# 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	Joshua	MI	OFFIC	E USE ONLY
NAME	NICKNAME JOSA	Elder	SUFFIX	Date Received	BATANUGUC
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		19th St.	1	lections Administrative Texas	Patricia Roberson, E Gaines Co
Change of Address	Semino	le, TX 793	360	ED-"	III att
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 432)	PHONE NUMBER 788-7191	EXTENSION		ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  Mr.	JOSHUA	T MI	Receipt #  Date Processed	Amount \$
	JOSU	Elder	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	500 SN	(NO PO BOX FLEASE) APT / S J 1944 St.		STATE.	ZIP CODE
(Residence or Business)	Semin	ole, TX 793	60		
8 CAMPAIGN TREASURER PHONE	AREA CODE (432)79	PHONE NUMBER  88-7191	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff		after campaign appointment der Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month (	Day Year / 18 21	Month THROUGH 2	Day Ye	
11 ELECTION	BLECTION DAY  Month Day	Year Primary  General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE SOUGHT (If know) PCT 2 COW	n Imissiol	ner
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES IN S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	MADE BY POLITICAL CO	OMMITTEES TO SUPPORT OLDER'S KNOWLEDGE OR
000000000000000000000000000000000000000	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
	1	GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME J	ish Eder		16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES	IITEMIZED POLITICAL CONTRIBUTION LOANS, OR GUARANTEES OF LOAN UTIONS MADE ELECTRONICALLY)		\$ 700.00
	\$ 700.00			
EXPENDITURE TOTALS	3. TOTAL UN	ITEMIZED POLITICAL EXPENDITURE.		\$ 7121.26
	4. TOTAL PO	DLITICAL EXPENDITURES		s 7121.2b
CONTRIBUTION BALANCE		LITICAL CONTRIBUTIONS MAINTAINE TING PERIOD	D AS OF THE LAST DA	\$ 0.00
OUTSTANDING LOAN TOTALS		NCIPAL AMOUNT OF ALL OUTSTAND OF THE REPORTING PERIOD	ING LOANS AS OF TH	\$ 0.00
		penalty of perjury, that the accompan	lying report is true and	d correct and includes all information
			Λ - 0	
		( )	-11 50	
			MUN CA	
		$\wedge$	Signature of Candid	ate or Officeholder
		()		
		9		
		Please complete either o	ption below:	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(4) 4 PP 1 14	•			
(1) Affidavit				
NOTARY STAMP/SEAL				
110171111 01711111 102712	_			
Sworn to and subscribed	before me by		this the	, day of,
20, to certify	which, witness my hand	and seal of office.		
Signature of officer administer	ring oath	Printed name of officer administering or	ath	Title of officer administering oath
		OR		
(2) Unsworn Declaration	on			
			-	
My name is 309N	Elder		ny date of birth is $ar{m{\mathcal{D}}}$	ecember 5,1978
My address is 500	SW 19th S		inole TX	79360 USA
	(street)		(city) (state	) (zip code) (country)
Executed in Gaive		e of TEXAS, on the 20		20 22
	Joanny, Stat	, , , , , ,	(month)	n (year)
			your L	lella 1
		Sj	gnature of Candidate/	Officeholder (Declarant)

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19				mmission Filers)	
		Josh Elder			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 700.00	
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 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.	X	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 7121.26	
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 CONTRIBUT TO FILER	TIONS RETURNED	\$	

### MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	iclude this page in the	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME JOSV	n Elder		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC  Sarah & David Lauritze  6 Contributor address; City;  1707 Holloway Ave, Midle	C (ID#) PM State; Zip Code AM, TX 79701	7 Amount of contribution (S)
	upation / Job title (See Instructions) WYE'T	9 Employer (See Instruc	a contract of the contract of
Date 2/8/22	Full name of contributor out-of-state PAG  TED HIGGIN BOTTOM  Contributor address; City;  19043 Mirror Pond Ct, Co	State; Zip Code	Amount of contribution (\$) # 100.00
	pation / Job title (See Instructions)  WMET	Employer (See Instruct	tions)
Date 1/13/22	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction UNENDWN	•
Date	Full name of contributor out-of-state PAG Contributor address; City;	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	 pation / Job title (See Instructions)	Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES		_
	If contributor is out-of-state PAC, please see Instr	uction guide for additional i	reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

