# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Daphne	MI L	OFFICE USE ONLY
NAIVIE	NICKNAME	LAST	SUFFIX	Houston County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;		city; state; zip code Modutt, TX 75835	FEB 1 2 2025
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 545-9924	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  ///  NICKNAME	Daphne Last Sess	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (I	NO PO BOX PLEASE); APT / S ANTIN LUTH		Bluck  Att TX 75835
8 CAMPAIGN TREASURER PHONE	AREA CODE (0136)	PHONE NUMBER 545-992	extension 9	
9 REPORT TYPE	January 15  July 15	30th day before e	Consorted Mediford	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 05 / 2024	Month	Day Year / 15 / 2025
11 ELECTION	ELECTION DAY	Year Primary General	Runoff Other Description Special	E
12 OFFICE	OFFICE HELD (if any)	+ Attorney	13 OFFICE SOUGHT (if know	wn)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR		
		GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	Daphne	L. Sussion	1	16 Filer	ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	PLEDGES,	IITEMIZED POLITICAL CONT , LOANS, OR GUARANTEES JTIONS MADE ELECTRONIC	OF LOANS, OR	.N	\$	and the second s
		DLITICAL CONTRIBUTION HAN PLEDGES, LOANS, OR (		;)	\$	agelialistic re-
EXPENDITURE TOTALS	3. TOTAL UNI	TEMIZED POLITICAL EXPEN	IDITURE.		\$ 7	85.00
	4. TOTAL PO	DLITICAL EXPENDITURES			\$ 78	85.00
CONTRIBUTION BALANCE		LITICAL CONTRIBUTIONS MA	AINTAINED AS OF THE LA	ST DAY	\$ .	**************************************
OUTSTANDING LOAN TOTALS		NCIPAL AMOUNT OF ALL OU OF THE REPORTING PERIO		OF THE	\$	- MARINE STREETS AND THE STREE
		penalty of perjury, that the a me under Title 15, Election C				
MY MY	a Isabel Rodríguez COMMISSION EXPIRES 02/27/2026 TARY ID: 12560005-4	Please complete ei	ther option belov	w:	4	
Sworn to and subscribed		1	ession this the	124	day of F	Ebruary
(1) $(1)$ $(2)$ $(3)$	which, witness my hand	and seal of office.  Rita Rod	riquez	0	HiuA	Uministrate
Signature of officer administe	ring oath	Printed name of officer admin	istering oath		Title of officer	administering oath
(2) Unavers Declarati		OR				
(2) Unsworn Declaration	on					
My name is			_, and my date of birth is	3		
My address is						
	(street)		, ,,		(zip code)	(country)
Executed in	County, State	e of, on the	e day of (month	h)	_, 20 (year)	
		_	Signature of Candi	date/Office	eholder (Decla	nrant)

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

19	19 FILER NAME  DIDINIL L. SESSION  20 Filer ID (Ethics Con					
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT				
1.	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	\$ 785.00				
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	\$				

#### 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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

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 Other (enter a category not listed above)

Candidate/Officeholder/Politi Credit Card Payment	cal Committee Legal Services Salaries  The Instruction Guide explains how to	Other (enter a category not listed above) Complete this form.
1 Total pages Schedule G:	DAPINE L. Sessi	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
11-7-2024	Messenger	
6 Amount (\$)  150,00  Reimbursement from political contributions intended	POBOX 99	City; State; Zip Code Grapuland, TX 15844
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF	Advorting 174 DOLL	Newspaper Ad - Thank You
EXPENDITURE	ANVERTISING EXPERSE	Mewspaper/ta - mone for
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OH	Daphne L. Sess	ion District Attorne
Date	Payee name	
11-10-2024	Messenger	
Amount (\$)	Payee address;	City; State; Zip Code
Reimbursement from political contributions intended	P.O. Box 99	Grapellul TX 75844
	Category (See Categories listed at the top of this schedule)	Description LAMOY
PURPOSE OF EXPENDITURE	Advertising expense	Newspaper Ad - Veterans
LAI ENDITORE	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/C	Candidate / Officeholder name  DAPHNE L. SESSION	Office sought  Office held  District Attorney
Date 11-17-202	Payee name ### MUSSINGIV	
Amount (\$)  Reimbursement from political contributions intended	Payee address; PO Box 99	City; State; Zip Code Grapelard 7X 75844
	Category (See Categories listed at the top of this schedule)	Description (*AV: +Co A (
PURPOSE OF EXPENDITURE	Advertising expense	NewspaperAd in Crocket
	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	Daphne L. Session	District Attma
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

