The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission File	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS /MR	FIRST	мі W	OFFIC	E USE ONLY
NAME	NICKNAME	LAST LAST	SUFFIX	Date Received	
4 CANDIDATE/	ADDRESS / PO BOX	; APT / SUITE #; (CITY; STATE; ZIP CODE	##Juston C	ownty Elections
OFFICEHOLDER MAILING ADDRESS				OCT	2 8 2024
Change of Address	281 CI	2 1590 Ga	repeland TV 7584	AE	UEIVEL
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-deliver	ed or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	Heath	SUFFIX	Date Processed	
		Loven		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)	8511 F	lwy 195.	LovelAdy	Tx	15851
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
THONE	(936)	545 - 5097			
9 REPORT TYPE	January 15	30th day before e	election Runoff		after campaign appointment der Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Mon	,	
		07/24		/28/2	4
11 ELECTION	ELECTION DA Month Day	Year Primary	ELECTION T		
	11 /05 /		Description Description	on 	
12 OFFICE	OFFICE HELD (if any)	(1045+on County	13 OFFICE SOUGHT (if kr	nown) Houston (Ssioner-Pet	
14 NOTICE FROM	THIS BOX IS FOR NOTIC		ACCEPTED OR POLITICAL EXPENDITURE	S MADE BY POLITICAL CO	MMITTEES TO SUPPORT
POLITICAL COMMITTEE(S)		AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITHOUT THE (RED TO REPORT THIS INFORMATION ONLY		
	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
	1	GO TO	PAGE 2		

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0				
	4. TOTAL POLITICAL EXPENDITURES	\$ •				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	STDAY \$ 0				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$				
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	e and correct and includes all information				
164	uned to be reported by the under filter 15, Election code.	$\wedge \wedge$				
	Dary Jou	ell				
	Signature of Ca	ndidate or Officeholder				
	/					
	Please complete either option below	7:				
	SHADON DENAY LIKED					
(1) Affidavit	SHARON RENAY LUKER NOTARY PUBLIC STATE OF TEXAS ID # 12560644-1 My Comm. Expires 03-31-2026					
NOTARY STAMP/SEAL						
Sworn to and subscribed I	Sworn to and subscribed before me by Sary Rovell this the 25 day of October,					
	which, witness my hand and seal of office.	- Andrew Michael Micha				
		notary				
Signature of officer administer		Title of officer administering oath				
(2) Unsworn Declaratio	OR n					
(=, ===================================						
	, and my date of birth is	*				
My address is	(street) (city) (s	tate) (zip code) (country)				
Executed in	County, State of, on the day of(month)	, 20 (year)				
	Signature of Candid	ate/Officeholder (Declarant)				

SUBTOTALS - C/OH

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS SUBTOTAL AMOUNT SUBTOTAL AMOUNT SUBTOTAL AMOUNT AMOUNT SUBTOTAL AMOUNT SUBTO	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$.6 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$.6	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ \$ \$	
4 SCHEDULE E: LOANS	
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 \$ #	
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	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complet	e this form.		
		· Complete only if "Report Type" on page 1 is mark	ed "Final Report" ••		
1	C/OH N	YAME Loull	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	ATURE			
	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 Lofficeholder				
4		WHO IS NOT AN OFFICEHOLDER Inplete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Chec	k only one:			
	\triangle	I do not have unexpended contributions or unexpended interest or income e	earned from political contributions.		
		I have unexpended contributions or unexpended interest or income earned may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unex unexpended contributions or unexpended interest or income earned on polifiling this final report. Further, I understand that I must dispose of unexpendinterest or income earned on political contributions in accordance with the results of the political contributions in accordance with the results of the political contributions in accordance with the results of the political contributions in accordance with the results of the political contributions in accordance with the results of the political contributions in accordance with the results of the political contributions in accordance with the results of the political contributions in accordance with the results of the political contributions of the pol	et or income earned on political contributions to pended contributions and that I may not retain tical contributions longer than six years after ded political contributions and unexpended		
	B.	ASSETS			
	Chec	k only one:			
	\bigvee	I do not retain assets purchased with political contributions or interest or oth	ner income from political contributions.		
		I do retain assets purchased with political contributions or interest or other in that I may not convert assets purchased with political contributions or intere personal use. I also understand that I must dispose of assets purchased with requirements of Election Code, § 254.204.	st or other income from political contributions to		
5		EHOLDER uplete this section <i>only</i> if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officehold file. I am also aware that I will be required to file reports of unexpended contribution officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	outions if, after filing the last required report as		