ТІ	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedu	ıle A2:
2 FILER NAM	E		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State;	Zip Code	Check if travel outsi	      de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICI/	AL)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description
	Contributor address: City; State;	Zip Code	Check if travel outside	!      de of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spou	se (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	ATTACH ADDITIONAL COPIES OF The contributor is out-of-state PAC, please see Instruct			g requirements.

## **PLEDGED CONTRIBUTIONS**

## SCHEDULE B

				1 Total pages Sched	fule B:
	The	Instruction Guide explains how to complete this	form.		
2	FILER NAME			3 Filer ID (Ethics C	Commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; Sta	ate; Zip Code		 
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	<u> </u>	ide of Texas. Complete Schedule T
	Date	Full name of pledgor out-of-state PAC (ID#		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; St	ate; Zip Code		 
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; St.	ate; Zip Code		 
				Check if travel outs	I. side of Texas, Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State			
				Check if travel outs	I . ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
***********	***************************************	ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	
	If	contributor is out-of-state PAC, please see Inst	ruction guide for	additional reporting	requirements.

# LOANS SCHEDULE E

If the requeste	d information is not applicable, DO N	NOT include this page in the re	eport.
The	Instruction Guide explains how to cor	mplete this form.	1 Total pages Schedule E
FILER NAME			3 Filer ID (Ethics Commission Filers
TOTAL OF U	NITEMIZED LOANS		\$
Date of loan	7 Name of lender out-of-sta	ate PAC (ID#:)	9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate  11 Maturity date
YN			Tr Matanty date
2 Principal occupat	ion / Job title (See Instructions)	13 Employer (See Instructions)	
4 Description of Co	llateral	Check if personal fur account (See Instruc	nds were deposited into political stions)
6 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	ate PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupat	ion / Job title (See Instructions)	Employer (See Instructions)	
Description of Co	lateral	Check if personal fur account (See Instruc	nds were deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not opplied to	Guarantor address; City;	State; Zip Code	
not applicable		State; Zip Code  Employer (See Instructions)	

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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

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
Others (Assessment Street Property of First Assessment)

Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name State: Zip Code 6 Amount (\$) 7 Payee address; City; (b) Description 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T (c) Check if Austin TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) City; State; Zip Code Payee address Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code Amount (\$) Payee address: City; State: Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** 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

Office sought

Candidate / Officeholder name

Office held

### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; Zip Code City; State: 9 TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; State: Zip Code City; TYPE OF Non-Political Political **EXPENDITURE** Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

Т	ne Instruction Guide explains how to complete this form.	1 Total pages Schedule F3;
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	ty; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	y; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	: AS NEEDED

