CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				T _
The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR	MANUE (MI	OFFICE USE ONLY
NAME	NICKNAME	Fult2	suffix JR-	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	city; state; zip code y TK 78113	JAN 1 6 2024 BY: R Labus
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	9HONE NUMBER 371-3048	EXTENSION	Date Hand-delivered or Date Postmarked Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS (GR EMM) NICKNAME	LAST	SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	T97 Cour	NO PO BOX PLEASE); APT / S VYY ROAD 2 5 CIFY K	8UITE #; CITY; 550 78113	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	971- 309	EXTENSION	
9 REPORT TYPE	January 15	30th day before e		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 COVERED	Month	Day Year / 12 / 2023	THROUGH $\mathcal{O}/$	Day Year / 15 / 2024
11 ELECTION	Month Day	Year Primary Qeneral	Runoff Other Description Special	E
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF KNOW	Ibon County TX
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTUES 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.			
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		\$ 2° 10°
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	,
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	uel fultz SR	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 999 00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0	
	4. TOTAL POLITICAL EXPENDITURES	\$ 245.78	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$ 239 58	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS C LAST DAY OF THE REPORTING PERIOD	OF THE \$	
I .	wear, or affirm, under penalty of perjury, that the accompanying report is truquired to be reported by me under Title 15, Election Code.	ue and correct and includes all information	
	en to	Sr.	
	Signature of Ca	andidate or Officeholder	
	Please complete either option below	w:	
	MINIMUM.		
(1) Affidavit			
(1) Affidavit			
NOTARY STAMP/SEA	OF OF TEST		
NOTARY STAMP/SEA	performance Fultz this the	16th day of January,	
20 21 , to certify which, witness my hand and seal of office.			
Signature of officer administr	ring oath Printed name of officer administering oath	Title of officer administering oath	
OR			
(2) Unsworn Declaration			
My name is	, and my date of birth i	s	
		,,	
,		(state) (zip code) (countrý)	
Executed in	County, State of , on the day of (mon	th) , 20	
	Signature of Cand	lidate/Officeholder (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con		
	Emmanuel Fultz SR		L.
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 999 00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ -
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 750 00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 2
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITIC	CAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	FUNDS	\$ 1,368,98
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	TO A BUSINESS OF C/OH	\$ -
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	LCONTRIBUTIONS	\$ -
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTR	BUTIONS RETURNED	\$ 5

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2 FILER NAME	Januel Fultz SR,		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of contribution (\$)	
1021-23		tate; Zip Code	4639.00	
	678 10 H & Floresville -	TF 78114		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instructi	ons)	
Date	Full name of contributor	:)	Amount of contribution (\$)	
10-31-23	Stew Keongh		20	
10,0		State; Zip Code	25	
	10422 Auebneahd San A.	Towid / 78240		
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
Date	Full name of contributor	:)	Amount of contribution (\$)	
12	Full name of contributor Date Sale.		,	
11-18-23	Contributor address; City; S	tate; Zip Code	\$ 23500	
	11239 they 87 w Lavering Ty	78121	X) -	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor out-of-state PAC (ID#	:)	Amount of contribution (\$)	
	Contributor address; City; S	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 Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Emmaruel Fultz SR	3 Filer ID (Ethics Commission Filers)		
4 Date 12-1-2023	5 Payee name WILSON COUNTY DEMOTATION	Parry		
6 Amount (\$) 750 00	2 FILER NAME EMMANUEL FULTZ SR 5 Payee name WILSON COUNTY DEMOCRATIC 7 Payee address; 900 101h St. Florosville 72	City; State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Polling Expense		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder game SMANUE FULLS R. Sher	Office sought Office held Office held Office held ASME		
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 Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name 2	Office sought Office held		

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 Accounting/Banking

Event Expense Fees Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Politic	And the second of the second o		
Credit Card Payment The Instruction Guide explains how to complete this form.			
1 Total pages Schedule G:	2 FILER NAME CMMarue Fultz SR. 3 Filer ID (Ethics Commission Filers)		
4 Date 9-23 2023	5 Payee name VOY Prinst		
Amount (\$) Berimbursement from political contributions intended	7 Payee address; State; Zip Code 9000 Hus Kellove. Van Nuys CA 91807		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description 3 usi wells (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held FMMANNE FUHZ SR. Sheriff of Wilson County TY WONE OFFICE held		
Date 10 13 - 2023	5 19 NS ON the Chest		
Amount (\$) 4/9 #7 Befinbursement from political contributions intended	Payee address; Payee hollowdr Austins City: State; Zip Code 78756		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPLOSE Check if travel outside of Texas. Complete Schedule T. Description J8424 Yard 519N5 Check if Austin. TX. officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name Office sought Office held		
Date 11-13-2023	Payee name		
Amount (\$) 13 (Reimbursement from political contributions intended	Payer address; City: State; Zip Code \$000 Haskell we. Jan Nuys CA 91806		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE Description 4x4 Justo Cards		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Office holder name Office sought Office hold World Office hold World		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment			
1 Total pages Schedule G: 2	2 FILER NAME 2 FILER NAME 3 Filer ID (Ethics Commission Filers)		
4 Date 91-72/2073	5 Payee name Wal Mart		
	7 Payee address; City; State; Zip Code 305 10 H St. Floresully TO 98114		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. (b) Description Flip Coll Phoe Left Campaign Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held Emmanuel Fultz SR. Shrift of Wilson County The Many		
Date 10-9-2023	Payee name OGM 5 Chip		
Amount (\$) 290 00 Befinbursement from political contributions intended	Payee address; State; Zip Code 3239 Goliab Ad San Antonio TX 79223		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)		
Complete ONLY if direct expenditure to benefit C/OH Emmanue Fultz SR. Sheriff of Wilson County TX None			
Date 10 y 15 · 2023	Payee name HEB		
Amount (\$) 175 Reimbursement from political contributions intended	Payee address; State; Zip Code 78114		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FUND Raiser Expense		
Check if Lastin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held Nove			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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 Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s 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 G: 3 of 3	2 FILER NAME EMManuel Fully 5	<i>n</i> ,	3 Filer ID (Ethics Commission Filers)
4 Date 1-10-2029	5 9MS Club		
6 Amount (\$) 155 EC Reimbursement from political contributions intended	7 Payee address; 3239 Golial R. Sun	LUTONIO TO 762	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fund Rayser Expense Cheese		
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name EMM que fultz JR. Jh	Office sought Deriff of 4) ((50 to C	ounty The power
12-8-2023	Payee name Wilson County A	Jenes	
Amount (\$) Reimbursement from political contributions intended	Payee address; 1012 C St, Flores Ville	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Description Newstaffer	- Ad
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 CAMAVUEL (VILLE SR. Sperish of Wilson County TX NOW)			
Date	Payee name		-
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch	Description	
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin.	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			