#### 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/Politic		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Experience Printing Experience Salaries (1)	xpense Vages/Contract Labor	Transport Travel In Travel Ou	District it Of District	Expense int & Related Expense not listed above)
		The instruction duide explain	15 110W to				
1 Total pages Schedule G:	2 FILER NA	ohne L. St	255/8	N	3 Filer	ID (Ethics C	commission Filers)
4 Date	5 Payee nar	re LSSLNGU					
Amount (\$)  Reimbursement from political contributions intended	7 Payee add	dress; 20 BOX 99		Grape	land	State;	Zip Code 75844
8	(a) Category	(See Categories listed at the top of this s	chedule)	(b) Description			,
PURPOSE OF EXPENDITURE	Adver	itising Expun	We	Muspape	V Ad	- Th	MUSGIVING
	(c)	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeho	older living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ton	Ane L. Sessio	71	Office sought		Case	office held trict A Havi
Date 12-5-2124	Payee nar	ne USSLNGUV					
Amount (\$)  HOLOO  Reimbursement from political contributions intended	Payee ad	dress; Box 99		Grape	lard	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description NEWS Par	per A	d-C	hristmas a Kennam
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeh		
Complete ONLY if direct expenditure to benefit C/	> A	DANK L. St.	ssion	Office sought		Dis	office held hich Attan
Date 10-2025	Payee nar		Ston	Co. Living	1		
Amount (\$)  275.00  Reimbursement from political contributions intended	Payee ad	dress; BAX 99		Grapel	and	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	schedule)	Description .  Mugazin	end	Ad	
		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	n, TX, officeh	older living exp	pense
Complete ONLY if direct expenditure to benefit C/OH	7	date / Officeholder name	sion	Office sought		Distri	office held

#### 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 By Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Travel In District Travel Out Of District

Transportation Equipment & Related Expense

Solicitation/Fundraising Expense

Candidate/Officeholder/Pol Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule G	Duphne L. Session	3 Filer ID (Ethics Commission Filers)
4 Date 13 - 33 - 305	5 Payee name 4 MUSSINGW	
Amount (\$) Reimbursement from political contributions intended	Pobox 99	City; State; Zip Code TX 75944
8 BURBOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Advertising expense	Newspaper Ad-Christmas
	(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/O	Candidate / Officeholder name  DAPANE L. Session	Office sought  Office held  District A Himmey
Date 12-202	Payee name 4 Milssenger	
Amount (\$)  HO : OO  Reimbursement from political contributions intended	Payee address; POBAX 99	Grapeland TX 75944
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advirag Lupense  Check if travel outside of Texas. Complete Schedule T.	Description  Haffe  Helix paper Ad - New Year  Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if dire expenditure to benefit		Office sought  Office held  Dishict Attorney
1-5-2025	Payee name  PAUS SUBUY	
Amount (\$)  Reimbursement from political contributions intended		City; State; Zip Code CTYAPELANCE TX 75844
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ANDVARAGE EXPENSE  Check if travel outside of Texas. Complete Schedule T.	Description  AU  Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought  Office held  District Attank)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Daphne.	мі <i>L</i> ·	OFFICE USE ONLY
TACAVILL	NICKNAME	SE55101	SUFFIX	Date Received Haliston County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		dutt 7x 75935	FEB 1 2 2025 RECEIVED
Change of Address	ADEA 00DE	DUONE NUMBER	EXTENSION	
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	545-9929	EATENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Daphne	L.	Date Processed
INAIVIE	NICKNAME	Session	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (I	NO PO BOX PLEASE); APT/S Urtin Lutheli	King Jr. Blad	STATE; ZIP CODE  CIXCLUTT TX  75835
(Residence or Business)			EXTENSION	0
8 CAMPAIGN TREASURER PHONE	AREA CODE	545-9929	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month  10	Day Year / Q5 / 2024	THROUGH )	Day Year / 05 / 2024
11 ELECTION	ELECTION DA		ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	11/05	alay R General	Special	21/QX \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	o. Dishict Atorney
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
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