### EXPENDITURES MADE BY CREDIT CARD

## SCHEDULE F4

If the requested inform	nation is not applicable, DO NOT inc	lude this page in the rep	oort.
	EXPENDITURE CATEG	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)
	1	is how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City:	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this  (c) Check if travel outside of Texas. Complete 9		istin, TX, officeholder living expense
11 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
TYPE OF EXPENDITURE	Political	Non-Political	
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 Al	ustin, 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 NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Confributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees         O           Food/Beverage Expense         P           By         Gift/Awards/Memorials Expense         P	oan Repayment/Reimbursement office Overhead/Rental Expense folling Expense rinting Expense alaries/Wages/Contract Labor ow 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 JOSH ELDER		3 Filler ID (Ethics Commission Filers)
4 Date 12(18/2)	5 Payee name Design Snop	'	
6 Amount (\$) \$ 1589.70 Reimbursement from political contributions	7 Payee address; 809 S. Main St. Seminole, TX 79360	City;	State; Zip Code
intended  SCYVIVIE, IX 19360  8  PURPOSE OF EXPENDITURE  Advertising Expense  Advertising Expense  Signs, Magnets, Door H.			
EXPENDITURE	(c) Check if travel outside of Texas, Complete Schedu		. TX, officeholder living expense
9 Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH  Candidate / Officeholder name Office sought Office held PCT 2 COMMISSIONER			
Date 1216/21	Seminole Sentind		
Amount (\$) # (05.00 Reimbursement from political contributions intended	Payee address; 4065. Mainst. Seminole, TX 79360	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scheo		nent in paper
Complete <u>QNLY</u> if direct expenditure to benefit C/C	Check if travel outside of Texas. Complete Schedu Candidate / Officeholder name OH Josh Edev	Office sought  PCT 2-Commis	n. TX, officeholder living expense Office held
Date 11/18/24	Payee name Gaines County Republ	ican Party	
Amount (\$)  750  Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	Application application application	ce for placement on the mary ballot
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austin	. TX. officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Tosh Elder	Office sought PCT 2 Commiss	Office held
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	ED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credir Card Payment	Fees Office Food/Beverage Expense Pollin  By Gift/Awards/Memorials Expense Printir	Repayment/Reimbursement Overhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor to complete this form.	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:	2 FILER NAME TOSH ELDEY		3 Filer ID (Ethics	Commission Filers)
4 Date 1 28 22	5 Payee name Design Shop	***************************************		
6 Amount (\$) # 20 7.84 Political contributions intended	7 Payee address: 809 S. Mainst. Seminole/TX 79360	City:	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Experse	(b) Description Signs		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Josh Elder  Page 1981	Office sought		Office held
Date 1   6   22	Seminole Septinel			
Amount (\$)  #/198.00  Reimbursement from political contributions intended	Payee address; 4065 MainSt. SeminoleiTX 79360	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.	Description  Ads IN Pa	PET	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  OH Josh Elder	Office sought PCT 2 COMMIS		Office held
Date   22	Payee name Design Shop			
Amount (\$) \$155.88  Reimbursement from political contributions intended	809. S. Main St. Seminole, TX 79360	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense  Check if travel outside of Texas. Complete Schedule T.	Description SIGNS Check if Austin	TX. officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  JOSH Eder Pa	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	ED	

## POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

### SCHEDULE G

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

### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement

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

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)

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule G:	2 FILER NAME Josh Edet		3 Filer ID (Ethics (	Commission Filers)
1 Date	Design Shop			
Amount (\$) \$1762.31 Reimbursement from	7 Payee address. 809. S. Main St.	City;	State;	Zip Code
political contributions intended	Seminole, TX 79360			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description SIGNS		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX. officeholder living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Josh Fider	Office sought POT 2 COMMISS		Office held
Date 1 29 22	Payee name David Andersen			
Amount (\$)  \$\forall 537.72  Reimbursement from political contributions intended	Payee address; 1516 SW AVE B Seminole, TX 79360	City:	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description LANGE SIGN	Holders	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH JOSH ELDEY PO	Office sought T2 COMMISSI		Office held
Date 1/31/22	Payee name MITEYAS			
Amount (\$)  # UB. 55  Reimbursement from political contributions intended	Payee address: 214 N. Main St. Seminole, TX 79360	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedula) Food   Beverage Expense	Bumtos		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX. officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought T2CoMMISS		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees C Food/Beverage Expense P By Gift/Awards/Memorials Expense P	oan Repayment/Reimbursement office Overhead/Rental Expense folling Expense frinting Expense falaries/Wages/Contract Labor flow 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 JOSH ELDET		3 Filer ID (Ethics Commission Filers)		
4 Date 2 8 22	5 Payee name KSEM				
Amount (\$)  924.00  Reimbursement from political contributions intended	7 Payee address; 105 NW 11th St. Seminole, TX 79360	City;	State; Zíp Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	(b) Description  Radio Ad			
	(c) Check if travel outside of Texas. Complete Schedu	le T Check if Austin.	TX. officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSH ELDEY	Office sought PCT 2 CommisSol	Office held		
Date 2 10 22	Payee name MireyaS				
Amount (\$)  # 22. #B  Reimbursement from political contributions intended	Payee address; 214 N MainSt. Seminole, TX 79360	City;	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ne Burritos	TV officeholder living evenes		
	Check if travel outside of Texas. Complete Schedu		TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  DH Josh Eder	Office sought PCT 2 Commissov	Office held		
Date 2/15/22	Seminole Sentinel				
Amount (\$) 120.00 Reimbursement from	Payee address: 400 S. MainSt.	City;	State; Zip Code		
political contributions intended	Seminole, TX 79360				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school  Advertising Expense  Check if travel outside of Texas, Complete Schedu.	Newspaper	TX, afficeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name JOSN Flder	Office sought PCT 2 COMMISSO	Office held		
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	ED		

