

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: 8
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="checkbox"/> MR FIRST MI Emmanuel <hr/> NICKNAME LAST SUFFIX Fultz SR	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 797 County Road 250 Falls City TX 78113	Date Received FILED For record in my office at 15 day of July 20 24 at 11:50 o'clock A M By Olga M. Marrero, EA Wilson County, Texas Deputy	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 371-3098	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="checkbox"/> MR FIRST MI Emmanuel <hr/> NICKNAME LAST SUFFIX Fultz SR	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 797 County Road 250 Falls City Texas 78113		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (210) 371-3098		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 27 / 2024 THROUGH 7 / 15 / 2024		
11 ELECTION	ELECTION DATE Month Day Year 11 / 5 / 24	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) NONE	13 OFFICE SOUGHT (if known) Sheriff Wilson County TX	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME <hr/> COMMITTEE ADDRESS <hr/> COMMITTEE CAMPAIGN TREASURER NAME <hr/> COMMITTEE CAMPAIGN TREASURER ADDRESS	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <i>Emmanuel Fultz SR</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1520.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>1995.14</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>1303.45</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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.

Emmanuel Fultz

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *Emmanuel Fultz* this the *15th* day of *July*,

20 *24*, to certify which, witness my hand and seal of office.

Hannah Starling

Signature of officer administering oath

Hannah Starling

Printed name of officer administering oath

Admin. Asst.

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

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

19 FILER NAME <i>Emmanuel FULTZ SR</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,570.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>0</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>0</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>0</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1,995.14</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>0</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>0</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>403.04</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>0</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>0</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>0</i>

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: <u>1</u>
2 FILER NAME <u>Emmanuel Fultz Sr</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>20 April 2024</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Fund Raiser Plate Sale</u>	7 Amount of contribution (\$) <u>\$500⁰⁰</u>
6 Contributor address; City; State; Zip Code		
8 Principal occupation / Job title (See Instructions) <u>N/A</u>		9 Employer (See Instructions) <u>N/A</u>
Date <u>18 May 2024</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Fund Raiser Plate Sale</u>	Amount of contribution (\$) <u>\$520⁰⁰</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <u>N/A</u>		Employer (See Instructions) <u>N/A</u>
Date <u>15 June 2024</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Fund Raiser Plate Sale</u>	Amount of contribution (\$) <u>500⁰⁰</u>
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions) <u>N/A</u>		Employer (See Instructions) <u>N/A</u>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
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.

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	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.

1 Total pages Schedule F1: <i>1 of 3</i>	2 FILER NAME <i>Emmanuel FULTZ SR</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>16 March 24</i>	5 Payee name <i>Walmart</i>		
6 Amount (\$) <i>87.20</i>	7 Payee address; City; State; Zip Code <i>1200 SE Military Dr San Antonio TX 78214</i>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Phone & Internet</i>		
	(b) Description <i>ATT phone card Straight Talk Internet card.</i>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Emmanuel FULTZ SR.</i>	Office sought <i>Sheriff Wilson County TX</i>	Office held <i>NONE</i>
Date <i>16 April 2024</i>	Payee name <i>Sams Club</i>		
Amount (\$) <i>275.00</i>	Payee address; City; State; Zip Code <i>3239 Goid Rd. San Antonio Texas 78223</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage</i>		Description <i>Hamburger meat, French bread tomatoe sauce / Paste, tomatoes, Bell Peppers onions, Coca Cola, water Ice</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Emmanuel FULTZ SR.</i>	Office sought <i>Sheriff Wilson County TX</i>	Office held <i>NONE</i>
Date <i>17 April 2024</i>	Payee name <i>Walmart</i>		
Amount (\$) <i>87.20</i>	Payee address; City; State; Zip Code <i>1200 SE Military Dr San Antonio TX 78214</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Phone & Internet</i>		Description <i>ATT phone card Straight Talk Internet card</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Emmanuel FULTZ SR.</i>	Office sought <i>Sheriff of Wilson County TX</i>	Office held <i>NONE</i>

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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	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.

