

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |   |   |
|---|--|---|---|
| The C/OH Instruction Guide explains how to complete this form.  |  | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages filed: <u>6</u>   |
| 3 CANDIDATE / OFFICEHOLDER NAME   | MS / MRS / MR <u>Ms.</u> FIRST <u>Daphne</u> MI <u>L.</u><br>NICKNAME LAST SUFFIX  |   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>Houston County Elections</b><br><br><b>FEB 12 2025</b><br><b>RECEIVED</b><br><br>Date Hand-delivered or Date Postmarked<br><br>Receipt # Amount \$<br>Date Processed<br>Date Imaged |
|   | 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br><u>PO Box 150 Crockett, TX 75835</u><br><input type="checkbox"/> Change of Address |   |   |
| 5 CANDIDATE / OFFICEHOLDER PHONE<br>AREA CODE PHONE NUMBER EXTENSION<br><u>(936) 545-9929</u>   |  |   |   |
| 6 CAMPAIGN TREASURER NAME<br>MS / MRS / MR <u>Ms.</u> FIRST <u>Daphne</u> MI <u>L.</u><br>NICKNAME LAST SUFFIX<br><u>Session</u>  |  |   |   |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)<br>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br><u>213 Martin Luther King Jr. Blvd Crockett TX 75835</u>  |  | 8 CAMPAIGN TREASURER PHONE<br>AREA CODE PHONE NUMBER EXTENSION<br><u>(936) 545-9929</u>   |   |
| 9 REPORT TYPE<br><input checked="" 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)<br><input 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<br>Month Day Year <u>11 / 05 / 2024</u> THROUGH <u>01 / 15 / 2025</u>   |  |   |   |
| 11 ELECTION<br>ELECTION DATE    Month Day Year <u>  /  /  </u><br>ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special   |  |   |   |
| 12 OFFICE<br>OFFICE HELD (if any)<br><u>District Attorney</u>   |  | 13 OFFICE SOUGHT (if known)   |   |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)<br>THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.                      |  |   |   |
| <input type="checkbox"/> Additional Pages   |  | COMMITTEE TYPE    COMMITTEE NAME<br><input type="checkbox"/> GENERAL    COMMITTEE ADDRESS<br><input type="checkbox"/> SPECIFIC    COMMITTEE CAMPAIGN TREASURER NAME<br>COMMITTEE CAMPAIGN TREASURER ADDRESS |   |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

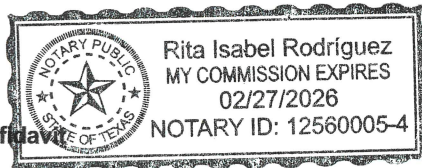
|  |   |   |
|--|---|---|
| <b>15 C/OH NAME</b> <u>Daphne L. Session</u> |   | <b>16 Filer ID</b> (Ethics Commission Filers) |
| <b>17 CONTRIBUTION TOTALS</b>                | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>          </u>                          |
|  | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)   | \$ <u>          </u>                          |
| <b>EXPENDITURE TOTALS</b>                    | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>785.00</u>                              |
|  | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  | \$ <u>785.00</u>                              |
| <b>CONTRIBUTION BALANCE</b>                  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>          </u>                          |
| <b>OUTSTANDING LOAN TOTALS</b>               | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>          </u>                          |

**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.

*Daphne L. Session*

Signature of Candidate or Officeholder

**Please complete either option below:**



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Daphne L. Session this the 12<sup>th</sup> day of February, 2025, to certify which, witness my hand and seal of office.

Rita I. Rodriguez

Rita Rodriguez

Office Administrator

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 - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>Daphne L. Session</i> |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ <i>785.00</i>                       |
| 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 PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |  |  |
|---|---|--|--|
| 1 Total pages Schedule G:   | 2 FILER NAME<br><i>Daphne L. Session</i>  |  | 3 Filer ID (Ethics Commission Filers)                      |
| 4 Date<br><i>11-7-2024</i>  | 5 Payee name<br><i>Messenger</i>  |  |  |
| 6 Amount (\$) <i>150.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><i>PO Box 99 Grapeland, TX 75844</i>  |  |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising Expense</i>  |  | (b) Description<br><i>Newspaper Ad - Thank You</i>         |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |  |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |  |
| Candidate / Officeholder name Office sought Office held<br><i>Daphne L. Session District Attorney</i>       |   |  |  |
| Date<br><i>11-10-2024</i>   | Payee name<br><i>Messenger</i>  |  |  |
| Amount (\$) <i>40.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended    | Payee address; City; State; Zip Code<br><i>P.O. Box 99 Grapeland TX 75844</i>   |  |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><i>Advertising expense</i>  |  | Description<br><i>Newspaper Ad - Honor Veterans</i>        |
|   | <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<br><i>Daphne L. Session District Attorney</i>       |   |  |  |
| Date<br><i>11-17-2024</i>   | Payee name<br><i>Messenger</i>  |  |  |
| Amount (\$) <i>80.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended    | Payee address; City; State; Zip Code<br><i>PO Box 99 Grapeland TX 75844</i>   |  |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><i>Advertising expense</i>  |  | Description<br><i>Newspaper Ad - Christmas in Crockett</i> |
|   | <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<br><i>Daphne L. Session District Attorney</i>       |   |  |  |

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                        | 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.