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date Zip Code Z14 N. Main St. Reimbursement from political contributions (b) Description 8 **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T, Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct PCT 2 COMMISSONET expenditure to benefit C/OH Date Payee name Amount (\$) Pavee address: State; Zip Code City: Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; Amount (\$) State: Zip Code City; Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder fiving expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

### PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

#### SCHEDULE H

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

Event Expense Fees Food/Beverage 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

Contributions/Donations Made By Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule H: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date Business name 6 Amount (\$) Zip Code Business address: City: State 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Date Business name Business address; City; State: Zip Code Amount (\$) Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Business name Amount (\$) Business address Zip Code State: City; Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

······································							
	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)		
4 Date	5 Payee name				N. T.		
6 Amount (\$)	7 Payee address;	City		State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address:	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	f inform <b>at</b> ion		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	finformation		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type o	f information		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

The	The Instruction Guide explains how to complete this form.					
2 FILER NAME		3 Filer ID (Ethic	s Commission Filers)			
4 Date	5 Name of person from whom amount is received		8 Amount (\$)			
	6 Address of person from whom amount is received; City; Star	te: Zip Code				
	7 Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received: City; Sta	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	te; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
Date	Name of person from whom amount is received		Amount (\$)			
	Address of person from whom amount is received; City; Sta	ate; Zip Code				
	Purpose for which amount is received Check if	political contribution	returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

### SCHEDULE T

The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:				
2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
6 Dates of travel 7 Name of person(s) traveling					
8 Departure city or name of departure location					
Destination city or name of destination location					
10 Means of transportation 11 Purpose of travel (including name of conference, se	eminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location					
Means of transportation Purpose of travel (including name of conference, se	eminar, or other event)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reported on:					
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel Name of person(s) traveling					
Departure city or name of departure location					
Destination city or name of destination location					
255a.i.s.i.y 3. Harrie of destination foodistri					
Means of transportation Purpose of travel (including name of conference, see	eminar, or other event)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED				