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission	7 Filers) 2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR)	FIRST Gam	MI V-J	OFFIC	E USE ONLY
NAME	NICKNAME	Lovell	SUFFI	Date Received Houston C	County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	; APT / SUITE #;	CITY; STATE; ZIP CC	17th	0 8 2024 CEIVED
Change of Address	281 CR		rapeland Tx 75%	344	
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	222 8798	EXTENSION		ed or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Heath	MI 30/	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	NICKNAME	Lovell	3011	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS ((NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE;	ZIP CODE
(Residence or Business)	8511 H	lwy 195,	Lovelady	TX	75851
8 CAMPAIGN TREASURER PHONE	AREA CODE (936) 5	PHONE NUMBER 45-5097	EXTENSION		
9 REPORT TYPE	January 15	30th day before	election Runoff		after campaign appointment der Only)
	July 15	8th day before el	ection Exceeded Mod Reporting Lim	1 1 1101 1100	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month O2/	Day Year / 27 / 24	THROUGH	Month Day Ye $10/07/2$	
11 ELECTION	ELECTION DA	.ΤΕ	ELECTIO	N TYPE	
	Month Day	Year Primary		r cription	
	11 /05 /	24 X General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT	(if known)	
	County Comm	rissioner Pct	· 1 County Comm	rissioner Pct	/
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER, THESE EXPENDITURE	S ACCEPTED OR POLITICAL EXPENDIT ES MAY HAVE BEEN MADE WITHOUT T DIRED TO REPORT THIS INFORMATION O	THE CANDIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	NA		
Additional Pages	GENERAL	COMMITTEE ADDRESS	N A		
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
	1	GO TO	PAGE 2		

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - O -		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-		
	4. TOTAL POLITICAL EXPENDITURES	\$ ~0~		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ - 0 -		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	\$ - O-		
l .	wear, or affirm, under penalty of perjury, that the accompanying report is transfer to be reported by me under Title 15, Election Code.	ue and correct and includes all information		
Signature of Candidate or Officeholder				
	Please complete either option below	w:		
	SHARON RENAY LUKER			
(1) Affidavit	NOTARY PUBLIC STATE OF TEXAS ID # 12560644-1 My Comm. Expires 03-31-2026			
(1) Affidavit NOTARY STAMP/SEAL	* STATE OF TEXAS ID # 12560644-1 My Comm. Expires 03-31-2026			
NOTARY STAMP/SEAL	STATE OF TEXAS ID # 12560644-1 My Comm. Expires 03-31-2026	7 day of October,		
NOTARY STAMP/SEAL	before me by this the which, witness my hand and seal of office.	7 day of October.		
NOTARY STAMP/SEAL	before me by Horry this the which, witness my hand and seal of office. Chay Hung Sharp Rena Lw			
NOTARY STAMP/SEAL Sworn to and subscribed 20 3 4 to certify Signature of officer administe	before me by Aug Love this the which, witness my hand and seal of office. Chay Luna Sharon Bena Luving oath Printed name of officer administering oath OR	cer notary		
NOTARY STAMP/SEAL Sworn to and subscribed 20 3 4 , to certify	before me by Aug Love this the which, witness my hand and seal of office. Chay Luna Sharon Bena Luving oath Printed name of officer administering oath OR	cer notary		
NOTARY STAMP/SEAL Sworn to and subscribed 20	before me by Starte Of TEXAS ID # 12560644-1 My Comm. Expires 03-31-2026 before me by Sharen Beng Lucius Sharen Beng Lucius Sharen Beng Lucius on Or	Title of officer administering oath		
NOTARY STAMP/SEAL Sworn to and subscribed 20	before me by Say Loren before me by Sharon Bena Luring oath Printed name of officer administering oath OR OR and my date of birth i	Title of officer administering oath		
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify Signature of officer administe (2) Unsworn Declaration My name is My address is	before me by Say Loren before me by Sharon Beng Luring oath Printed name of officer administering oath OR On	Title of officer administering oath S		