15 C/OH NAME	Daphne L. Session	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	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.	\$ 305.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 305.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
1	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.  Signature of Ca	e and correct and includes all information
(1) Affidavit	Please complete either option below Rita Isabel Rodriguez AY COMMISSION EXPIRES 02/27/2026 DTARY ID: 12560005-4	v:
NOTARY STAMP/SEA		12H day of February.
to 1"	which, witness my hand and seal of office.  Rita Rodriguez	Officer administering oath
	OR THE RESERVE OF THE	
(2) Unsworn Declarat	ion	
My name is	, and my date of birth is	·
My address is		,
Executed in	(street) (city) ( County, State of , on the day of (month	state) (zip code) (country), 20 (year)
	Signature of Candi	date/Officeholder (Declarant)

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

19	FILER NAME Duphne L. Session 20 File	r ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	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 CONTRIBUT	ions \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIE	SUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 305.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	SS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	TIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETOFILER	TURNED \$

#### 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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

bursement
al Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee	Legal Services		laries/Wages/Contract Labo	(	r a category	not listed above)
			Guide explains no	ow to complete this for	m.		
1 Total pages Schedule G:	2 FILER NA	Daph	ne L.	Session	3 Filer II	O (Ethics (	Commission Filers)
4 Date	5 Payee na	A A					
10-6-2024		Messe	nger				
6 Amount (\$)  HOQO  Reimbursement from political contributions intended	7 Payee ad	dress;	J	City GM	peland	State;	Zip Code 75844
8 PURPOSE OF EXPENDITURE	Adver	tising ex		Newsa	aper Act-		
0	` '		Texas. Complete Schedule		f Austin, TX, officehold		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		late / Officeholde		Office sought	sistilit		Office held
Date 10 - 13 - 2024	Payee na	ne SSENGER					,
Amount (\$)  Reimbursement from political contributions intended	Payee ad	dress; O Bux 99		CTVA	peland	State;	Zip Code 75844
PURPOSE OF EXPENDITURE	A	(See Categories listed	d at the top of this sched	Description	oaper Aa	1- B	riast
			Texas. Complete Schedul		if Austin, TX, officehol		
Complete <u>ONLY</u> if direct expenditure to benefit C/C		late / Officeholde	r name Sessi	Office sought	4		Attorney
Date 10-20-2025	Payee na	me USSENG.	L.T				,
Amount (\$)  Reimbursement from political contributions intended	Pavee ad			City;	peland	tate;	Zip Code 75844
PURPOSE OF EXPENDITURE	Category	rtising	at the top of this scheduler than the top of this scheduler than the top of this scheduler than the top of this scheduler than the top of the top o	Mewsp	DAPEN AA of Austin, TX, officehold	der living ex	DIMESTIC VIOLUCE pense
	Candid	late / Officeholde	r name	Office sought		(	Office held
Complete ONLY if direct expenditure to benefit C/OH	Day	1	session			Di	Strict Attor
	ATTA	ACH ADDITIONA	L COPIES OF TI	HIS SCHEDULE AS I	NEEDED	a diamengan ay anda ali kina diamengah merkepan in menerih.	

#### 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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

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
Other Content of the Co

Credit Card Payment	The Instruction Guide explains how to	Other (enter a category not listed above)  complete this form.			
1 Total pages Schedule G:	2 FILER NAME Daphne L. Se	3 Filer ID (Ethics Commission Filers)			
4 Date 10-24-2024	5 Payee name  MUSSINGUV				
6 Amount (\$)  Reimbursement from political contributions intended	POBOX 99	City; State; Zip Code (7) APELAN ( TX 75844			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advirtising explinate	(b) Description Newspaper Ad- Himecoming			
	(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	Dayline L. Session	Office sought  Office held  District Attivities			
Date 10-27-2024	Payee name MUSSUNGIV				
Amount (\$)  Reimbursement from political contributions intended	Payee address;	City; State; Zip Code Grapeland TX 75844			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advirtasing expenses	NEWS PAPER Ad- Red Ribbert Week			
	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/C	Candidate / Officeholder name	Office sought Office held			
Date 12/8/2024	Payee name  K/VY				
Amount (\$)  Rembursement from political contributions intended	Payee address; 102 S. 54 St.	City; State; Zip Code  COCLUT TX 75851			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertige Edglerse	Radio Ad - FOOtball			
	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			
-	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED			

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / FIRST МΙ OFFICE USE ONLY OFFICEHOLDER Ms Daphne L NAME Date Received NICKNAME LAST SUFFIX Session Houston County Elections 4 CANDIDATE / APT / SUITE #; ADDRESS / PO BOX: ZIP CODE OFFICEHOLDER P. O. Box 150, Crockett, Texas 75835 OCT 0 8 2024 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (903 721-4488 (936)545-9929 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST МΙ **TREASURER** Daphne Ms. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Session