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.							
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)					
3	SIGNA	TURE						
,	SIGNA	SIGNATURE						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder							
4		WHO IS NOT AN OFFICEHOLDER  splete A & B below only if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Check	k only one:						
		I do not have unexpended contributions or unexpended interest or income earned fro	m political contributions.					
		I have unexpended contributions or unexpended interest or income earned from politic may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political contribing this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement	ne earned on political contributions to ontributions and that I may not retain ibutions longer than six years after al contributions and unexpended					
	B.	ASSETS						
	Check	k only one:						
		I do not retain assets purchased with political contributions or interest or other income	e from political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.							
		Si	ignature of Candidate					
5		EHOLDER  nplete this section <i>only</i> if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an officeholder who defile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as					
		Sig	gnature of Officeholder					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	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.	JOSHU	a T	OFFICE USE ONLY	
(AVIVIE	JOSU NICKNAME	Ëlder		Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address			CITY; STATE; ZIP CODE	atricia Roberson, Elections Administrati	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 788 - 7191	EXTENSION	BY to Hand doll-ored or Date So DEMANY	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MY. NICKNAME JOSH	Joshua Elder	SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S J 1944 St.	79360	STATE: ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER  88-7191	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before d		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year / 18 / 21	THROUGH (	Day Year / 3 / 22	
11 ELECTION	Month Day	Year	Runoff Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know PCT 2 Co	ommissioner	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURE	ACCEPTED OR POLITICAL EXPENDITURES IS MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
, ,	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
	J	GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME	sh Eider	<b>16</b> Filer ID	(Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	9	6.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	9	0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	3	2393.70		
	4. TOTAL POLITICAL EXPENDITURES	4	2393,70		
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS     OF REPORTING PERIOD	T DAY	0.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	0.00		
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correc	ct and includes all information		
rec	uired to be reported by me under Title 15, Election Code.				
Signature of Candidate or Officeholder  Please complete either option below:					
(4) A 55: do .:it					
(1) Affidavit					
NOTARY STAMP/SEA	-				
Sworn to and subscribed	before me by this the _		day of,		
20, to certify	which, witness my hand and seal of office.				
Signature of officer administe	Third name of officer definitioning early	Ti	tle of officer administering oath		
(2) Unsworn Declarati	on OR				
My name is Josh My address is 500  Executed in Grain	(street) Seminale (city) (s	X 70	1 A		
	Signature of Candid	ate/Officeho	older (Declarant)		

## **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19 FILER NAME  JOSH Eder  20 Filer ID (Ethics Co	ommission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
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 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	; 2393.70
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS. AND CONTRIBUTIONS RETURNED TO FILER	\$
	The state of the s

## 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	s form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	l otions)
	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	 pation / Job title (See Instructions)		Employer (See Instruc	itions)
	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	etions)
		ATTACH ADDIT	TONAL COPIES	OF THIS SCHEDULE AS I	NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

	A							
	The Instruction Guide explains how to complete this form.					1 Total pages Schedule A2:		
2	2 FILER NAME					3 Filer ID (Ethics Commission Filers)		
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	IONS	\$				
5	Date	6 Full name of contributor out-of-state PAC (ID#:	*******	)	8	Amount of Contribution \$	9 In-kind contribution description	
		7 Contributor address; City; State;		Code		Check if travel outside	de of Texas. Complete Schedule T.	
10	Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11	Employ	er (	FOR NON-JUDICIA	AL)(See Instructions)	
12	Contributor's	principal occupation (FOR JUDICIAL)	13	Contribu	utor	's job title (FOR JU	DICIAL)(See Instructions)	
14	Contributor's	employer/law firm (FOR JUDICIAL)	15	Law firm	n of	contributor's spous	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		)		Amount of Contribution \$	In-kind contribution description	
		Contributor address; City; State;	Zip	Code		Check if travel outsion	de of Texas. Complete Schedule T.	
	Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employ	er (	FOR NON-JUDICIA	AL)(See Instructions)	
	Contributor's	principal occupation (FOR JUDICIAL)		Contrib	utor	's job title (FOR JU	DICIAL)(See Instructions)	
	Contributor's	employer/law firm (FOR JUDICIAL)		Law firm	n of	contributor's spou	se (if any) (FOR JUDICIAL)	
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
		ATTACH ADDITIONAL COPIES OF T					g requirements.	

## **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

	·	••	. •	•	
	The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
2	FILER NAME			3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor ☐ out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; Sta			
				Check if travel outsi	de of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ate; Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
			ate; Zip Code		
				Check if travel outsi	de of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City: State	Zip Code		
					de of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
	lf /	ATTACH ADDITIONAL COPIES			requirements.