SUBTOTALS - C/OH

19 FILER NAME 20 Files	r ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0-
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ ~0~
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4. SCHEDULE E: LOANS	\$ -0-
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTI	ions \$ - 0 -
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIB	utions \$ -o-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -0-
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINES	ss of c/OH \$ -D -
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ions \$ -0-
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETOFILER	TURNED \$ - O-

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/OH1	NAME Hay Youll Gary Love 2 Filer ID (Ethics Commission Filers)					
3	SIGNA	ATURE /					
	designa	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any ign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder					
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	k 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.					
	В.	ASSETS					
	Chec	k only one:					
		I do not retain assets purchased with political contributions or interest or other income from political contributions.					
		I do retain assets purchased with political contributions or interest or 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		EHOLDER uplete this section <i>only</i> 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. Law Lowell Signature of Officeholder					

The C/OH Instruction G	uide explains how to	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
	*		MI		
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST	MI V	OFFICE USE ONLY	
NAME	NICKNAME	LAST	SUFFIX	Date Received	
		Lovell		Houston County Elections	
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	EED 0 0 0001	
OFFICEHOLDER MAILING				FEB 2 6 2024	
ADDRESS	281 CP	1590 (rapaland TX 75844	REGEIVED	
Change of Address 5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked	
OFFICEHOLDER PHONE	(936) 22	2-8798		Date Halla-delivered of Sale Footinghood	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$	
TREASURER		Heath	W	Date Processed	
NAME	NICKNAME	LAST	SUFFIX	Date Imaged	
		Lovell		Date imaged	
7 CAMPAIGN	STREET ADDRESS (N	IO PO BOX PLEASE); APT /	SUITE #; CITY;	STATE; ZIP CODE	
TREASURER ADDRESS	000		F 4		
(Residence or Business)	8511 Hu	uy 195.	Lovelady	Ty 75851	
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(936) 5	45-5097			
9 REPORT TYPE	January 15	30th day before	e election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	X 8th day before	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year	Monti	n Day Year	
COVERED	02/	06/24	THROUGH 02	/26/24	
11 ELECTION	ELECTION DA	1	ELECTION TY	PE	
	Month Day	Year X Primar	y Runoff Other Description	n	
Vi Andreas de la Contraction d	03/05/	24 Gener	al Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kn	own)	
	county Con	nmissioner F	Ct 1 County Comm	rissioner Pct 1	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITU	RES MAY HAVE BEEN MADE WITHOUT THE C	S MADE BY POLITICAL COMMITTEES TO SUPPORT ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	NA		
Additional Bassa	GENERAL	COMMITTEE ADDRESS	NA		
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN T	REASURER NAME		
		COMMITTEE CAMPAIGN	TREASURER ADDRESS		
	GO TO PAGE 2				

15 C/OH NAME			16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELEC		N (\$ -0-
	2. TOTAL POLITICAL CONTRIL (OTHER THAN PLEDGES, LOA	BUTIONS NS, OR GUARANTEES OF LOANS		\$ 450,
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE.	and the state of t	\$ -0-
	4. TOTAL POLITICAL EXPEND	ITURES		s 1113.
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	AST DAY	\$ -0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	F ALL OUTSTANDING LOANS AS G PERIOD	OF THE	\$ -0-
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, ti	hat the accompanying report is tr	rue and corre	ct and includes all information
rec	quired to be reported by me under Title 15, E	lection Code.		
		Mary mul	Candidate or	Officeholder
	Please comp	lete either option belo	w;	
(1) Affidavit	SHARON RENAY LUKER NOTARY PUBLIC STATE OF TEXAS ID # 12560644-1 My Comm. Expires 03-31-2026			
NOTARY STAMP / SEA				
	before me by Lary Love	ll this th	e 26	day of February
20 34 , to certify	which, witness my hand and seal of office.			
		enay Luker		NOTANY
Signature of officer administe	ng oath Printed name of off	icer administering oath	T	Title of officer administering oat
		OR		
(2) Unsworn Declarati	on			
My name is		, and my date of birth	is	
My address is				
THE COLUMN TO TH	(street)	(city)	, ,	ip code) (country)
Executed in	County, State of	, on theday of (mon	nth)	, 20 <u>(ŷear)</u> .
		Signature of Can	didate/Officeh	nolder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 450,
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -0-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	SCHEDULE E: LOANS	\$ -0-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	§ 450.
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 663,
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -D-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ -0-