1 Total pages Schedule F1: 2 of 3	2 FILER NAME Emmanuel Fultz SR	3 Filer ID (Ethics Commission Filers)
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4 Date 14 MAY 2024	5 Payee name K1016955A MEGYS
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6 Amount (\$) 200.00	7 Payee address; 1545 S. SAN MARCOS	City; SAN ANTONIO TX	State;	Zip Code 78207
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage	(b) Description Sausage Links 4 Box
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Emmanuel Fultz SR.	Office sought SHERIFF-WILSON COUNTY TX	Office held NONE
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Date 14 MAY 2024	Payee name Walmart
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Amount (\$) 87.20	Payee address; 1200 SE MILITARY DR	City; SAN ANTONIO	State; TX	Zip Code 78214
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Phone Internet	Description AT&T phone card STRAIGHT TALK INTERNET card
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Emmanuel Fultz SR.	Office sought SHERIFF WILSON COUNTY TX	Office held NONE
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Date 11 June 2024	Payee name Walmart
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Amount (\$) 87.20	Payee address; 1200 SE MILITARY DR	City; SAN ANTONIO	State; TX	Zip Code 78214
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Phone/Internet	Description AT&T phone card STRAIGHT TALK INTERNET card
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Emmanuel Fultz SR.	Office sought SHERIFF WILSON COUNTY TX	Office held NONE
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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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	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	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.

1 Total pages Schedule F1: <u>3 of 3</u>	2 FILER NAME <u>Emmanuel Fultz SR</u>	3 Filer ID (Ethics Commission Filers)	
4 Date <u>13 June 2024</u>	5 Payee name <u>Porter Poultry & Egg CO's</u>		
6 Amount (\$) <u>95.00</u>	7 Payee address; City; State; Zip Code <u>5475 CASTROVILLE RD. SAN ANTONIO TX 78227</u>		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Food/Beverage</u>	(b) Description <u>CHICKEN QUARTERS</u>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Emmanuel Fultz SR</u>	Office sought <u>Sheriff Wilson County TX</u>	Office held <u>NONE</u>
Date <u>12 July 2024</u>	Payee name <u>Walmart</u>		
Amount (\$) <u>87.00</u>	Payee address; City; State; Zip Code <u>1200 SE Military Dr SAN ANTONIO TX 78214</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Phone/Internet</u>	Description <u>AT&T Phone card STRAIGHT TALK INTERNET card</u>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Emmanuel Fultz SR</u>	Office sought <u>Sheriff Wilson County TX</u>	Office held <u>NONE</u>
Date <u>12 July 2024</u>	Payee name <u>1st Source Digital</u>		
Amount (\$) <u>736.10</u>	Payee address; City; State; Zip Code <u>4390 E. FM 1518 Selma TX 78158</u>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>	Description <u>4x4 SIGNS 18x24 SIGNS</u>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Emmanuel Fultz SR</u>	Office sought <u>Sheriff Wilson County TX</u>	Office held <u>NONE</u>

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
Accounting/Banking	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	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.

1 Total pages Schedule G: <u>1</u>	2 FILER NAME <u>Emmanuel Fultz SR</u>	3 Filer ID (Ethics Commission Filers)	
4 Date <u>12 July 2024</u>	5 Payee name <u>YOU PRINT</u>		
6 Amount (\$) <u>123.15</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>800 HaskeL AVE Van Nuys CA 91406</u>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>PRINTING Expense</u>	(b) Description <u>BUSINESS CARDS</u>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Emmanuel Fultz SR</u>	Office sought <u>Sheriff Wilson County Tx</u>	Office held <u>NONE</u>
	Date <u>14 July 2024</u>	Payee name <u>HFB</u>	
Amount (\$) <u>224.95</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>925 10th St. Floresville TX 78124</u>		
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food & Beverage</u>	Description <u>Soda, water, Pork butts (4) corn (4) green beans</u>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Emmanuel FULTZ SR.</u>	Office sought <u>Sheriff Wilson County Tx</u>	Office held <u>NONE</u>
	Date <u>14 July 2024</u>	Payee name <u>Sant's Club</u>	
Amount (\$) <u>54.90</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>3239 Coliad Rd San Antonio TX 78223</u>		
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Food/Beverage</u>	Description <u>Carry out food containers water, Cutlery Packs</u>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <u>Emmanuel Fultz SR,</u>	Office sought <u>Sheriff Wilson County Tx</u>	Office held <u>NONE</u>