## LOANS SCHEDULE E

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

	•					
	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:		
2	FILER NAME			3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UN	IITEMIZED LOANS	\$			
5	Date of loan	7 Name of lender out-of-state P	AC (ID#:)	9 Loan Amount (\$)		
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate		
	Y N			11 Maturity date		
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
14	Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political ions)		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
	not applicable	18 Guarantor address; City;	State; Zip Code			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Market visco Assess	Date of loan	Name of lender	PAC (ID#)	Loan Amount (\$)		
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
	Y N			Maturity date		
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
	Description of Coll	ateral		ds were deposited into political		
none account (See			account (See Instruct	ions)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	not conficable	Guarantor address; City;	State; Zip Code			
	not applicable	on (See Instructions)	Employer (See Instructions)			
	Frincipal Occupati	on (See Instructions)	Cimpleyor (dec instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional 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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

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)

Candidate/Officeholder/Politica	al Committee Legal Services Salaries/	Wages/Contract Labor	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		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address:	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n. TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> 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 Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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 Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NE	EDED

## **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.				
	EXPENDITURE CAT	EGORIES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	l Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor lains 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 F2:	2 FILER NAME	Tallia non to complete this form.	3 Filer ID (Ethics Commission Filers)	
Floral pages Schedule 12.	Z		THE ID (LINES COMMISSION THEIS)	
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OB	LIGATIONS	\$	
5 Date	6 Payee name			
7 Amount (\$)	8 Payee address:	City;	State: Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Calegory (See Calegories listed at the top of	this schedule) (b) Description		
	(c) Check if travel outside of Texas. Comple	ete Schedule T. Check if Aus	slin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of	(this schedule) Description		
	Check if travel outside of Texas. Comp	olete Schedule T. Check if A	ustin. TX, officeholder living expense	
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS NE	EEDED	

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F3

The Instruction Guide explains how to complete this form.					nedule F3:	
2 FILER NAME			Filer ID	(Ethics	Commission	r Filers)
<b>4</b> Date	5 Name of person from whom investment is purchased	-				
	6 Address of person from whom investment is purchased; City	y;		\$	State;	Zip Code
	7 Description of investment					
	8 Amount of investment (\$)					
Date	Name of person from whom investment is purchased					
	Address of person from whom investment is purchased; City	, , , , , , , , , , , , , , , , , , ,		\$	State;	Zip Code
	Description of investment					
	Amount of investment (\$)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

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

### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services		pense ages/Contract Labor	Travel In District Travel Out Of Dis Other (enter a ca	strict legory not listed above)
		The Instruction Guide expla	ins how to co	mplete this form.		
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethi	cs Commission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGE	TOACR	EDIT CARD	\$	
5 Date	6 Payee	name			3	
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE		Political [	Non-Pol	itical		
10	(a) Categor	y (See Categories listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE			Nago-o			
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	stin. TX, officeholder	iving expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Of	fice sought	Offic	e held
Date	Payee	name			144 - 144 -	
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Calego	ry (See Categories listed at the top of th	is schedule)	Description		
		Check if travel outside of Texas. Complet	e Schedule T.	Check if Au	ıstın, TX. officeholder	living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder name	Of	fice sought	Offic	e held
	and an Assessment on Assessment					
Marin (1997)	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

#### Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salarles/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) JOSH 4 Date 12/16/2 7 Payee address; Amount (\$) Zip Code \$ 1583.70 Reimbursement from political contributions Seminole, 7X-(a) Category (See Categories listed at the top of this schedule) (b) Description 8 Signs, magnets, door hangers PURPOSE dvertising txpeuse EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Josh Elder PCT Z Commissioner expenditure to benefit C/OH 12/10/21 SeminoleSentine Amount (\$) City; State: Zip Code 4065. Main St. \$ 105.00 Reimbursement from political contributions Seminole, TX 79360 intended Category (See Categories listed at the top of this schedule) Advertisement in Paper **PURPOSE** Advertising Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct PCT 2 COMMISSIONER expenditure to benefit C/OH 11118121 Amount (\$) State: Zip Code

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

tee

750.00
Reimbursement from political contributions intended

PURPOSE

**EXPENDITURE** 

Complete ONLY if direct

expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Category (See Categories listed at the top of this schedule)