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

ii iiie reques	nted information is not applicable, DO NOT III	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
G	ary Lovell		
4 Date		(ID#:)	7 Amount of contribution (\$)
			of .
2-10-24	Gary Holcomb 6 Contributor address; City;	State; Zip Code	\$200.
	CR 1885 Grapeland	TX 75844	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
F	Rancher	Self	
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
2-20-24	Perdue Brandon LLP Attorn Contributor address; City;	eys At Law State; Zip Code	\$250.
Principal occup	110 N. College Avc. 5te 1202 vation / Job title (See Instructions)	Tyla, Tx 75702 Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	action / Job title (See Instructions)	Employer (See Instruc	itions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	etions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDING EAST	NEEDED
	If contributor is out-of-state PAC please see Instr		

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

		EXPENDITURE C	ATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	F F Y G al Committee L	vent Expense ees ood/Beverage Expense iff/Awards/Memorials Expen egal Services	Office Ove Polling Exp ase Printing Ex Salaries/W	pense ages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
	· ·	The Instruction Guide e	explains how to c	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAM				3 Filer ID (Ethics	s Commission Filers)
4 Date 2-10-24	5 Payee name	y Holcomb				
6 Amount (\$)	7 Payee addr			City;	State;	Zip Code
200.	C	R 1885	Grape	land 7	X 7-	5844
8		See Categories listed at the to		(b) Description		
PURPOSE						
OF EXPENDITURE	Adve	rtising E	XPanse	Postage	Stamps	
		eck if travel outside of Texas. Cor	1		stin, TX. officeholder living] expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
Date	Payee name					
2-20-24	Pendue	Brandon Li	LP			
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code
250,		College Av		202 Tyle	r, TX 75	702
	Category (S	ee Categories listed at the top	of this schedule)	Description	,	
PURPOSE OF EXPENDITURE	Adver	tising Ex	pense	Postage.	Stamps	
	Ch	eck if travel outside of Texas. Cor	mplete Schedule T.	Check if Aus	stin, TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		/ Officeholder name		Office sought		Office held
Date	Payee nam	е				
Amount (\$)	Payee addr	ess;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (S	ee Categories listed at the top	of this schedule)	Description		
	Ch	eck if travel outside of Texas, Cor	mplete Schedule T.	Check if Aus	stin. TX, officeholder living] expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		e / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS NE	EDED	

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense			Policitation Fundaments Fundaments
Accounting/Banking	Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/Donations Made	By Gift/Awards/Memorials Expense F	Polling Expense Printing Expense	Travel In District Travel Out Of District
Candidate/Officeholder/Politic Credit Card Payment		Salaries/Wages/Contract Labor	Other (enter a category not listed above)
2.00m Outur ayrithit	The Instruction Guide explains i	how to complete this form.	
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Gary Lovell		одругина
4 Date	5 Payee name	<u> </u>	
	Gary Lovell		· ·
6 Amount (\$)	7 Payee address;	City;	State: Zip Code
663,		,	
Reimbursement from political contributions intended	281 CR 1590	Grapeland	Tx 75844
8	(a) Category (See Categories listed at the top of this sche		
PURPOSE OF	111.001/200 500	0.21	E1 - 2 -
EXPENDITURE	Advertising Expense	Postage_	\
	(c) Check if travel outside of Texas. Complete Sched		s. TX, oπiceholder living expense
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Gary Lovell	Comm. Pct	[Comm Pct 1
Date	Payee name		-
Amount (\$)	Payee address;	City;	State; Zip Code
\ - 2		Gny;	Olate, ZIP COUE
Reimbursement from political contributions			
intended			-
PURPOSE	Category (See Categories listed at the top of this sche	edule) Description	
OF			
EXPENDITURE			
	Check if travel outside of Texas. Complete Sched	tanaga di	n, TX officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/0	OH		
Date	Pavee name		
* {			
Amount (\$)	Payee address,	City;	State; Zip Code
Reimbursement from			w
political contributions intended			
PURPOSE	Category (See Categories listed at the top of this sch	edule) Description	
OF	The state of the s		
EXPENDITURE			
	Check if travel outside of Texas. Complete Sche		in. TX, officenoider living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED	DED