|  |   |  |   |                     |
|--|---|--|---|---------------------|
| <b>1</b> Total pages Schedule G:   | <b>2</b> FILER NAME<br><i>Daphne L. Session</i>   |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |                     |
| <b>4</b> Date<br><i>11-24-2024</i>   | <b>5</b> Payee name<br><i>Messenger</i>   |  |   |                     |
| <b>6</b> Amount (\$)<br><i>80.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address;<br><i>P O Box 99</i>  |  | City;<br><i>Grapeland TX</i>  | State;<br><i>TX</i> |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Advertising expense</i> |  | <b>(b)</b> Description<br><i>Newspaper Ad- Thanksgiving</i>               |                     |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.                       |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |                     |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  |   |  |   |                     |
| Candidate / Officeholder name<br><i>Daphne L. Session</i>  |   |  |   |                     |
| Office sought<br><i>District Attorney</i>  |   |  |   |                     |
| Office held<br><i>District Attorney</i>  |   |  |   |                     |
| Date<br><i>12-5-2024</i>   | Payee name<br><i>Messenger</i>  |  |   |                     |
| Amount (\$)<br><i>40.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address;<br><i>P O Box 99</i>   |  | City;<br><i>Grapeland TX</i>  | State;<br><i>TX</i> |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br><i>Advertising expense</i>            |  | Description<br><i>Newspaper Ad- Christmas in Kennard</i>                  |                     |
|  | <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<br><i>Daphne L. Session</i>  |   |  |   |                     |
| Office sought<br><i>District Attorney</i>  |   |  |   |                     |
| Office held<br><i>District Attorney</i>  |   |  |   |                     |
| Date<br><i>12-10-2025</i>  | Payee name<br><i>Messenger / Houston Co. Living</i>   |  |   |                     |
| Amount (\$)<br><i>275.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended         | Payee address;<br><i>P O Box 99</i>   |  | City;<br><i>Grapeland TX</i>  | State;<br><i>TX</i> |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br><i>Advertising expense</i>            |  | Description<br><i>magazine Ad</i>   |                     |
|  | <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<br><i>Daphne L. Session</i>  |   |  |   |                     |
| Office sought<br><i>District Attorney</i>  |   |  |   |                     |
| Office held<br><i>District Attorney</i>  |   |  |   |                     |

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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |  |   |
|---|---|--|---|
| 1 Total pages Schedule G:   | 2 FILER NAME<br><i>Daphne L. Session</i>  |  | 3 Filer ID (Ethics Commission Filers)               |
| 4 Date<br><i>12-22-2024</i>   | 5 Payee name<br><i>Messenger</i>  |  |   |
| 6 Amount (\$)<br><i>40.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br><i>P O Box 99 Grapeland TX 75844</i>  |  |   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising expense</i>  |  | (b) Description<br><i>Newspaper Ad- Christmas</i>   |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |   |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name<br><i>Daphne L. Session</i>   |  | Office sought<br><i>District Attorney</i>           |
| Date<br><i>12-24-2024</i>   | Payee name<br><i>Messenger</i>  |  |   |
| Amount (\$)<br><i>40.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended   | Payee address; City; State; Zip Code<br><i>P O Box 99 Grapeland TX 75844</i>  |  |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><i>Advertising expense</i>  |  | Description<br><i>Happy Newspaper Ad- New Year</i>  |
|   | <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<br><i>Daphne L. Session</i>   |  | Office sought<br><i>District Attorney</i>           |
| Date<br><i>1-5-2025</i>   | Payee name<br><i>Messenger</i>  |  |   |
| Amount (\$)<br><i>40.00</i><br><input type="checkbox"/> Reimbursement from political contributions intended   | Payee address; City; State; Zip Code<br><i>P O Box 99 Grapeland TX 75844</i>  |  |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><i>Advertising expense</i>  |  | Description<br><i>Law Newspaper Ad- Enforcement</i> |
|   | <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<br><i>Daphne L. Session</i>   |  | Office sought<br><i>District Attorney</i>           |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |  |  |   |
|---|--|--|---|
| The C/OH Instruction Guide explains how to complete this form.                                      |  | <b>1</b> Filer ID (Ethics Commission Filers) | <b>2</b> Total pages filed: <span style="font-size: 1.5em;">5</span>  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br>Ms. Daphne L.  |  | <b>OFFICE USE ONLY</b><br><br>Date Received<br><div style="border: 1px solid black; padding: 5px; display: inline-block;">             Houston County Elections<br/><br/> <b>FEB 12 2025</b><br/>             RECEIVED           </div> |
|   | NICKNAME LAST SUFFIX<br>Session  |  |   |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>PO Box 150 Crockett TX 75835   |  | Date Hand-delivered or Date Postmarked<br><br>Receipt # Amount \$<br><br>Date Processed<br><br>Date Imaged  |
|   | AREA CODE PHONE NUMBER EXTENSION<br>(936) 545-9929   |  |   |
| <b>6</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Ms. Daphne L.  |  | Date Hand-delivered or Date Postmarked<br><br>Receipt # Amount \$<br><br>Date Processed<br><br>Date Imaged  |
|   | NICKNAME LAST SUFFIX<br>Session  |  |   |
| <b>7</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>213 Martin Luther King Jr. Blvd Crockett TX 75835   |  |   |
|   | AREA CODE PHONE NUMBER EXTENSION<br>(936) 545-9929   |  |   |
| <b>9</b> REPORT TYPE  | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input 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) |  |   |
|   | <b>10</b> PERIOD COVERED<br>Month Day Year    10 / 05 / 2024    THROUGH    Month Day Year    11 / 05 / 2024  |  |   |
| <b>11</b> ELECTION  | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br>11 / 05 / 2024 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special  |  |   |
|   | <b>12</b> OFFICE    OFFICE HELD (if any) <b>13</b> OFFICE SOUGHT (if known)<br>Houston Co. District Attorney   |  |   |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)<br><br><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<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC  | COMMITTEE NAME                               |   |
|   |  | COMMITTEE ADDRESS                            |   |
|   |  | COMMITTEE CAMPAIGN TREASURER NAME            |   |
|   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS         |   |

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

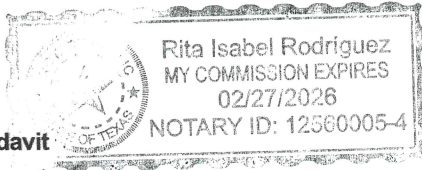
|                                       |   |  |
|---------------------------------------|---|--|
| 15 C/OH NAME <u>Daphne L. Session</u> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS                | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>—</u>                            |
|                                       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>—</u>                            |
| EXPENDITURE TOTALS                    | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>305.00</u>                       |
|                                       | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>305.00</u>                       |
| CONTRIBUTION BALANCE                  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>—</u>                            |
| OUTSTANDING LOAN TOTALS               | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>—</u>                            |

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.

*Daphne L. Session*

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Daphne L. Session this the 12<sup>th</sup> day of February, 2025, to certify which, witness my hand and seal of office.

