The C/OH Instruction (	Suide explains how	to complete this form.	1 Filer ID (Ethics Comm	ission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR  MC.	FIRST Gene	M V		OFFICE	USE ONLY
NAME	NICKNAME	Stokes		UFFIX	Date Received	ounty Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		CITY; STATE; ZI	P CODE		8 2024 EIVED.
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(934)	PHONE NUMBER	EXTENSION		Date Hand-delivered	
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST Storme	M	1	Receipt #	Amount \$
NAME	1	· ·	(5)	UFFIX	Date Processed	
	NICKNAME	Kenn	5	UFFIA	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (	NO PO BOX PLEASE); APT / S	UITE #; CITY;		STATE;	ZIP CODE
TREASURER ADDRESS	1779 C	R 4020 C	rockett, Tex	AS		15835
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(936) 2	PHONE NUMBER	EXTENSION			
9 REPORT TYPE	January 15	30th day before e	-		15th day aft treasurer ap (Officeholde	
	July 15	8th day before ele	ection Exceede Reporting	d Modified g Limit	Final Report	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	10 /	1 /24	THROUGH	10 /	28 /24	
11 ELECTION	ELECTION DA	TE	ELE	CTION TYPE		
	Month Day	Year Primary		Other Description		
	11/10	General	Special	Description		
vening	11/85/	24 7	Name of the state			
12 OFFICE	OFFICE HELD (if any)	Commissioner la	+3 Hauston		mmissioner	Pal 43
44 NOTICE EDOM		E OF POLITICAL CONTRIBUTIONS				
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE WITH	OUT THE CANE	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	INCED TO REPORT THIS IN ORMA	TION ONET IT	THE RECEIVE NOTICE OF	OCON EXI ENDITOREO.
	COMMITTEE TIPE	SOMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
	•	GO ТО	PAGE 2			

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ &
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ &
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OIL 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
	e	t to
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	r.
	SHARON RENAY LUKER	**
	NOTARY PUBLIC STATE OF TEXAS	
(1) Affidavit	ID # 12560644-1 My Comm. Exotras 03-31-2026	
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by Sene States this the	25 day of October.
$\sim$ $\sim$ $\sim$ $\sim$	which, witness my hand and seal of office.	- 414
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		· · · · · · · · · · · · · · · · · · ·
Executed in	(street) (city) (street) (county, State of, on the day of	state) (zip code) (country), 20 (year)
	Signature of Candid	late/Officeholder (Declarant)

### SUBTOTALS - C/OH

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

# 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/OHNAME Gene Stok		ne Stokes
3	SIGNA	TURE
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ing a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any n contributions or make any campaign expenditures without a campaign treasurer appointment on file.  Signature of Candidate / Officeholder
4		VHO IS NOT AN OFFICEHOLDER  Detee A & B below <i>only</i> if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	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:
		do not retain assets purchased with political contributions or interest or other income from political contributions.
		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
;	·· Comp	dete this section only if you are an officeholder ••  am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on lee. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as n officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with olitical contributions or interest or other income from political contributions.  Signature of Officeholder