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  213 Martin Luther King, Jr. Blvd, Crockett, Texas 75835				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( 936 ) 545-9929				
9 REPORT TYPE	January 15  30th day before election  Runoff  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  Sth day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 15 / 24 THROUGH 10 / 5 / 24				
11 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Dother Description  11 / 5 / 24 General Special				
12 OFFICE	OFFICE HELD (if any)  Houston County Attorney  13 OFFICE SOUGHT (if known)  349th Judician District Attorney/Houston County District Attorney				
14 NOTICE FROM POLITICAL COMMITTEE(S)  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  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS  COMMITTEE CAMPAIGN TREASURER ADDRESS				
	GO TO PAGE 2				
Forms provided by Texas Eth	nics Commission www.ethics.state.tx.us Revised 1/1/2024				

	TE / OFFICEHOLDER N FINANCE REPORT	COV	FORM C/OH /ER SHEET PG 2		
15 C/OH NAME Daphne L. Session		16 Filer I	O (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	l	\$ 0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 0.00		
	4. TOTAL POLITICAL EXPENDITURES		\$ 622.50		
CONTRIBUTION BALANCE	5. 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		
<b>18</b> SIGNATURE I si req	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.				
Rita Isabel Rodríguez MY COMMISSION EXPIRES 02/27/2028 NOTARY ID: 12560005-4					
(1) Affidavit					

NOTARY STAMP/SEAL  Sworn to and subscribed before me by	nd coal of office ( )	the Bh day of October,
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declaration	OR	
My name is 5	, and my date of bir	th is
My address is		
(street)	(city)	(state) (zip code) (country)
Executed inCounty, State of		nonth) , 20 (year)
Rita Isabel Rodríguez MY COMMISSION EXPIRES 02/27/2026 NOTARY ID: 12560005	Signature of Ca	andidate/Officeholder (Declarant)
Forms provided by texas Ethics Commission	www.ethics.state.tx.us	Revised 1/1/2024

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

1	FILER NAME aphne L. Session	20 Filer ID (Ethics Co	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	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 CON	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.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 622.50
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 CONTRIBUTI TO FILER	ONS RETURNED	\$

#### 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** Loan Repayment/Reimbursement Solicitation/Fundraising Expense 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 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Daphne L. Session 4 Date 5 Payee name 09/30/2024 **KIVY** 6 Amount (\$) 7 Payee address: City; State: Zip Code 262.50 102 S. 5th Street, Crockett, Texas 75835 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertisement Radio sponsor/ads (Coaches Show) **EXPENDITURE** (c) 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 Daphne L. Session expenditure to benefit C/OH 349th District Attorney County Attorney Date Payee name 08/21/2024 Messenger Amount (\$) Payee address; City; State: Zip Code 40.00 P. O. Box 99, Grapeland, Texas 75844 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Honor Senior Citizens Advertisement 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 Daphne L. Session 349th District Attorney County Attorney Date Payee name 09/01/2024 Messenger Amount (\$) Pavee address: City; State: Zip Code 40.00 P. O. Box 99, Grapeland, Texas 75844 Reimbursement from political contributions . intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertisement Labor Day 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 Daphne L. Session 349th District Attorney County Attorney

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Contributions/Donations Made By Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Daphne L. Session 4 Date 5 Payee name 09/01/2024 Myrtis Dightman Rodeo 6 Amount (\$) 7 Payee address: City; State: Zip Code 200.00 1704 FM 2110, Crockett, Texas 75835 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertisement Ad in souvenir book (35th Anniversary) OF **EXPENDITURE** (c) 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 Daphne L. Session expenditure to benefit C/OH 349th District Attorney County Attorney Date Payee name 09/19/2024 Messenger Amount (\$) Payee address; City; State; Zip Code 40.00 P. O. Box 99, Grapeland, Texas 75844 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertisement Hispanic Heritage Day 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 Daphne L. Session 349th District Attorney County Attorney Payee name 09/29/2024 Messenger Amount (\$) Payee address: City; State: Zip Code 40.00 P. O. Box 99, Grapeland, Texas 75844 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) **PURPOSE** Advertisement National Night Out-We Back the Blue 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 Daphne L. Session 349th District Attorney County Attorney