Rita I. Rodriguez

Rita Rodriguez

Office Administrator

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 - C/OH

## FORM C/OH COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>Daphne L. Session</i> |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$                                     |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ <i>305.00</i>                       |
| 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 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 By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|   |   |  |   |
|---|---|--|---|
| <b>1</b> Total pages Schedule G:  | <b>2</b> FILER NAME   |  | <b>3</b> Filer ID (Ethics Commission Filers)                              |
| 2   | Daphne L. Session   |  |   |
| <b>4</b> Date   | <b>5</b> Payee name   |  |   |
| 10-6-2024   | Messenger   |  |   |
| <b>6</b> Amount (\$)  | <b>7</b> Payee address;   |  | City; State; Zip Code   |
| 40.00<br><input type="checkbox"/> Reimbursement from political contributions intended | P.O. Box 99   |  | Grapeland Tx 75844  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)         |  | <b>(b)</b> Description  |
|   | Advertising expense   |  | Newspaper Ad- Pearlut Festival  |
|   | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                   |   |  |   |
| Candidate / Officeholder name Office sought Office held                               |   |  |   |
| Daphne L. Session District Attorney   |   |  |   |
| Date  | Payee name  |  |   |
| 10-13-2024  | Messenger   |  |   |
| Amount (\$)   | Payee address;  |  | City; State; Zip Code   |
| 40.00<br><input type="checkbox"/> Reimbursement from political contributions intended | P.O. Box 99   |  | Grapeland Tx 75844  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)                    |  | Description   |
|   | Advertising expense   |  | Newspaper Ad- Breast cancer   |
|   | <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                               |   |  |   |
| Daphne L. Session District Attorney   |   |  |   |
| Date  | Payee name  |  |   |
| 10-20-2025  | Messenger   |  |   |
| Amount (\$)   | Payee address;  |  | City; State; Zip Code   |
| 40.00<br><input type="checkbox"/> Reimbursement from political contributions intended | P.O. Box 99   |  | Grapeland Tx 75844  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)                    |  | Description   |
|   | Advertising expense   |  | Newspaper Ad - Domestic violence  |
|   | <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                               |   |  |   |
| Daphne L. Session District Attorney   |   |  |   |

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                        | 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.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule G:<br><div style="font-size: 1.5em;">2</div>   | <b>2</b> FILER NAME<br><div style="font-size: 1.2em;">Daphne L. Session</div>   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br><div style="font-size: 1.2em;">10-24-2024</div>   | <b>5</b> Payee name<br><div style="font-size: 1.2em;">messenger</div>   |  |
| <b>6</b> Amount (\$)<br><div style="font-size: 1.2em;">40.00</div><br><input type="checkbox"/> Reimbursement from political contributions intended                   | <b>7</b> Payee address; City; State; Zip Code<br><div style="font-size: 1.2em;">PO Box 99 Grapeland TX 75844</div>                  |  |
| <b>8</b> PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><div style="font-size: 1.2em;">Advertising expense</div> |  |
|  | <b>(b)</b> Description<br><div style="font-size: 1.2em;">Newspaper Ad- Homecoming</div>   |  |
| <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH  | Candidate / Officeholder name Office sought Office held<br><div style="font-size: 1.2em;">Daphne L. Session District Attorney</div> |  |
| Date<br><div style="font-size: 1.2em;">10-27-2024</div>  | Payee name<br><div style="font-size: 1.2em;">messenger</div>  |  |
| Amount (\$)<br><div style="font-size: 1.2em;">40.00</div><br><input type="checkbox"/> Reimbursement from political contributions intended                            | Payee address; City; State; Zip Code<br><div style="font-size: 1.2em;">P.O. Box 99 Grapeland TX 75844</div>                         |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br><div style="font-size: 1.2em;">Advertising expense</div>            |  |
|  | Description<br><div style="font-size: 1.2em;">Newspaper Ad- Red Ribbon Week</div>   |  |
| <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<br><div style="font-size: 1.2em;">12/8/2024</div>   | Payee name<br><div style="font-size: 1.2em;">KIVY</div>   |  |
| Amount (\$)<br><div style="font-size: 1.2em;">105.00</div><br><input type="checkbox"/> Reimbursement from political contributions intended                           | Payee address; City; State; Zip Code<br><div style="font-size: 1.2em;">102 S. 5th St. Crockett TX 75835</div>                       |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br><div style="font-size: 1.2em;">Advertising expense</div>            |  |
|  | Description<br><div style="font-size: 1.2em;">Radio Ad- Football</div>  |  |
| <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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|   |   |   |                               |   |  |
|---|---|---|-------------------------------|---|--|
| The C/OH Instruction Guide explains how to complete this form.                                  |   | 1 Filer ID (Ethics Commission Filers)   | 2 Total pages filed: <b>5</b> |   |  |
| 3 CANDIDATE / OFFICEHOLDER NAME   | <div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Ms</span> <span>Daphne</span> <span>L</span> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Session</span> <span></span> </div>   | <div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b><br/><br/> Date Received<br/><br/> <div style="text-align: center; font-weight: bold;">Houston County Elections</div> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">OCT 08 2024</div> <div style="text-align: center; font-weight: bold;">RECEIVED</div> </div>        |                               |   |  |
|   | 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br>Change of Address   | <div style="display: flex; justify-content: space-between;"> <span>ADDRESS / PO BOX;</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="display: flex; justify-content: space-between;"> <span>P. O. Box 150, Crockett, Texas 75835</span> <span></span> <span></span> <span></span> <span></span> </div> |                               |   |  |
| 5 CANDIDATE / OFFICEHOLDER PHONE  | <div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="display: flex; justify-content: space-between;"> <span>( 903 )</span> <span>721-4488</span> <span>(936)545-9929</span> </div>   | Date Hand-delivered or Date Postmarked  |                               |   |  |
| 6 CAMPAIGN TREASURER NAME   | <div style="display: flex; justify-content: space-between;"> <span>MS / MRS / MR</span> <span>FIRST</span> <span>MI</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Ms.</span> <span>Daphne</span> <span>L</span> </div> <hr style="border-top: 1px dotted black;"/> <div style="display: flex; justify-content: space-between;"> <span>NICKNAME</span> <span>LAST</span> <span>SUFFIX</span> </div> <div style="display: flex; justify-content: space-between;"> <span></span> <span>Session</span> <span></span> </div>  | Receipt #   | Amount \$                     |   |  |
|   | Date Processed  |   |                               |   |  |
|   | Date Imaged   |   |                               |   |  |
| 7 CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                     | <div style="display: flex; justify-content: space-between;"> <span>STREET ADDRESS (NO PO BOX PLEASE);</span> <span>APT / SUITE #;</span> <span>CITY;</span> <span>STATE;</span> <span>ZIP CODE</span> </div> <div style="display: flex; justify-content: space-between;"> <span>213 Martin Luther King, Jr. Blvd, Crockett, Texas 75835</span> <span></span> <span></span> <span></span> <span></span> </div>   |   |                               |   |  |
| 8 CAMPAIGN TREASURER PHONE  | <div style="display: flex; justify-content: space-between;"> <span>AREA CODE</span> <span>PHONE NUMBER</span> <span>EXTENSION</span> </div> <div style="display: flex; justify-content: space-between;"> <span>( 936 )</span> <span>545-9929</span> <span></span> </div>  |   |                               |   |  |
| 9 REPORT TYPE   | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>  |   |                               |   |  |
| 10 PERIOD COVERED   | <div style="display: flex; justify-content: space-between;"> <div> Month    Day    Year<br/> 7    /    15    /    24 </div> <div>THROUGH</div> <div> Month    Day    Year<br/> 10    /    5    /    24 </div> </div>  |   |                               |   |  |
| 11 ELECTION   | <div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE<br/> Month    Day    Year<br/> 11    /    5    /    24 </div> <div> ELECTION TYPE<br/> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description<br/> <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>  |   |                               |   |  |
| 12 OFFICE   | OFFICE HELD (if any)<br>Houston County Attorney   | 13 OFFICE SOUGHT (if known)<br>349th Judicial District Attorney/Houston County District Attorney  |                               |   |  |
| 14 NOTICE FROM POLITICAL COMMITTEE(S)   | <p style="font-size: 0.8em;">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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;"> COMMITTEE TYPE<br/><br/> <input type="checkbox"/> GENERAL<br/><br/> <input type="checkbox"/> SPECIFIC </td> <td style="padding: 5px;"> COMMITTEE NAME<br/><br/> COMMITTEE ADDRESS<br/><br/> COMMITTEE CAMPAIGN TREASURER NAME<br/><br/> COMMITTEE CAMPAIGN TREASURER ADDRESS </td> </tr> </table> |   |                               | COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS |
| COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME<br><br>COMMITTEE ADDRESS<br><br>COMMITTEE CAMPAIGN TREASURER NAME<br><br>COMMITTEE CAMPAIGN TREASURER ADDRESS  |   |                               |   |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Daphne L. Session

