# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MR TIMOTHY	мі <b>L</b>	
NAME	NICKNAME LAST REEVES	SUFFIX	Date Received MARGA
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		CITY: STATE; ZIP CODE AMROCK TX 79079	FOR RECOR Y -6 MM 10: C ARET DORMAN ARET DORMAN R COUNTY, TEX/
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE         PHONE NUMBER           (806)         663-2257	EXTENSION	Date Hand-dorivered of Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$
NAME	MRS AUTUMN		Date Processed
	NICKNAME LAST FERGUSON	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SHAMROCK	STATE; ZIP CODE TX 790790
	AREA CODE PHONE NUMBER	EXTENSION	
8 CAMPAIGN TREASURER PHONE	(512) 656-9331	EATENDION	
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	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month Day Year	Month	Day Year
COVERED	2 / 23 / 24	THROUGH 4	/ 24 / 24
11 ELECTION	ELECTION DATE       Month     Day     Year     Primary       3     5     24     General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Wheeler County	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT MDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME	
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	GO TO	PAGE 2	

### **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

#### FORM C/OH **COVER SHEET PG 2**

5 C/OH NAME IMOTHY LLOYD REI	EVES	10	<b>B</b> Filer I	D (Ethics	Commission Filers)
7 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	200.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	300.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
-	4.	TOTAL POLITICAL EXPENDITURES		\$	916.91
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$	342.34
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE	\$	0.00

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

#### Please complete either option below:

ly address is	(street) County, State			(city)	_,, (state)	(zip code) , 20 (year)	(country)
ly name is			, and	my date of bi	irth is		
2) Unsworn Declarat	ion		OR				
ignature of officer administ	ering oath	Printed name of offi	1	) oath		Title of office	r administering o
to 24, to certify	y which, witness my hand an	nd seal of office.	aretilor	man	(	ounty	lerk
worn to and subscribed		Timethy	Reeves	this	the 6	day of	lay
County Jerk NOTARY STAMP / SEA	L						
I) Affidavit							

# SUBTOTALS - C/OH

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

19 FILER NAME

ę

# TIMOTHY LLOYD REEVES

20	Filer ID	(Ethics	Commission	Filers)

21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
З.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	SCHEDULE E: LOANS	\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 916.91
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

## MONETARY POLITICAL CONTRIBUTIONS

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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 N	HY LLOYD REEVES	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Belinda Beck	7 Amount of contribution (\$)
03/01/20	6 Contributor address; City; State; Zip Code 715 SOUTH WALL, SHAMROCK, TX 79079	300.00
8 Principal	occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal	Deccupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal	boccupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal	occupation / Job title (See Instructions) Employer (See Instructions)	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	NEEDED reporting requirements.

Forms provided by Texas Ethics Commission

## 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 B Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of Dist	uipment & Related Expense
1 Total pages Schedule F1: 2		IAME			3 Filer ID (Eth	ics Commission Filers)
4 Date 02/26/2024	5 Payee n WHEEL	ame .ER TIMES	analaiste ta na anna an an an an an an			
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
118.12	110 E T	EXAS AVE	W	HEELER	TX 79	9096
8 PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this RTISING EXPENSE	s schedule)	(b) Description	R AD	
	(C)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder liv	ing expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		late / Officeholder name		Office sought		Office held
Date	Payee na	ame				
02/28/2024	WHEEL	ER TIMES				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
492.50	110 E T	EXAS AVE	W	HEELER	TX 79	9096
PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this RTISING EXPENSE	schedule)	Description NEWSPAPER	R AD	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	in, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholder name		Office sought		Office held
Date	Payee n	ame				
03/03/2024	BILLBO	ARD JOE				
Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
250.00						
		(See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	ADVER	TISING EXPENSE		BILLBOARD A	ND	
		Check if travel outside of Texas. Complete	Schedule T.	Check if Austi	n, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held
	TA	TACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NEI	EDED	

Forms provided by Texas Ethics Commission

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Act Co Co C	Vertising Expense counting/Banking nsulting Expense ntributions/Donations Made B andidate/Officeholder/Politica ditCard Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 т	otal pages Schedule F1:		AME			3 Filer ID (Ethic	s Commission Filers)
	Date 04/18/2024	5 Payee na					м-,
	56.29	7 Payee a	ddress;		City;	State;	Zip Code
8	PURPOSE OF EXPENDITURE		y (See Categories listed at the top of this sing Expense	s schedule)	(b) Description Apparel/Hats		
		(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
	complete <u>ONLY</u> if direct xpenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
D	Pate	Payee na	ime				
A	mount (\$)	Payee a	ddress;		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 S	Schedule T.	Check if Austin	n, TX, officeholder living	g expense
	omplete <u>ONLY</u> if direct xpenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
D	Pate	Payee n	ame				
Þ	Amount (\$)	Payee a	ddress;		City;	State;	Zip Code
	PURPOSE OF EXPENDITURE	Category	7 (See Categories listed at the top of this	schedule)	Description		
			Check if travel outside of Texas. Complete S	Schedule T.	Check if Austir	n, TX, officeholder living	g expense
	complete <u>ONLY</u> if direct xpenditure to benefit C/Oł		ate / Officeholder name		Office sought		Office held
		Δ٦	TACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

## CANDIDATE / OFFICEHOLDER REPORT: **DESIGNATION OF FINAL REPORT**

1 4

Forms provided by Texas Ethics Commission

### FORM C/OH - FR

	The Instruction Guide explains how to co	omplete this form
	↔ Complete only if "Report Type" on page 1 is	
	TIMATHIN HIAVO VSSVSS	2 Filer ID (Ethics Commission Filers)
	TIMOTHY LLOYD REEVES	
SIGN	NATURE	
desig	not expect any further political contributions or political expenditures in co gnating a report as a final report terminates my campaign treasurer appo paign contributions or make any campaign expenditures without a campa	intment. I also understand that I may not accept any
		tran
		Signature of Candidate / Officeholder
	RWHO IS NOTAN OFFICEHOLDER omplete A & B below only if you are not an officeholder. ••	
<b>A</b> .	CAMPAIGN FUNDS	
Che	eck only one:	
	I do not have unexpended contributions or unexpended interest or ir	ncome earned from political contributions.
B4	I have unexpended contributions or unexpended interest or income of may not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report unexpended contributions or unexpended interest or income earned filing this final report. Further, I understand that I must dispose of ur interest or income earned on political contributions in accordance wi	d interest or income earned on political contributions to of unexpended contributions and that I may not retain I on political contributions longer than six years after nexpended political contributions and unexpended
в.	ASSETS	
Che	eck only one:	
X	I do not retain assets purchased with political contributions or intere	est or other income from political contributions.
	I do retain assets purchased with political contributions or interest of that I may not convert assets purchased with political contributions of personal use. I also understand that I must dispose of assets purch requirements of Election Code, § 254.204.	or interest or other income from political contributions to hased with political contributions in accordance with the
		Signature of Candidate
of OFF ↔ Co	FICEHOLDER complete this section only if you are an officeholder •• I am aware that I remain subject to filing requirements applicable to an file. I am also aware that I will be required to file reports of unexpende an officeholder, I retain political contributions, interest or other income	ed contributions if, after filing the last required report as
	political contributions or interest or other income from political contri	short political contributions, of assets purchased with ibutions.