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. FIRST МΙ MS / MRS / MR CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Daphne L Ms NAME Date Received SUFFIX NICKNAME LAST **Houston County Elections** Session APT / SUITE #; ADDRESS / PO BOX; STATE; ZIP CODE CANDIDATE / JUL 1 5 2024 **OFFICEHOLDER** P O Box 150, Crockett, TX 75835 **MAILING** HECEIVED **ADDRESS** Change of Address PHONE NUMBER EXTENSION AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 5544-3255 ext 270 (936 **PHONE** Amount \$ Receipt # FIRST MΙ MS / MRS / MR 6 CAMPAIGN **TREASURER** Daphne Ms Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Session STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CITY: STATE: **CAMPAIGN** 213 Martin Luther King, Jr. Blvd, Crockett, TX 75835 TREASURER **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER PHONE 721-4488 ( 903 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Dav Year **COVERED** 15 24 15 24 THROUGH **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Other Description Primary Runoff Month Dav Year N/A Special General 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE County Attorney District Attorney THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER** 

FORM C/OH

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Ms. Daphne L Session	n		16 Filer ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CO     PLEDGES, LOANS, OR GUARANTE     CONTRIBUTIONS MADE ELECTRO	ES OF LOANS, OR	\$ 2	le.11
	2. TOTAL POLITICAL CONTRIBUTI (OTHER THAN PLEDGES, LOANS, C		\$ 2	6.11
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDITUR	RES	\$ 73	3.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAS	ST DAY \$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE		F THE \$ (	)
1	wear, or affirm, under penalty of perjury, that the puired to be reported by me under Title 15, Election ——	on Code.	e and correct and inc	
	Please complete	e either option below	v:	
NOTAR STANDSHAD  Sworn to and subscribed		this the	154 day of	Tuly.
Rita 1. K	which, witness my hand and seal of office.	oel Radriguez	Office Su	pervisor
Signature of officer administer	ring oath Printed name of officer ac	dministering oath	Title of office	r administering oath
(2) Unsworn Declaration				
My name is		, and my date of birth is	*	······································
My address is				· · · · · · · · · · · · · · · · · · ·
	(street)	( )/	state) (zip code)	, ,,
Executed in	County, State of , or	n the day of (month	n) , 20, (year)	•
		Signature of Candid	date/Officeholder (Dec	larant)

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

19 FILER	aphne L. Session	20 Filer ID (Ethics Co	mmission Filers)
	DULE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT
1.	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		\$ 26.11
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 733.89
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 CONTRIBUTO FILER	TIONS RETURNED	\$

### 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/Politica Credit Card Payment	al Committee Legal Services Salaries A  The Instruction Guide explains how to	Wages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	Ms. Daphne L. Session		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/02/2023	Messenger		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
26:11	P O Box 99, Grapeland, TX 75844		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertisting	Christmas in C	Grapeland
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Daphne Session		County Attorney
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
V,			
	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 Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Date	,		
Amount (\$)	Payee address;	City;	State; Zip Code
	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 Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

#### 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 Office Overhead/Rental Expense Accounting/Banking Fees Transportation Equipment & Related Expense Food/Beverage Expense Consulting 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 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ms. Daphne L. Session 4 Date 5 Payee name 12/02/2023 Messenger 6 Amount (\$) 7 Payee address; City; State: Zip Code 3 . 80 Reimbursement from P O Box 99, Grapeland, Tx 75844 political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Christmas in Grapeland Advertising **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 Complete ONLY if direct Daphne Session County Attorney expenditure to benefit C/OH Payee name Messenger Amount (\$) Payee address; City; State; Zip Code 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** Kennard Homecoming Advertising OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Complete ONLY if direct expenditure to benefit C/OH Daphne Session County Attorney Payee name Messenger Payee address; State; Zip Code City; 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** Merry Christmas greeting Adverstising 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 Daphne Session expenditure to benefit C/OH County Attorney

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Food/Beverage Expense Consulting 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ms. Daphne L. Session 4 Date 5 Payee name Messenger Amount (\$) 7 Payee address; City; State: Zip Code 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Don't Drink & Drive Advertising 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 Complete ONLY if direct Daphne Session County Attorney expenditure to benefit C/OH Payee name Messenger Amount (\$) Payee address; City; Zip Code State: 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Happy New Year Advertising OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Daphne Session County Attorney Payee name Messenger Payee address; City; State; Zip Code 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) **PURPOSE** National Law Enforcement Appreciation Adverstising OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct Daphne Session expenditure to benefit C/OH County Attorney ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waqes/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Carlot (Citica di category not libred abovo)	
1 Total pages Schedule G:	<sup>2</sup> FILER NAME Ms. Daphne L. Session	3 Filer ID (Ethics Commission File		
4 Date 01/14/2024	5 Payee name Messenger			
6 Amount (\$) 40.00  Reimbursement from political contributions intended	7 Payee address; P O Box 99, Grapeland, Tx 75844	City;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising	(b) Description Martin Luther K	ing, Jr. Observance	
	(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 name  Daphne Session	Office sought	Office held County Attorney	
02/08/2024	Payee name  Messenger			
Amount (\$) 40.00  Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Lovefest		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH Daphne Session	Office sought	Office held  County Attorney	
Date 02/15/2024	Payee name Messenger			
Amount (\$) 40.00  Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adverstising	Description Black History M	<b>l</b> onth	
	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  Daphne Session	Office sought	Office held  County Attorney	
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	ED	