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)

\$ 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 LAST DAY  
OF REPORTING PERIOD

\$ 0.00

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$ 0.00

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.

*[Signature]*

Signature of Candidate or Officeholder



Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Daphne Session this the 24 day of October, 2024, to certify which, witness my hand and seal of office.

Rita I. Rodriguez Rita Rodriguez Officer Supervisor  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

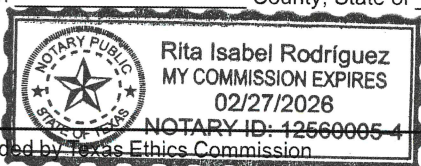
OR

(2) Unsworn Declaration

My name is 5, and my date of birth is \_\_\_\_\_.

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

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)



Signature of Candidate/Officeholder (Declarant)



# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |  |  |
|---|--|--|
| 19 FILER NAME<br>Daphne L. Session        |  | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |  | SUBTOTAL<br>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                      | \$ 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 CONTRIBUTIONS           | \$                                     |
| 12.                                       | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule G:<br>2  | 2 FILER NAME<br>Daphne L. Session   | 3 Filer ID (Ethics Commission Filers)               |
| 4 Date<br>09/30/2024  | 5 Payee name<br>KIVY  |   |
| 6 Amount (\$)<br>262.50<br><small>Reimbursement from political contributions intended</small> | 7 Payee address; City; State; Zip Code<br>102 S. 5th Street, Crockett, Texas 75835                          |   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertisement                           | (b) Description<br>Radio sponsor/ads (Coaches Show) |
|   | (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<br>Daphne L. Session  | Office sought<br>349th District Attorney            |
|   |   | Office held<br>County Attorney                      |
| Date<br>08/21/2024  | Payee name<br>Messenger   |   |
| Amount (\$)<br>40.00<br><small>Reimbursement from political contributions intended</small>    | Payee address; City; State; Zip Code<br>P. O. Box 99, Grapeland, Texas 75844                                |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Advertisement                               | Description<br>Honor Senior Citizens                |
|   | 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 / Officeholder name<br>Daphne L. Session  | Office sought<br>349th District Attorney            |
|   |   | Office held<br>County Attorney                      |
| Date<br>09/01/2024  | Payee name<br>Messenger   |   |
| Amount (\$)<br>40.00<br><small>Reimbursement from political contributions intended</small>    | Payee address; City; State; Zip Code<br>P. O. Box 99, Grapeland, Texas 75844                                |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Advertisement                               | Description<br>Labor Day                            |
|   | 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 / Officeholder name<br>Daphne L. Session  | Office sought<br>349th District Attorney            |
|   |   | Office held<br>County Attorney                      |