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

Office held

oplication fee for placement on

general primary ballot

Check if Austin, TX, officeholder living expense

7 Commissioner

## PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

### SCHEDULE H

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

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

Advertising Expense

Event Expense

Loan Renayment/Reimbursement Solicitation/Eupdraising E

Accounting/Banking Consulting Expense Contributions/Donations Made		Office Overhead/Rental Expense Polling Expense Printing Expense	Transportation Equipm Travel In District Travel Out Of District	ent & Related Expense
Candidate/Officeholder/Polit Credit Card Payment	ical Committee Legal Services  The Instruction Guide explains	Salaries/Wages/Contract Labor s how to complete this form.	Other (enter a category	y not listed above)
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sol	(b) Description		
	(c) Check if travel outside of Texas. Complete Scho	edule T. Check if Austin	n. TX, officeholder living ex	pense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	(	Office held
Date	Business name			
Amount (\$)	Business address:	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	nedule) Description		
	Check if travel outside of Texas. Complete Scho	edule T. Check if Austin	1. TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name H	Office sought	(	Office held
Date	Business name			
Amount (\$)	Business address:	City:	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sol	hedule) Description		
LAI LIIDII ONL	Check if travel outside of Texas. Complete Sch	edule T. Check if Austri	n, TX. officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	(	Office held
	ATTACH ADDITIONAL COPIES C	OF THIS SCHEDULE AS NEE	EDED	

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

The Instruction Guide explains how to complete this form.					
<b>1</b> Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	mmission Filers)
4 Date	5 Payee name		THE PERSON NAMED IN COLUMN TO THE PE		MARIE OF CASE 15 AND ADDRESS A
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions rega	rding lype of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	nstructions rega	irding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	arding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	arding type o	finformation
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDED	T-Ris-	

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schei	dule K:	
2 FILER NAME	FILER NAME 3 Filer ID (Ethic			
4 Date	5 Name of person from whom amount is received		8 Amount (\$)	
	6 Address of person from whom amount is received; City: Sta	te: Zip Code		
	7 Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; Sta	te; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date	Name of person from whom amount is received		Amount (\$)	
	Address of person from whom amount is received; City; St	ate; Zip Code		
	Purpose for which amount is received Check if	political contribution	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED		

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

## SCHEDULE T

	To flot applicable, Do No i flotade tins pag	o iii dio ropoiti				
The Instruction Guide	e explains how to complete this form.	1 Total pages Schedule T:				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee						
5 Contribution / Expenditure reported	d on:					
	edule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
	Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS					
6 Dates of travel 7 Name of	of person(s) traveling					
8 Departu	re city or name of departure location					
9 Destina	tion city or name of destination location					
10 Means of transportation	11 Durpose of travel (including name of conference	comings or other event)				
ivieans of transportation	11 Purpose of travel (including name of conference	, serimiar, or other event)				
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reporte	d on:					
Schedule A2 Sch	Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
	edule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel Name of person(s) traveling						
Departure city or name of departure location						
Destina	tion city or name of destination location					
Means of transportation	Purpose of travel (including name of conference	e, seminar, or other event)				
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reporte	Contribution / Expenditure reported on:					
Schedule A2 Sched	ule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2 Sched	ule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel Name of	Dates of travel Name of person(s) traveling					
Departu	Departure city or name of departure location					
Destina	tion city or name of destination location					
Means of transportation	Purpose of travel (including name of conference	e, seminar, or other event)				
A	ATTACH ADDITIONAL COPIES OF THIS SCHEDU	JLE AS NEEDED				

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

## FORM C/OH - FR

	100000000000000000000000000000000000000	The Instruction Guide explains how to complete this form.			
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••			
1	C/OH N	AME 2 Filer ID (Ethics Commission Filers)			
3	SIGNATURE				
	designat	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ing a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any n contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder			
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Check	only one:			
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.			
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.			
	B.	ASSETS			
	Check	conly one:			
		I do not retain assets purchased with political contributions or interest or other income from political contributions.			
	orer-adiable.	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.			
		Signature of Candidate			
5		EHOLDER plete this section <i>only</i> if you are an officeholder **			
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.			
		Signature of Officeholder			