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Advertising Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting 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 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ms. Daphne L. Session Date 5 Payee name Messenger 7 Payee address; City; State; Zip Code 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Thank You Emergency Agencies Advertising **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 Complete ONLY if direct Daphne Session County Attorney expenditure to benefit C/OH Payee name Messenger Payee address; State: Zip Code City; 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** Womens History Month Advertising OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Daphne Session County Attorney Payee name Messenger Payee address; Zip Code City; State: 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** Easter Adverstising 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 Daphne Session expenditure to benefit C/OH County Attorney ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) Ms. Daphne L. Session 4 Date 5 Payee name Messenger 6 Amount (\$) 7 Payee address; City; State; Zip Code 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** D.A.R.E Day Advertising **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct Daphne Session County Attorney expenditure to benefit C/OH Payee name Messenger Amount (\$) Payee address; City; State: Zip Code 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** Stop Child Abuse! Advertising 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 Daphne Session County Attorney Payee name Messenger Payee address; City; State; Zip Code 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** Law Enforcement Week Adverstising 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 Daphne Session expenditure to benefit C/OH County Attorney ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explai	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	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 NAM	phne L. Session			3 Filer ID (Ethics	Commission Filers)
4 Date 06/16/2024	5 Payee nam	e		<u>'</u>	***************************************	
6 Amount (\$) 40.00  Reimbursement from political contributions intended	7 Payee add P O Box	ress; k 99, Grapeland, Tx 1	75844	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category ( Advertisin	See Categories listed at the top of this a	schedule)	(b) Description Juneteenth		
	( <b>c</b> ) Cl	neck if travel outside of Texas, Complete So	chedule T.	Check if Austin,	TX, officeholder living ex	pense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name ne Session		Office sought		Office held  Attorney
Date 06/20/2024	Payee nam <b>Messen</b>					
Amount (\$) 40.00  Reimbursement from political contributions intended	Payee addi P O Box	ress: x 99, Grapeland, Tx 7	75844	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Advertisir	See Categories listed at the top of this a	schedule)	Description National Day of	f Prayer for L E	<b>=</b>
	С	neck if travel outside of Texas. Complete S	chedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct	Candida	te / Officeholder name		Office sought	(	Office held
expenditure to benefit C/C	<sup>⊶</sup> Daph	ne Session			County	Attorney
Date 07/04/2024	Payee nam <b>Messen</b>					
Amount (\$) 80.00  Reimbursement from political contributions intended	Payee addi P O Box	ress: x 99, Grapeland, Tx 7	75844	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category ( Adverstis	See Categories listed at the top of this s	chedule)	Description 4th of July x 2		
	Cł	eck if travel outside of Texas. Complete So	hedule T.	Check if Austin,	TX, officeholder living exp	pense
Complete ONLY if direct		te / Officeholder name		Office sought	C	Office held
expenditure to benefit C/OH	Daphi	ne Session			County	Attorney
	ATTAC	H ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEEDE	ĒD	:

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to comp	olete this form.
		•• Complete only if "Report Type" on page 1 is ma	arked "Final Report" ••
1	C/OH N		2 Filer ID (Ethics Commission Filers)
D	aphr	ne Lynette Session	
3	SIGNA	TURE	
		expect any further political contributions or political expenditures in connecting a report as a final report terminates my campaign treasurer appointment.	
		gn contributions or make any campaign expenditures without a campaign	
			hlam
		_	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	
	Checl	k only one:	
		I do not have unexpended contributions or unexpended interest or incor	ne earned from political contributions.
	Control of the Contro	I have unexpended contributions or unexpended interest or income earn may not convert unexpended political contributions or unexpended interpersonal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on filing this final report. Further, I understand that I must dispose of unexpended or income earned on political contributions in accordance with the	erest or income earned on political contributions to nexpended contributions and that I may not retain political contributions longer than six years after pended political contributions and unexpended
	B.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest or	other income from political contributions.
		I do retain assets purchased with political contributions or interest or oth that I may not convert assets purchased with political contributions or interest personal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204.	terest or other income from political contributions to
			Signature of Candidate
5	OFFIC	EHOLDER	
	•• Com	plete this section <i>only</i> if you are an officeholder ••	
	<b>V</b>	I am aware that I remain subject to filing requirements applicable to an office file. I am also aware that I will be required to file reports of unexpended coan officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ontributions if, after filing the last required report as no political contributions, or assets purchased with
		<del>-</del>	Signature of Officeholder

#### FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER Ms. Daphne NAME Date Received NICKNAME LAST SUFFIX Session **Houston County Elections** ADDRESS / PO BOX; APT / SUITE #: 4 CANDIDATE / STATE; ZIP CODE OFFICEHOLDER P. O. Box 150, Crockett, TX 75835 JUL 15 2024 **MAILING ADDRESS** MECHIVED Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked OFFICEHOLDER (903 721-4488 **PHONE** Receipt # Amount \$ FIRST MS / MRS / MR CAMPAIGN MΙ **TREASURER** Daphne Ms. Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Session STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE CAMPAIGN **TREASURER** 213 Martin Luther King, Jr. Blvd., Crockett, TX 75835 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER PHONE** 721-4488 ( 903 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day · Month Dav Year Year COVERED ′ 24 12 12 3 23 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Other Description Primary Runoff Day Year General Special 11 / 5 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE County Attorney 349th Judicial District Attorney/Houston County District Attorney 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER** 

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	<del></del>		***************************************	***************************************
15 C/OH NAME Ms. Daphne Session			16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICATION     PLEDGES, LOANS, OR GUARACONTRIBUTIONS MADE ELECTRICATION		N \$	0.00
	2. TOTAL POLITICAL CONTRII (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS	) \$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPEND	ITURES	\$	850.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	ST DAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS C G PERIOD	F THE \$	0.00
	Diseas same	Signature of Ca		Officeholder
	Please comp	lete either option belov	v:	
MY CO	sabel Rodriguez MMISSION EXPIRES 02/27/2026 RY ID: 12560005-4  before me by DDNU Spssi	this the	15 <sup>4</sup> h a	ay of July
0.1	which, witness my hand and seal of office.	1 / 0 1 :	Office	Survicin
Signature of officer administer		cer administering oath	Titl	e of officer administering oath
		OR		
(2) Unsworn Declaration	on			
My name is		, and my date of birth is	i	
-	(street)	(city)	state) (zip	code) (country)
Executed in	County, State of	_ , on the day of(month	n)	(year)
		Signature of Candid	date/Officehol	der (Declarant)

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

	LER NAME  Daphne Session	20 Filer ID (Ethics Co	mmission Filers)
	CHEDULE SUBTOTALS AME OF SCHEDULE		SUBTOTAL AMOUNT
1.	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 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.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$ 850.00
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	IONS RETURNED	\$

#### 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 By
Candidate/Officeholder/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	<sup>2</sup> FILER NAME Ms. Daphne Session	3	Filer ID (Ethics Co	ommission Filers)
4 Date 12/21/2023	5 Payee name Messenger			
6 Amount (\$) 350.00 Reimbursement from political contributions intended	7 Payee address; P O Box 99, Grapeland, TX 75844	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Political calenda	r	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expe	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Daphne Session  Daphne Session	Office sought District Attorney		ffice held Attorney
Date 03/02/2024	Payee name  Messenger			
Amount (\$) 150.00  Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, TX 75844	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Thank You ad		i
	Check if travel outside of Texas. Complete Schedule T.	eT. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name Daphne Session	Office sought District Attorney		Attorney
Date 07/12/2024	Payee name  Messenger			
Amount (\$) 350.00 Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, TX 75844	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Political calenda	ar	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expe	ense 
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Daphne Session	Office sought District Attorney		Attorney
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D	