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                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule G:<br>2   | 2 FILER NAME<br>Daphne L. Session   | 3 Filer ID (Ethics Commission Filers)                     |
| 4 Date<br>09/01/2024   | 5 Payee name<br>Myrtis Dightman Rodeo   |   |
| 6 Amount (\$)<br>200.00<br>Reimbursement from<br>political contributions<br>intended | 7 Payee address; City; State; Zip Code<br>1704 FM 2110, Crockett, Texas 75835                               |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br>Advertisement                           | (b) Description<br>Ad in souvenir book (35th Anniversary) |
|  | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |   |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH                             | Candidate / Officeholder name<br>Daphne L. Session  | Office sought<br>349th District Attorney                  |
|  |   | Office held<br>County Attorney                            |
| Date<br>09/19/2024   | Payee name<br>Messenger   |   |
| Amount (\$)<br>40.00<br>Reimbursement from<br>political contributions<br>intended    | Payee address; City; State; Zip Code<br>P. O. Box 99, Grapeland, Texas 75844                                |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Advertisement                               | Description<br>Hispanic Heritage Day                      |
|  | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense     |   |
| Complete ONLY if direct<br>expenditure to benefit C/OH                               | Candidate / Officeholder name<br>Daphne L. Session  | Office sought<br>349th District Attorney                  |
|  |   | Office held<br>County Attorney                            |
| Date<br>09/29/2024   | Payee name<br>Messenger   |   |
| Amount (\$)<br>40.00<br>Reimbursement from<br>political contributions<br>intended    | Payee address; City; State; Zip Code<br>P. O. Box 99, Grapeland, Texas 75844                                |   |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br>Advertisement                               | Description<br>National Night Out-We Back the Blue        |
|  | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense     |   |
| Complete ONLY if direct<br>expenditure to benefit C/OH                               | Candidate / Officeholder name<br>Daphne L. Session  | Office sought<br>349th District Attorney                  |
|  |   | Office held<br>County Attorney                            |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 11

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Ms

Daphne

L

NICKNAME

LAST

SUFFIX

Session

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P O Box 150, Crockett, TX 75835

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 936 )

5544-3255 ext 270

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Ms

Daphne

L

NICKNAME

LAST

SUFFIX

Session

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

213 Martin Luther King, Jr. Blvd, Crockett, TX 75835

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 903 )

721-4488

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified  
Reporting Limit

☒

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

1

15

24

THROUGH

Month

Day

Year

7

15

24

11 ELECTION

ELECTION DATE

Month

Day

Year

/ /

☐

Primary

☐

Runoff

☒

ELECTION TYPE

Other  
Description  
N/A

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

County Attorney

13 OFFICE SOUGHT (if known)

District Attorney

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|                                      |   |  |
|--------------------------------------|---|--|
| 15 C/OH NAME<br>Ms. Daphne L Session |   | 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) | \$ 26.11                               |
|                                      | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 26.11                               |
| EXPENDITURE TOTALS                   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0                                   |
|                                      | 4. TOTAL POLITICAL EXPENDITURES   | \$ 733.89                              |
| CONTRIBUTION BALANCE                 | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0                                   |
| OUTSTANDING LOAN TOTALS              | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0                                   |

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.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Daphne L. Session this the 15<sup>th</sup> day of July

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

Rita I. Rodríguez Rita Isabel Rodríguez Office Supervisor

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

|  |                    |   |
|--|--------------------|---|
| <b>19 FILER NAME</b><br>Ms. Daphne L. Session  |                    | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE                                       | SUBTOTAL<br>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. 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 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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:<br><b>1</b>                       | 2 FILER NAME<br><b>Ms. Daphne L. Session</b>  | 3 Filer ID (Ethics Commission Filers)            |
| 4 Date<br><b>12/02/2023</b>                                  | 5 Payee name<br><b>Messenger</b>  |  |
| 6 Amount (\$)<br><b>26.11</b>                                | 7 Payee address; City; State; Zip Code<br><b>P O Box 99, Grapeland, TX 75844</b>                            |  |
| 8<br><b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                   | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertisiting</b>                    | (b) Description<br><b>Christmas in Grapeland</b> |
|  | (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<br><b>Daphne Session</b>  | Office sought<br><b>County Attorney</b>          |
| Date   | Payee name  |  |
| Amount (\$)  | Payee address; City; State; Zip Code  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | 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 <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought<br>Office held                     |
| Date   | Payee name  |  |
| Amount (\$)  | Payee address; City; State; Zip Code  |  |
| <b>PURPOSE<br/>OF<br/>EXPENDITURE</b>                        | 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 <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate / Officeholder name   | Office sought<br>Office held                     |
| 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                        | 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.

|  |  |   |  |  |
|--|--|---|--|--|
| <b>1</b> Total pages Schedule G:<br><div style="text-align: center;">6</div>                               | <b>2</b> FILER NAME<br><b>Ms. Daphne L. Session</b>  | <b>3</b> Filer ID (Ethics Commission Filers)            |  |  |
| <b>4</b> Date<br><b>12/02/2023</b>   | <b>5</b> Payee name<br><b>Messenger</b>  |   |  |  |
| <b>6</b> Amount (\$)<br><b>13.89</b><br><small>Reimbursement from political contributions intended</small> | <b>7</b> Payee address; City; State; Zip Code<br><b>P O Box 99, Grapeland, Tx 75844</b>  |   |  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>  | <b>(b)</b> Description<br><b>Christmas in Grapeland</b> |  |  |
|  | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span>  |   |  |  |
| <b>9</b><br><small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>                      | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name<br/><b>Daphne Session</b></td> <td style="width:50%;">Office sought <span style="float: right;">Office held</span><br/><b>County Attorney</b></td> </tr> </table> |   | Candidate / Officeholder name<br><b>Daphne Session</b> | Office sought <span style="float: right;">Office held</span><br><b>County Attorney</b> |
| Candidate / Officeholder name<br><b>Daphne Session</b>   | Office sought <span style="float: right;">Office held</span><br><b>County Attorney</b>   |   |  |  |
| <b>Date</b><br><b>12/10/2023</b>   | <b>Payee name</b><br><b>Messenger</b>  |   |  |  |
| <b>Amount (\$)</b><br><b>40.00</b><br><small>Reimbursement from political contributions intended</small>   | <b>Payee address; City; State; Zip Code</b><br><b>P O Box 99, Grapeland, Tx 75844</b>  |   |  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See Categories listed at the top of this schedule)<br><b>Advertising</b>  | <b>Description</b><br><b>Kennard Homecoming</b>         |  |  |
|  | <small>Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span></small>  |   |  |  |
| <small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>                                  | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name<br/><b>Daphne Session</b></td> <td style="width:50%;">Office sought <span style="float: right;">Office held</span><br/><b>County Attorney</b></td> </tr> </table> |   | Candidate / Officeholder name<br><b>Daphne Session</b> | Office sought <span style="float: right;">Office held</span><br><b>County Attorney</b> |
| Candidate / Officeholder name<br><b>Daphne Session</b>   | Office sought <span style="float: right;">Office held</span><br><b>County Attorney</b>   |   |  |  |
| <b>Date</b><br><b>12/17/2023</b>   | <b>Payee name</b><br><b>Messenger</b>  |   |  |  |
| <b>Amount (\$)</b><br><b>40.00</b><br><small>Reimbursement from political contributions intended</small>   | <b>Payee address; City; State; Zip Code</b><br><b>P O Box 99, Grapeland, Tx 75844</b>  |   |  |  |
| <b>PURPOSE OF EXPENDITURE</b>  | <b>Category</b> (See Categories listed at the top of this schedule)<br><b>Adverstising</b>   | <b>Description</b><br><b>Merry Christmas greeting</b>   |  |  |
|  | <small>Check if travel outside of Texas. Complete Schedule T. <span style="float: right;">Check if Austin, TX, officeholder living expense</span></small>  |   |  |  |
| <small>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</small>                                  | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name<br/><b>Daphne Session</b></td> <td style="width:50%;">Office sought <span style="float: right;">Office held</span><br/><b>County Attorney</b></td> </tr> </table> |   | Candidate / Officeholder name<br><b>Daphne Session</b> | Office sought <span style="float: right;">Office held</span><br><b>County Attorney</b> |
| Candidate / Officeholder name<br><b>Daphne Session</b>   | Office sought <span style="float: right;">Office held</span><br><b>County Attorney</b>   |   |  |  |