The C/OH Instruction G	uide explains how to	o complete this form.	1 Filer ID (Ethics Comm	nission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST		лі Л		USEONLY
NAME	NICKNAME	Lovell	٤	SUFFIX	Date Received Houston	County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	,	ZIP CODE		0 5 2024
Change of Address	281 CR	1590 G	rapeland TX	15844		and the second
5 CANDIDATE/ OFFICEHOLDER PHONE	(936) 25	PHONE NUMBER 22- 8798	EXTENSION		Date Hand-delivere Receipt #	d or Date Postmarked Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	first Heath		мі Л Д	Date Processed	Amount
	NICKNAME	Lovell		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS (N	IO PO BOX PLEASE); APT /	SUITE #; CITY;		STATE;	ZIP CODE
ADDRESS (Residence or Business)	8511 H	WY 195.	Lovelady	,	TX	75851
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
FHONE	(936) .	545-5097				
9 REPORT TYPE	January 15	30th day before	e election Runoff	-		after campaign appointment der Only)
	July 15	8th day before	51664611 } {	ded Modified ing Limit	Final Rep	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day . Year	THROUGH	Month O2	Day Ye	
11 ELECTION	ELECTION DAT		. E	LECTION TYPE	Ξ	
	Month Day	Year X Primar	 1	Other Description		
- Andrews	03/05/	24 Gener	al Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SO	•). (1
		nmissioner			ssioner f	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITU	NS ACCEPTED OR POLITICAL EX RES MAY HAVE BEEN MADE WI QUIRED TO REPORT THIS INFORM	THOUT THE CAI	NDIDATE'S OR OFFICER	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	NA			
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN T	REASURER NAME		•	
		COMMITTEE CAMPAIGN	TREASURER ADDRESS			
		GO T	D PAGE 2			

OAIIII AIOI	THAITCE ILE OIL	
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ - O -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 803.47
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$ -0-
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE \$ -O-
	swear, or affirm, under penalty of perjury, that the accompanying report is true	ue and correct and includes all information
re	equired to be reported by me under Title 15, Election Code.	
	Hary Love	<u>ee</u>
	signature of C.	andidate or Officeholder
	Please complete either option below	w:
-	BRITTANI WOMACK	
(1) Affidavit	NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 10/05/24	
(1) Allivavit	NOTARY ID 12915424-3	
NOTARY STAMP/SEA	Al	
	A 000 1 100 11	5 Channe
Sworn to and subscribed		e oday of HOVIMUY
Brill Min	y which, witness my hand and seal of office.	1st Aport Auditor
Signature of officer administr	OCC : COCC DITTO II VOCI II VICE	Title of officer administering oath
	OR	
(2) Unsworn Declarati		
apone si	, and my date of birth i	IS
iviy address is	(street) (city)	(state) (zip code) (country)
Executed in	County, State of , on the day of(mon	
	(mon	nth) (ÿear)
	Signature of Cano	didate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$ -0-
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ -D-
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -0-
4.	SCHEDULE E: LOANS	\$ -0-
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ -0-
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ -0-
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ -0-
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 803.47
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ -0-
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ - 0-
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ _0-

