> (year)
	Jan	
	Signature of Candidate/Off	iceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME IMOTHY LLOYD REEVES	20 Filer ID (Ethics Con	mmiss	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			12,000.00
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS			
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$	4,719.61
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 FUN	IDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:					
2 FILER NAM	Y LLOYD REEVES	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (III	7 Amount of contribution (\$)			
01/26/2024	6 Contributor address; City; P.O. BOX 36 SHAMROCK, TX 7	State; Zip Code	1,500.00		
8 Principal occ	upation / Job title (See Instructions)	Employer (See Instructi	ons)		
Date	Full name of contributor out-of-state PAC (II BOBBY EDWARDS	D#:	Amount of contribution (\$)		
02/01/2024	Contributor address; City; 404 SOUTH OKLAHOMA SHAMROC	State; Zip Code	1,500.00		
Principal occi	pation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date		D#:)	Amount of contribution (\$)		
02/14/2024	BARRY SANDERS Contributor address; City; P.O. BOX 36 SHAMROCK, TX 7	State; Zip Code	1,500.00		
Principal occ	upation / Job title (See Instructions)	Employer (See Instruction	ons)		
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occi	Principal occupation / Job title (See Instructions) Employer (See Instructions)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Ti	ne Instruction Guide explains how to complete this for	1 Total pages Schedule A2:					
TIMOTHY LLOYD REEVES			3 Filer ID (Ethics Co	ommission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 0.00				
5 Date	Full name of contributor ☐ out-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description			
02/27/2024	7 Contributor address; City; State;	Zip Code	12,000.00	EVENT RENTAL, BBQ, BAND, BOUNCE HOUSES			
	301 INTERSTATE 40 SHAMROCK, TX 7	9079	Check if travel outs	 ide of Texas. Complete Schedule T.			
	upation / Job title (FOR NON-JUDICIAL)(See Instructions) BUSINESS OWNER		Pr (FOR NON-JUDICI MPLOYED	AL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)			
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)			
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description I			
D-iii	The Link Star (FOR NON HIDICIAL) (See Instructions)			de of Texas. Complete Schedule T.			
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICI	AL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ontributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)					
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional 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)

Crec	dit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:		2 FILER NAME TIMOTHY LLOYD REEVES		3 Filer ID (Ethio	cs Commission Filers)
4 D	ate 1/26/2024	MAGNETS ON THE CHEAP			
	mount (\$) 41.72	7 Payee address; ONLINE WEBSITE	City;	State;	Zip Code
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description CAR MAGNET	rs	
		(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH					Office held
D	ate	Payee name			
01	/31/2024	WHEELER TIMES			
A	mount (\$)	Payee address;	City;	State;	Zip Code
2	56.25	110 E. TEXAS AVE	WHEELER	TX	79096
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description NEWSPAPER	R AD	
		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
D	ate	Payee name			
01	/31/2024	TARADEL			
	,381.59	Payee address; ONLINE WEBSITE	City;	State;	Zip Code
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description EDDM POST	CARDS/ POS	STAGE
		Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
	omplete <u>ONLY</u> if direct cpenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	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 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

Credit Card Payment	The Instruction Guide explains how to d	omplete this form.	Outer (enter a cate	gory not iisted above)
1 Total pages Schedule F1:	2 FILER NAME TIMOTHY LLOYD REEVES		3 Filer ID (Eth	ics Commission Filers)
4 Date 02/01/2024	5 Payee name FLUHMAN OUTDOOR			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
250.00	505 S ARTHUR ST	AMARILLO	O TX	79102
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	BILLBOARD		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/04/2024	806 LASER & DESIGN			
Amount (\$)	Payee address;	City;	State;	Zip Code
48.71		PAMPA	TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description HATS/SHIRT	S	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/05/2024	COUNTY STAR NEWS			
Amount (\$)	Payee address;	City;	State;	Zip Code
441.00	212 N MAIN ST	SHAMROCK	TX	79079
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	NEWSPAPER	AD	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

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
Candidact/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)

Cibul Cald Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME TIMOTHY LLOYD REEVES		3 Filer ID (Ethic	es Commission Filers)
4 Date 02/06/2024	5 Payee name LEGENDS RADIO			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
972.00	207 N MAIN	SHAMROCK	TX	79079
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	RADIO AD		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/15/2024	SMOKEWAGON APPAREL- JOUSH	LEWIS		
Amount (\$)	Payee address;	City;	State;	Zip Code
33.00				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	APPAREL		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/20/2024	LEGENDS RADIO			
Amount (\$)	Payee address;	City;	State;	Zip Code
99.00	207 N MAIN	SHAMROCK	TX	79079
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	RADIO AD		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Event Expense 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 FILER NAME TIMOTHY LLOYD REEVES		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name			
02/20/2024	COUNTY STAR NEWS			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
882.00	212 N MAIN ST	SHAMROCK	TX	79079
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	RADIO AD		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livit	ng expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
02/22/2024	806 LASER & DESIGN		4	
Amount (\$)	Payee address;	City;	State;	Zip Code
214.34		PAMPA	TX	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	APPAREL/HA	TS	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng 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	1,11	
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	100	Office held
	ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEI	EDED	