The C/OH Instruction G	Guide explains how	to complete thi	is form.	1 Filer ID (E	thics Commission Filers)	2 Total pages	iled:
3 CANDIDATE/ OFFICEHOLDER	OFFICEHOLDER OFFICE		W	OFFICI	E USE ONLY		
NAME	NICKNAME	LAST			SUFFIX	Date Received Houston (	County Elections
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX;	APT / S	UITE #;	CITY; ST.	ATE; ZIP CODE	ОСТ	0 9 2024
ADDRESS  Change of Address	1779	CR 40	20	Crockett	Ty 15835	パヒ	CEIVED
5 CANDIDATE/	AREA CODE	PHONE NUMB	BER	EX	TENSION	Date Hand deliver	ed or Date Postmarked
OFFICEHOLDER PHONE	(936)	662 - 4					
6 CAMPAIGN	MS / MRS / MR	FIRST			MI	Receipt #	Amount \$
TREASURER NAME	Ms	Sto	Rmy		S	Date Processed	
	NICKNAME	LAST	/ .		SUFFIX	Date Imaged	
			Kenni	<del></del>			
7 CAMPAIGN TREASURER	STREET ADDRESS (	NO PO BOX PLĒAS	SE); APT / S	SUITE #;	CITY;	STATE;	ZIP CODE
ADDRESS	1770	CKL	1020	Ori	ickett	TV	15835
(Residence or Business)			•				
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMB	BER	EX	TENSION		
PHONE	(936)	204 - 1	1467				
9 REPORT TYPE	January 15	30th	h day before e	election	Runoff		after campaign appointment der Only)
	July 15	8th	day before ele	ection	Exceeded Modified Reporting Limit		ort (Attach C/OH - FR)
10 PERIOD COVERED	Month	,	Year		Month	Day Ye	
	7	15/2	24	THROUG	н /о	17/2	4
11 ELECTION	ELECTION DA	TE			ELECTION TYPE	<u> </u>	
	Month Day	Year	Primary	Runoff	Other Description		
	11/5/	24	General	Special			
12 OFFICE	OFFICE HELD (if any)	Housto	m Co.	13 0	FICE SOUGHT (if know	Darty o	L11 2
14 NOTICE FROM	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE	E OF POLITICAL CO	ONTRIBUTIONS EXPENDITURE	ACCEPTED OR POL	ITICAL EXPENDITURES IN	MADE BY POLITICAL CO	OMMITTEES TO SUPPORT OLDER'S KNOWLEDGE OR
POLITICAL COMMITTEE(S)	CONSENT. CANDIDATES	AND OFFICEHOLDE	RS ARE REQU				OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NA	AME				
Additional Pages	GENERAL	COMMITTEE AD	DRESS			ACTION OF THE PROPERTY OF THE	
	SPECIFIC	COMMITTEE CA	AMPAIGN TRE	EASURER NAME			
		COMMITTEE CA	AMPAIGN TR	EASURER ADDRE	ESS		
			00 T0	DAGEG			
			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)	\$ 6
	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 LAS OF REPORTING PERIOD	ST DAY \$ 0
OUTSTANDING LOAN TOTALS	6. 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	and correct and includes all information
	Sen St	ndidate or Officeholder
	Signature or Ga	ndidate or Officenoider
	Diegos someniete either entire belev	
(1) Affidavit	Please complete either option below SHARON RENAY LUKER NOTARY PUBLIC STATE OF TEXAS ID # 12560644-1 My Comm. Expires 03-31-2026	<b>':</b>
NOTARY STAMP/SEAL	91	
Sworn to and subscribed		8 day of October,
Shari	which, witness my hand and seal of office.  Nenay Luke Sharon Renay L	where Notary
Signature of officer administer	Printed name of officer administering oath	Title of officer administeriog oath
(2) Unsworn Declaration		
My name is	, and my date of birth is	
Executed in	(street) (city) (s County, State of , on the day of (month	tate) (zip code) (country) , 20 (year)
	Signature of Candid	ate/Officeholder (Declarant)

### SUBTOTALS - C/OH

19 FILER NAME 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
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 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	\$ 0
0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OF	
SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ &

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

NOTE	The Instruction Guide explains how to complete this form.						
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••					
1	C/OH N	IAME 2 Filer ID (Ethics Commission Filers)					
3	SIGNA	TURE					
	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		WHO IS NOT AN OFFICEHOLDER  plete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Check	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.					
	B.	ASSETS					
	Check	c 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 plete 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.  Signature of Officeholder					

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Com	mission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR	FIRST Gen E		MI N	OFFICE	USEONLY
IVAIVIE	NICKNAME	Stoke		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	; APT / SUITE #;		ZIP CODE 7 583 5		County Elections 1 5 2024
Change of Address					KE	CEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936)	PHONE NUMBER	EXTENSION			d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR  MS	FIRST Stormy		мі	Receipt #  Date Processed	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
		Kenne	-/		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / R 4020	SUITE #; CITY;  Crack	ett	STATE;	ZIP CODE 75835
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	(936) 2	04 - 4467	EXTENSION			
9 REPORT TYPE	January 15	30th day before				fter campaign ppointment er Only)
	July 15	8th day before e	SICCION	ed Modified ng Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month $O2$	Day Year / 2624	THROUGH	Month  63	Day Yea	
11 ELECTION	ELECTION DA			ECTION TYPE		
	Month Day	Year Primar		Other Description		
	03 /15	2024   Genera	ii Special			
12 OFFICE	OFFICE HELD (if any)	11093,011 1011	nty 13 OFFICE SOU 3 Houston		A	ner Pct 3
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTION EHOLDER, THESE EXPENDITUR AND OFFICEHOLDERS ARE REQ	ES MAY HAVE BEEN MADE WITH	HOUT THE CAND	IDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TE	REASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRESS			
		GO TO	PAGE 2			