#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS/MRS/MR FIRST 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received Houston County Elections NICKNAME SUFFIX 1 3 2024 4 CANDIDATE / APT / SUITE #; ADDRESS / PO BOX: STATE; ZIP CODE **OFFICEHOLDER** MAILING HECENED **ADDRESS** Change of Address CANDIDATE/ AREA CODE EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ 6 CAMPAIGN МΙ **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX CAMPAIGN TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 9 REPORT TYPE January 15 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day COVERED THROUGH **ELECTION DATE** ELECTION TYPE 11 ELECTION Primary Runoff Other Month Day Year Description General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	aphne L. Session	^	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS				
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS)	\$ 0	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	\$ 6		
	4. TOTAL POLITICAL EXPEND	DITURES	\$ 0	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LAS	STDAY \$ Zle. [	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT O LAST DAY OF THE REPORTIN	F ALL OUTSTANDING LOANS AS OF IG PERIOD	THE \$	
18 SIGNATURE   I s	wear, or affirm, under penalty of perjury, t	that the accompanying report is true	and correct and includes all information	
	quired to be reported by me under Title 15, E		e and correct and includes all illiorination	
		11) / W 1/		
		1 VUN M		
		7000		
		Signature of Car	ndidate or Officeholder	
		* * ***		
	Please comp	lete either option below	•	
NO AR MP / SEAL	Isabel Rodríguez COMMISSION EXPIRES 02/27/2026 ARY ID: 12560005-4		1	
Sworn to and subscribed	before me by Daphne L.	Session this the	\$13 day of February	
20	which, witness my hand and seal of office.	RitaRodrigue	e Notani	
Signature of officer administer	ing oath Printed name of offi	cer administering oath	Title of officer administering oath	
		OR		
(2) Unsworn Declaration				
(2) Ulisworn Deciaration	11			
My nama ia	•			
			·	
My address is			,	
	(street)		ate) (zip code) (country)	
Executed in	County, State of	, on the day of	, 20	
		(month)	(year)	
		Signature of Candida	ate/Officeholder (Declarant)	
		Signature of Cariolog		

### APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

# FORM CTA

See CTA Instruction Guide for detailed instructions.					1 Total pages fi	1 Total pages filed:		
Ļ	I MC (MDC (MD						2	
2	CANDIDATE NAME				MI		E USE ONLY	
		Ms.	Daphne	<b>3</b>	Lynette	Filer ID #		
		NICKNAME	LAST		SUFFIX	Date Received	***************************************	
		Session					county Elections	
3		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 150, Crockett, Texas 75835			DEC	0 1 2023		
	MAILING ADDRESS							
						Date Hand-delivered	d or Postmarked	
4	CANDIDATE PHONE	AREA CODE	PHONE NUMBER	R	EXTENSION	Receipt#	Amount \$	
	FITOINE	(936)54	5-9929 and (903)7	701 1100		Date Processed		
		1 750 7575	1-7747 alla (202)	/21-4400	***************************************			
5	OFFICE HELD					Date Imaged		
_	(if any)		BACON STATE OF THE					
6	OFFICE SOUGHT	District Attorr	ney for Houston C	7	1:-: 1 District			
	(if known)		-	***************************************	***************************************			
7	CAMPAIGN TREASURER	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX	
	NAME	Ms.	Daphne	Lynette		Session		
	!	ATAG.	Dupini	<i>₩</i> ,		Dession		
8	CAMPAIGN	STREET ADDRESS;	IM12411	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	TREASURER STREET	213 Martin Lut	ther King, Jr. Blv	d., Crockett, Te	xas 75835			
	ADDRESS							
(	(residence or business)							
9	CAMPAIGN	AREA CODE	PHONE NUMBER	\$	EXTENSION	Management of the Control of the Con		
9	TREASURER							
	PHONE	( 936 ) 545-9929 and (903)721-4488						
			***************************************	APPERENTATION				
10	CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.						
		ram aware of the Nepotism Law, Chapter 373 of the Texas Government Code.						
		I am awar	e of my respc	onsibility to fi	le timely reports as	s required by	title 15 of	
		the Election	n Code.	-	•			
		l am aware	e of the restric	ctions in title	15 of the Election C	Code on cont	ributions	
			orations and la			/ /	ibudone	
	1/(2n)						1072	
		/Wu	MINK	/		10/1/2	023	
			Signature of Ca	andidate		Date Signe	d	
***************************************	L			O TO PAGE	= 2			

# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

44 04110104			
11 CANDIDATE NAME	Daphne Lynette Session		
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING		
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••		
	•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)		
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••		
	I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.		
	2024		
	Year of election(s) or election cycle to Signature of Candidate which declaration applies		

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at <a href="mailto:treasappoint@ethics.state.tx.us">treasappoint@ethics.state.tx.us</a>

or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php