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Office 0 Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing	Overhead/Rental Expense Tra Expense Tra g Expense Tra s/Wages/Contract Labor Otr	icitation/Fundraising Expense insportation Equipment & Related Expense ivel In District ivel Out Of District ier (enter a category not listed above)
	The instruction during explains now t	o complete tina torini.	
1 Total pages Schedule G:	2 FILER NAME Gary Lovell	3 F	Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
01-08-24	Gary Lovell	Grapeland	Tx 75844
6 Amount (\$) \$ 725,00	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	281 CR 1590	Grapeland	Tx 75844
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Advertising Expense (c) Check if travel outside of Texas. Complete Schedule T.	Political Cale	nder KIYY officeholder living expense
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeroider frame	Office Sought	Office field
Date	Payee name		
01-19-24	Gary Lovell	Grapeland	TX 75844
Amount (\$) \$ 177, 43	Payee addres s ;	City;	State; Zip Code
Reimbursement from political contributions intended	281 CR 1590	Grapeland	TX 75844
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Advertising Expense	Political Car	rds
	Check if travel outside of Texas. Complete Schedule T.	tl	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/4	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
01-25-24	Gary Lovell		
Amount (\$) 9 106.60 Reinburgsmant from	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	281 CR 1590	Grapeland	TX 75844
PURPOSE	Category (See Categories listed at the top of this schedule)	Description	
OF EXPENDITURE	Advertising Expense	Political Sti	ckers
	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	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officenoider/Politic Credit Card Payment	The Instruction Guide explains how to	complete this form.	3 1 G. (3 1 G. 1 G	y noclisted above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
	Gary Lovell 5 Payee name			
4 Date			_	
02-02-24	Gary Lovell 7 Payee address;	Grapsland City:	7	75844
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
# 294,44 Reimbursement from				
political contributions intended	281 CR 1590	Grapeland	Tχ	75844
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF	Advertising Expense	Political	Cards	
EXPENDITURE	(c) Check if ifavel outside of Texas. Complete Schedule T.		. TX, officeholder living e	xpense
9	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH				
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	:			
	Category (See Categories listed at the top of this schedule)	Description		410001-0000
PURPOSE OF EXPENDITURE		Control of the Contro		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended			·	
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n. TX, officeholder living	
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 NEED	DED	

CANDIDA CAMPAIG	TE / OFF	ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR	FIRST Gary	MI W	OFFICE USE ONLY
	NICKNAME	Lovell	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	73 11 33112 #;	city: STATE: ZIP CODE Peland Tx 75844	4202 7 1 NAL
Change of Address			,	Houston County Elections
5 CANDIDATE/ OFFICEHOLDER PHONE	(936) 2	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR NICKNAME	FIRST Heath	MI W	Receipt # Amount \$ Date Processed
references and the second state of the second	MONTANE	Lovell	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
ADDRESS (Residence or Business)	8511 H	wy 195.	Lovelady, Texa	75851
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 545~5097	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	(Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 9	Day Year	Month	. Day Year
11 ELECTION	3 /	/6/ /2016	THROUGH OI/	15/24
., 22231,014	Month Day	Year Primary	ELECTION TYPE Runoff Other Description	
	03/05/	24 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known)	
14 NOTICE FROM		pmmissioner PC+		
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC CONSENT. CANDIDATES	CEHOLDER. THESE EXPENDITURES B AND OFFICEHOLDERS ARE REQUIF	MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF THE	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME	NA	
Additional Pages	GENERAL	COMMITTEE ADDRESS		
· ·	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	

All My House

FORM C/OH

CAMPAIGN	I FINANCE REPORT	COVERS	SHEET PG 2
15 C/OH NAME		16 Filer ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	R THAN \$	-0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS) \$	450,00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	-0-
	4. TOTAL POLITICAL EXPENDITURES	\$.	2,507.42
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY \$ -	-D-
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN LAST DAY OF THE REPORTING PERIOD	S AS OF THE \$	0-
18 SIGNATURE I sy req	vear, or affirm, under penalty of perjury, that the accompanying repo uired to be reported by me under Title 15, Election Code.	oull of Candidate or Officeho	
	Please complete either option SHARON RENAY LUKER NOTARY PUBLIC STATE OF TEXAS	pelow:	
(1) Affidavit	ID # 12560644-1 My Comm. Expires 03-31-2026		
NOTARY STAMP/SEAL	pefore me by Shary Luker	nis the day of_	January.
20 24 , to certify w hourn k Signature of officer administeri	chich, witness my hand and seal of office. Uncy Luhy Sharon Renay Lyke	10	and including cath
(2) Unsworn Declaratio	OR OR		
	, and my date of	birth is	
Executed in	(street) (city) County, State of, on the day of	(state) (zip code) , 20 (month) (yea	