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                        | 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.

|   |   |  |  |               |                                       |
|---|---|--|--|---------------|---------------------------------------|
| <b>1</b> Total pages Schedule G:  | <b>2</b> FILER NAME<br>Ms. Daphne L. Session  | <b>3</b> Filer ID (Ethics Commission Filers)         |  |               |                                       |
| <b>4</b> Date<br>12/28/2023   | <b>5</b> Payee name<br>Messenger  |  |  |               |                                       |
| <b>6</b> Amount (\$)<br>40.00<br><small>Reimbursement from political contributions intended</small> | <b>7</b> Payee address; City; State; Zip Code<br>P O Box 99, Grapeland, Tx 75844  |  |  |               |                                       |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising  | <b>(b)</b> Description<br>Don't Drink & Drive        |  |               |                                       |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense  |  |  |               |                                       |
| <b>9</b><br><small>Complete ONLY if direct expenditure to benefit C/OH</small>                      | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name<br/><b>Daphne Session</b></td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held<br/><b>County Attorney</b></td> </tr> </table> |  | Candidate / Officeholder name<br><b>Daphne Session</b> | Office sought | Office held<br><b>County Attorney</b> |
| Candidate / Officeholder name<br><b>Daphne Session</b>  | Office sought   | Office held<br><b>County Attorney</b>                |  |               |                                       |
| Date<br>12/31/2023  | Payee name<br>Messenger   |  |  |               |                                       |
| Amount (\$)<br>40.00<br><small>Reimbursement from political contributions intended</small>          | Payee address; City; State; Zip Code<br>P O Box 99, Grapeland, Tx 75844   |  |  |               |                                       |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Advertising   | Description<br>Happy New Year                        |  |               |                                       |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense   |  |  |               |                                       |
| <small>Complete ONLY if direct expenditure to benefit C/OH</small>                                  | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name<br/><b>Daphne Session</b></td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held<br/><b>County Attorney</b></td> </tr> </table> |  | Candidate / Officeholder name<br><b>Daphne Session</b> | Office sought | Office held<br><b>County Attorney</b> |
| Candidate / Officeholder name<br><b>Daphne Session</b>  | Office sought   | Office held<br><b>County Attorney</b>                |  |               |                                       |
| Date<br>01/07/2024  | Payee name<br>Messenger   |  |  |               |                                       |
| Amount (\$)<br>40.00<br><small>Reimbursement from political contributions intended</small>          | Payee address; City; State; Zip Code<br>P O Box 99, Grapeland, Tx 75844   |  |  |               |                                       |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Adverstising  | Description<br>National Law Enforcement Appreciation |  |               |                                       |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense   |  |  |               |                                       |
| <small>Complete ONLY if direct expenditure to benefit C/OH</small>                                  | <table border="0" style="width:100%;"> <tr> <td style="width:50%;">Candidate / Officeholder name<br/><b>Daphne Session</b></td> <td style="width:25%;">Office sought</td> <td style="width:25%;">Office held<br/><b>County Attorney</b></td> </tr> </table> |  | Candidate / Officeholder name<br><b>Daphne Session</b> | Office sought | Office held<br><b>County Attorney</b> |
| Candidate / Officeholder name<br><b>Daphne Session</b>  | Office sought   | Office held<br><b>County Attorney</b>                |  |               |                                       |

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                        | 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.

|   |  |  |  |
|---|--|--|--|
| <b>1</b> Total pages Schedule G:  | <b>2</b> FILER NAME<br>Ms. Daphne L. Session   |  | <b>3</b> Filer ID (Ethics Commission Filers)                 |
| <b>4</b> Date<br>01/14/2024   | <b>5</b> Payee name<br>Messenger   |  |  |
| <b>6</b> Amount (\$)<br>40.00<br><small>Reimbursement from political contributions intended</small> | <b>7</b> Payee address; City; State; Zip Code<br>P O Box 99, Grapeland, Tx 75844                                   |  |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>   | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising                             |  | <b>(b)</b> Description<br>Martin Luther King, Jr. Observance |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |  |
| <b>9</b><br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH                              | Candidate / Officeholder name<br>Daphne Session  |  | Office sought<br>County Attorney                             |
| Date<br>02/08/2024  | Payee name<br>Messenger  |  |  |
| Amount (\$)<br>40.00<br><small>Reimbursement from political contributions intended</small>          | Payee address; City; State; Zip Code<br>P O Box 99, Grapeland, Tx 75844  |  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Advertising  |  | Description<br>Lovefest                                      |
|   | 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 / Officeholder name<br>Daphne Session  |  | Office held<br>County Attorney                               |
| Date<br>02/15/2024  | Payee name<br>Messenger  |  |  |
| Amount (\$)<br>40.00<br><small>Reimbursement from political contributions intended</small>          | Payee address; City; State; Zip Code<br>P O Box 99, Grapeland, Tx 75844  |  |  |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)<br>Adverstising                                       |  | Description<br>Black History Month                           |
|   | 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 / Officeholder name<br>Daphne Session  |  | Office held<br>County Attorney                               |

