

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

| | | | | | |
|--|---|---|---|--|---------------------|
| The JC/OH instruction 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 | FIRST ANDREW | MI C | | |
| | NICKNAME ANDY | LAST REESE | SUFFIX | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX. POB 279 | APT / SUITE #: | CITY: CANTON TX STATE: ZIP CODE: 75103 | | |
| <input type="checkbox"/> Change of Address | | OFFICE USE ONLY Date Received FILED FOR RECORD JUL 15 2024 SUSAN STRICKLAND COUNTY CLERK, VAN ZANDT CO., TX BY _____ DEP | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE ([REDACTED]) | | | PHONE NUMBER [REDACTED] [REDACTED] [REDACTED] | EXTENSION |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MR | | | FIRST ROBERT | MI A |
| | NICKNAME BOB | | | LAST REESE | SUFFIX JR |
| 7 CAMPAIGN TREASURER ADDRESS | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: | | CITY: STATE: ZIP CODE: | | |
| (Residence or Business) | | 299 VZCR 4135 CANTON TX 75103 | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE ([REDACTED]) | PHONE NUMBER [REDACTED] [REDACTED] [REDACTED] | EXTENSION | | |
| 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 01 / 01 / 2024 | | THROUGH Month Day Year 06 / 30 / 2024 | | |
| 11 ELECTION | ELECTION DATE Month Day Year / / | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| | 12 OFFICE OFFICE HELD (if any) COUNTY JUDGE | | 13 OFFICE SOUGHT (if known) | | |
| 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. | | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | |
| | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |

GO TO PAGE 2

**JUDICIAL CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM JC/OH
COVER SHEET PG 2**

| | | |
|---|---|---|
| 15 JC/OH NAME ANDREW (ANDY) REESE | | 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) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 395.68 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 714.14 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 5,500.00 |

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

Andy Reese
Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by ANDY REESE this the 15th day of July, 2024.

Christie Taylor to certify which, witness my hand and seal of office.
Signature of officer administering oath Printed name of officer administering oath 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 - JC/OH

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

| | | |
|--|---|---|
| 19 FILER NAME ANDREW (ANDY) REESE | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 395.68 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

**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 | GM/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: 1 OF 5 | | 2 FILER NAME ANDREW (ANDY) REESE | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 1/8/2024 | | 5 Payee name CAMPAIGN PARTNER | | | |
| 6 Amount (\$) 32.00 | | 7 Payee address: P.O. BOX 118 | | City: STILL RIVER | State: MA |
| | | | | Zip Code 01467 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | | (b) Description WEBSITE | | |
| | (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 | | Office sought | |
| | | | | Office held | |
| Date 1/10/2024 | | Payee name CONSTANT CONTACT | | | |
| Amount (\$) 29.82 | | Payee address: 1601 TRAFECO ROAD | | City: WALTHAM | State: MA |
| | | | | Zip Code 02451 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | | Description EMAIL SUBSCRIPTION | | |
| | <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 | | Office sought | |
| | | | | Office held | |
| Date 1/31/24 | | Payee name WILLS POINT CHAMBER OF COMMERCE | | | |
| Amount (\$) 25.00 | | Payee address: | | City: WILLS POINT TX | State: TX |
| | | | | Zip Code 75169 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) EVENT EXPENSE | | Description CHAMBER ANNUAL EVENT | | |
| | <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 | | Office sought | |
| | | | | Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM
POLITICAL CONTRIBUTIONS**

SCHEDULE F1

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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 5 | 2 FILER NAME ANDREW (ANDY) REESE | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/6/24 | 5 Payee name CAMPAIGN PARTNER | |
| 6 Amount (\$) 32.00 | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description WEBSITE |
| | (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 | Office sought Office held |
| Date 2/12/24 | Payee name CONSTANT CONTACT | |
| Amount (\$) 29.82 | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description EMAIL SUBSCRIPTION |
| | <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 | Office sought Office held |
| Date 3/6/24 | Payee name CAMPAIGN PARTNER | |
| Amount (\$) 32.00 | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description WEBSITE |
| | <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 | Office sought Office held |

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**POLITICAL EXPENDITURES MADE FROM
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SCHEDULE F1

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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 |
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| Credit Card Payment | | | |

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| | | | | | |
|--|--|---|---|--|--|
| 1 Total pages Schedule F1: 3 OF 5 | | 2 FILER NAME ANDREW (ANDY) REESE | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 3/11/24 | | 5 Payee name CONSTANT CONTACT | | | |
| 6 Amount (\$) 29.82 | | 7 Payee address; City; State; Zip Code | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | | (b) Description EMAIL SUBSCRIPTION | | |
| | (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 | | Office sought Office held | |
| Date 4/8/24 | | Payee name CAMPAIGN PARTNER | | | |
| Amount (\$) 32.00 | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | | Description WEBSITE | | |
| | <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 | | Office sought Office held | |
| Date 4/10/24 | | Payee name CONSTANT CONTACT | | | |
| Amount (\$) 29.82 | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | | Description EMAIL SUBSCRIPTION | | |
| | <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 | | Office sought Office held | |

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
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| Candidate/Officeholder/Political Committee | Legal Services | | Other (enter a category not listed above) |
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| | | |
|--|--|--|
| 1 Total pages Schedule F1: 4 OF 5 | 2 FILER NAME ANDREW (ANDY) REESE | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 5/6/24 | 5 Payee name CAMPAIGN PARTNER | |
| 6 Amount (\$) 32.00 | 7 Payee address; City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description WEBSITE |
| | (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 | Office sought Office held |
| Date 5/10/24 | Payee name CONSTANT CONTACT | |
| Amount (\$) 29.82 | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description EMAIL SUBSCRIPTION |
| | <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 | Office sought Office held |
| Date 6/6/24 | Payee name CAMPAIGN PARTNER | |
| Amount (\$) 32.00 | Payee address; City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description WEBSITE |
| | <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 | Office sought Office held |

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
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| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

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|--|--|--|
| 1 Total pages Schedule F1: 5 of 5 | 2 FILER NAME ANDREW (ANDY) REESE | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 6/10/24 | 5 Payee name CONSTANT CONTACT | |
| 6 Amount (\$) | 7 Payee address; | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description EMAIL SUBSCRIPTION |
| | (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 | Office sought Office held |
| Date 6/30/24 | Payee name TEXAS BANK + TRUST | |
| Amount (\$) <.24> | Payee address; | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FEES | Description CHECKING ACCOUNT INTEREST |
| | <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 | 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 |
| | <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 | Office sought Office held |

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