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

9 FILER NAME 20 Filer ID (Ethics Cor			ion Filers)
Gary Lovell	To the second se		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	450,00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	-0-
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	-0-
4. SCHEDULE E: LOANS		\$	-0-
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	450.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	-0-
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	-0-
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	-0-
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	2057,42
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	A BUSINESS OF C/OH	\$	-0-
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	-0-
12. SCHEDULE K: INTEREST. CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	-0-
	· · · · · · · · · · · · · · · · · · ·		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	• •	. 5	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Gary Lovell		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12-23	t L	State; Zip Code	\$350.00
	1014 CR 1825 Crocket	tTX 75835	
	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
	ancher	5e/F	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
12-23		State; Zip Code	\$100.00
	30211 Little Brook Ln.	Magnola, TX	
	ation / Job title (See Instructions)	Employer (See Instructi	ons)
R	ctired		
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instr		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 12-23 6 Amount (\$) 7 Payee address; City; Zip Code State: 350.00 Crockett 1014 CR 1825 (b) Description 8 Political Calendar **PURPOSE** OF Political Advertising MOSSENGET Adv. **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX. officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12-23 Amount (\$) State: Zip Code 100,00 30211 Little Brook LD. Magnola TX. **PURPOSE** OF Political Signs TX GOPSign Shop **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Рауее пате Date Amount (\$) Payee address; City: State: Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin. TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 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 CATE	GORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
,	Gary Love		File ID (Emics Commission Filers)
4 Date	5 Payee name		
12-7-23	Gary Lovell		
6 Amount (\$) 908.35	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	281 CR 1590	Grapeland	TX 75844
8 PURPOSE	(a) Category (See Categories listed at the top of this s	schedule) (b) Description	
OF EXPENDITURE	Advertising Expense	Political	Sign5
	(c) Check if travel outside of Texas. Complete Sc	chedule T. Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Gary Lovell	Comm. Pct	Comm Pct 1
Date	Payee name		
12-13-23	Gary Lovell		
Amount (\$) 454.65	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	281 CR 1590	Grapeland	TX 75844
PURPOSE	Category (See Categories listed at the top of this	schedule) Description	
OF EXPENDITURE	Advertising Expens	e Political	Signs
	Check if travel outside of Texas, Complete St	chedule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1-4-23	Gary Lovell		
Amount (\$)	Payee address,	City;	State; Zip Code
Reimbursement from political contributions intended	181 CR 1590	Grapeland	TX 75844
PURPOSE	Category (See Categories listed at the top of this	schedule) Description	
OF EXPENDITURE	Advertising Expense	e Political	Signs
9	Check if travel outside of Texas. Complete So	chedule T. 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 O	OF THIS SCHEDULE AS NEED	ED

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

See CTA Instruction Guide for detailed instructions.			1 Total pages filed:	
2	CANDIDATE	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
	NAME	Gary W	Filer ID #	
		NICKNAME LAST SUFFIX	DajqResten County Elections	
		Lovell	NOV 2 0 2023	
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #, CITY; STATE; ZIP CODE	RECEIVED	
		181 CR 1590 Grapeland TX 75844	Date Hand-delivered or Postmarked	
4	CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Amount\$	
		(936) 222-8798	Date Processed	
5	OFFICE HELD (if any)	Commissioner Pct 1	Date Imaged	
6	OFFICE SOUGHT (if known)	Commissioner pct 1		
7	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX	
		Heath W	_ouell	
8	CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE	
***************************************	(residence or business)	8511 Hwy 195, Lovelady	TX	
9	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
essential constants		(936) 545-5097		
10	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.			
parantificvelena vandijesta	I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.			
MANAGEMENT SECURITIVE SECURITIES.		Hary Louell	9-16-23	
***************************************		Signature of Candidate	Date Signed	
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