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 By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule G:   | 2 FILER NAME<br>Ms. Daphne L. Session   | 3 Filer ID (Ethics Commission Filers)           |
| 4 Date<br>03/17/2024  | 5 Payee name<br>Messenger   |   |
| 6 Amount (\$)<br>40.00<br>Reimbursement from<br>political contributions<br>intended | 7 Payee address; City; State; Zip Code<br>P O Box 99, Grapeland, Tx 75844                                   |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising                             | (b) Description<br>Thank You Emergency Agencies |
|   | (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |   |
| 9 Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                     | Candidate / Officeholder name<br>Daphne Session   | Office sought<br>County Attorney                |
| Date<br>03/21/2024  | Payee name<br>Messenger   |   |
| Amount (\$)<br>40.00<br>Reimbursement from<br>political contributions<br>intended   | Payee address; City; State; Zip Code<br>P O Box 99, Grapeland, Tx 75844                                     |   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Advertising                                 | Description<br>Womens History Month             |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense     |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                       | Candidate / Officeholder name<br>Daphne Session   | Office sought<br>County Attorney                |
| Date<br>03/31/2024  | Payee name<br>Messenger   |   |
| Amount (\$)<br>40.00<br>Reimbursement from<br>political contributions<br>intended   | Payee address; City; State; Zip Code<br>P O Box 99, Grapeland, Tx 75844                                     |   |
| PURPOSE<br>OF<br>EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Adverstising                                | Description<br>Easter                           |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense     |   |
| Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OH                       | Candidate / Officeholder name<br>Daphne Session   | Office sought<br>County Attorney                |

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 By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| 1 Total pages Schedule G:   | 2 FILER NAME<br><b>Ms. Daphne L. Session</b>  | 3 Filer ID (Ethics Commission Filers)      |
| 4 Date<br><b>04/14/2024</b>   | 5 Payee name<br><b>Messenger</b>  |  |
| 6 Amount (\$)<br><b>40.00</b><br><small>Reimbursement from political contributions intended</small> | 7 Payee address; City; State; Zip Code<br><b>P O Box 99, Grapeland, Tx 75844</b>                            |  |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>                      | (b) Description<br><b>D.A.R.E Day</b>      |
|   | (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<br><b>Daphne Session</b>  | Office sought<br><b>County Attorney</b>    |
| Date<br><b>04/25/2024</b>   | Payee name<br><b>Messenger</b>  |  |
| Amount (\$)<br><b>40.00</b><br><small>Reimbursement from political contributions intended</small>   | Payee address; City; State; Zip Code<br><b>P O Box 99, Grapeland, Tx 75844</b>                              |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>                          | Description<br><b>Stop Child Abuse!</b>    |
|   | 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 / Officeholder name<br><b>Daphne Session</b>  | Office sought<br><b>County Attorney</b>    |
| Date<br><b>05/12/2024</b>   | Payee name<br><b>Messenger</b>  |  |
| Amount (\$)<br><b>40.00</b><br><small>Reimbursement from political contributions intended</small>   | Payee address; City; State; Zip Code<br><b>P O Box 99, Grapeland, Tx 75844</b>                              |  |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br><b>Adverstising</b>                         | Description<br><b>Law Enforcement Week</b> |
|   | 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 / Officeholder name<br><b>Daphne Session</b>  | Office sought<br><b>County Attorney</b>    |

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule G:   | 2 FILER NAME<br>Ms. Daphne L. Session   | 3 Filer ID (Ethics Commission Filers)         |
| 4 Date<br>06/16/2024  | 5 Payee name<br>Messenger   |   |
| 6 Amount (\$)<br>40.00<br>Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code<br>P O Box 99, Grapeland, Tx 75844                                   |   |
| 8 PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br>Advertising                             | (b) Description<br>Juneteenth                 |
|   | (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<br>Daphne Session   | Office sought<br>County Attorney              |
| Date<br>06/20/2024  | Payee name<br>Messenger   |   |
| Amount (\$)<br>40.00<br>Reimbursement from political contributions intended   | Payee address; City; State; Zip Code<br>P O Box 99, Grapeland, Tx 75844                                     |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Advertising                                 | Description<br>National Day of Prayer for L E |
|   | 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<br>Daphne Session   | Office sought<br>County Attorney              |
| Date<br>07/04/2024  | Payee name<br>Messenger   |   |
| Amount (\$)<br>80.00<br>Reimbursement from political contributions intended   | Payee address; City; State; Zip Code<br>P O Box 99, Grapeland, Tx 75844                                     |   |
| PURPOSE OF EXPENDITURE  | Category (See Categories listed at the top of this schedule)<br>Adverstising                                | Description<br>4th of July x 2                |
|   | 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<br>Daphne Session   | Office sought<br>County Attorney              |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

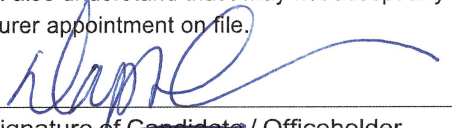
1 C/OH NAME

Daphne Lynette Session

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

  
Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check 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 other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate

5 OFFICEHOLDER

•• Complete this section *only* if you are an officeholder ••

- ✓ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

  
Signature of Officeholder

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: **4**

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Ms.

Daphne

NICKNAME

LAST

SUFFIX

Session

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P. O. Box 150, Crockett, TX 75835

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903 )

721-4488

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Ms.

Daphne

L.

NICKNAME

LAST

SUFFIX

Session

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

213 Martin Luther King, Jr. Blvd., Crockett, TX 75835

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(903 )

721-4488

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☒

July 15

☐

8th day before election

☐

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

12

3

23

THROUGH

Month

Day

Year

7

12

24

11 ELECTION

ELECTION DATE

Month

Day

Year

11

5

24

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other  
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

County Attorney

13 OFFICE SOUGHT (if known)

349th Judicial District Attorney/Houston County District Attorney

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
Ms. Daphne Session

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) | \$ 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   | \$ 850.00 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 0.00   |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00   |

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.

*[Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Daphne Session this the 15<sup>th</sup> day of July, 2024, to certify which, witness my hand and seal of office.

Rita Isabel Rodriguez Office Supervisor  
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 - C/OH

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

Ms. Daphne Session

20 Filer 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 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                      | \$ 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 CONTRIBUTIONS           | \$        |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$        |

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule G:<br><b>1</b>  | 2 FILER NAME<br><b>Ms. Daphne Session</b>   | 3 Filer ID (Ethics Commission Filers)        |
| 4 Date<br><b>12/21/2023</b>  | 5 Payee name<br><b>Messenger</b>  |  |
| 6 Amount (\$)<br><b>350.00</b><br><small>Reimbursement from political contributions intended</small> | 7 Payee address; City; State; Zip Code<br><b>P O Box 99, Grapeland, TX 75844</b>                            |  |
| 8 PURPOSE OF EXPENDITURE   | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>                      | (b) Description<br><b>Political calendar</b> |
|  | (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<br><b>Daphne Session</b>  | Office sought<br><b>District Attorney</b>    |
|  |   | Office held<br><b>County Attorney</b>        |
| Date<br><b>03/02/2024</b>  | Payee name<br><b>Messenger</b>  |  |
| Amount (\$)<br><b>150.00</b><br><small>Reimbursement from political contributions intended</small>   | Payee address; City; State; Zip Code<br><b>P O Box 99, Grapeland, TX 75844</b>                              |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>                          | Description<br><b>Thank You ad</b>           |
|  | 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 / Officeholder name<br><b>Daphne Session</b>  | Office sought<br><b>District Attorney</b>    |
|  |   | Office held<br><b>County Attorney</b>        |
| Date<br><b>07/12/2024</b>  | Payee name<br><b>Messenger</b>  |  |
| Amount (\$)<br><b>350.00</b><br><small>Reimbursement from political contributions intended</small>   | Payee address; City; State; Zip Code<br><b>P O Box 99, Grapeland, TX 75844</b>                              |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><b>Advertising</b>                          | Description<br><b>Political calendar</b>     |
|  | 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 / Officeholder name<br><b>Daphne Session</b>  | Office sought<br><b>District Attorney</b>    |
|  |   | Office held<br><b>County Attorney</b>        |

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR FIRST MI  
Daphne L.  
NICKNAME LAST SUFFIX  
Session

OFFICE USE ONLY

Date Received  
Houston County Elections

FEB 13 2024

RECEIVED

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
PO Box 150 Crockett TX  
75835

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(936) 545-9929

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR FIRST MI  
Daphne L.  
NICKNAME LAST SUFFIX  
Session

Receipt # Amount \$

Date Processed

Date Imaged

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, TX  
75835

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(936) 545-9929

9 REPORT TYPE

☒ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified  
Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month Day Year Month Day Year  
7 / 15 / 23 THROUGH 1 / 15 / 24

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year ☐ Primary ☐ Runoff ☐ Other  
Description  
☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)  
County Attorney

13 OFFICE SOUGHT (if known)

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

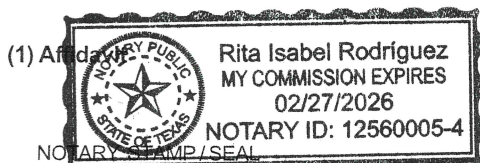
|                                       |   |  |
|---------------------------------------|---|--|
| 15 C/OH NAME <u>Daphne L. Session</u> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS                | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <u>0</u>                            |
|                                       | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>0</u>                            |
| EXPENDITURE TOTALS                    | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <u>0</u>                            |
|                                       | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>0</u>                            |
| CONTRIBUTION BALANCE                  | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>26.11</u>                        |
| OUTSTANDING LOAN TOTALS               | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$                                     |

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.

Daphne L. Session

Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

Sworn to and subscribed before me by Daphne L. Session this the 13 day of February 2024 to certify which, witness my hand and seal of office.

Rita I. Rodriguez Rita Rodriguez Notary

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)

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA  
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2

2 CANDIDATE  
NAME

MS / MRS / MR

FIRST

MI

Ms.

Daphne

Lynette

NICKNAME

LAST

SUFFIX

Session

## OFFICE USE ONLY

Filer ID #

Date Received

Houston County Elections

DEC 01 2023

RECEIVED

Date Hand-delivered or Postmarked

3 CANDIDATE  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P. O. Box 150, Crockett, Texas 75835

4 CANDIDATE  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 936 ) 545-9929 and (903)721-4488

Receipt #

Amount \$

Date Processed

5 OFFICE  
HELD  
(if any)

Date Imaged

6 OFFICE  
SOUGHT  
(if known)

District Attorney for Houston County (349th Judicial District)

7 CAMPAIGN  
TREASURER  
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms.

Daphne

Lynette

Session

8 CAMPAIGN  
TREASURER  
STREET  
ADDRESS

(residence or business)

STREET ADDRESS;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

213 Martin Luther King, Jr. Blvd., Crockett, Texas 75835

9 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 936 ) 545-9929 and (903)721-4488

10 CANDIDATE  
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

  
Signature of Candidate

  
Date Signed

GO TO PAGE 2

**CANDIDATE MODIFIED  
REPORTING DECLARATION**

**FORM CTA  
PG 2**

**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. ••**

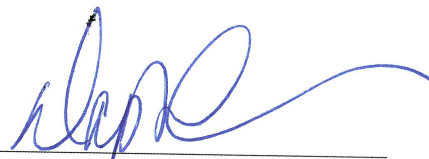
**•• The modified reporting option is valid for one election cycle only. ••**  
(An election cycle includes a primary election, a general election, and any related runoffs.)

**•• 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  
which declaration applies



Signature of Candidate

**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 [treasappoint@ethics.state.tx.us](mailto:treasappoint@ethics.state.tx.us)

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>