15 C/OH NAME	1	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)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 4
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 6
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	THE \$ 0
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	0	./
		1
	I ful	
	Signature of Cand	didate or Officeholder
	Diagram I ( ) (d)	
	Please complete either option below:	
	OV BY SH	ARON RENAY LUKER
	SHARCH TO HAY LIFE R	NOTARY PUBLIC
	(*(X)*)	STATE OF TEXAS
(1) Affidavit	MY COFTE MY C	ID # 12560644-1 Comm. Expires 03-31-2026
	10 # 12560644-1 My Comm. Expires 03-31-2026	
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by Sen Stohen this the _	15 day of Bruch,
20 2L, to certify v	which, witness my hand and seal of office.	·
Sharin Ren	ray Luker Sharow Renay Lulier	notar
Signature of officer administer	O TRUE TO ONE	Title of officer administering oath
A CALL CONTRACTOR OF THE STATE		The of officer authinistering oath
	OR	
(2) Unsworn Declaratio	n	
My namo is		
	, and my date of birth is	•
My address is	· · · · · · · · · · · · · · · · · · ·	
		te) (zip code) (country)
Executed in	County, State of, on theday of(month)	, 20
	(month)	(year)
	Signature of Candidate	e/Officeholder (Declarant)
	-	,

### SUBTOTALS - C/OH

19 FILER NAME  20 Filer ID (Ethics Com	nmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ O
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 6
4. SCHEDULE E: LOANS	\$ 0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 8
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ &
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
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	\$ &
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 complete this form	m,				
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N	rne Stokes	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	ATURE					
	designa	ot expect any further political contributions or political expenditures in connection with my nating a report as a final report terminates my campaign treasurer appointment. I also ur aign contributions or make any campaign expenditures without a campaign treasurer app	nderstand that I may not accept any				
1		R WHO IS NOT AN OFFICEHOLDER  mplete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	ck only one:					
		I do not have unexpended contributions or unexpended interest or income earned from	m political contributions.				
		I have unexpended contributions or unexpended interest or income earned from politic may not convert unexpended political contributions or unexpended interest or income personal use. I also understand that I must file an annual report of unexpended counexpended contributions or unexpended interest or income earned on political contributions this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirements.	ne earned on political contributions to ontributions and that I may not retain butions longer than six years after al contributions and unexpended				
	B,	ASSETS					
	Checl	ck 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 that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	income from political contributions to				
		Sie	gnature of Candidate				
5		EHOLDER					
	•• Com	nplete this section only if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who do file. I am also aware that I will be required to file reports of unexpended contributions if, a an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as				
		Sig	nature of Officeholder				

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** W (sene NAME 4 CANDIDATE / ADDRESS / PO BOX; HECEIVED 1779 CR 4020 Crockett Tx 75885 OFFICEHOLDER MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (934)662-4190 PHONE Receipt # Amount \$ MS / MRS / MR CAMPAIGN **TREASURER** Ms Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CAMPAIGN TREASURER Crockett 1719 CR 4020 75835 ADDRESS (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 02 /05 /2024 THROUGH ELECTION TYPE 11 ELECTION Runoff Other Description Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Tousion Co. Commissioner THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

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)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0			
	4. TOTAL POLITICAL EXPENDITURES	\$ O			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ 0			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ 6			
3	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information			
	H L	1			
	Signature of Ca	ndidate or Officeholder			
	Please complete either option below	<i>I</i> ':			
	•				
(1) Afficavia	DN RENAY LUKER DTARY PUBLIC FATE OF TEXAS # 12560644-1 m. Expires 03-31-2026				
Sworn to and subscribed before me by Slu Stokes this the 37 day of February,					
20 <u>3 4</u> , to certify	which, witness my hand and seal of office.  Sharon Rena, Luker	notary			
Signature of officer administ		Title of officer administering oath			
(2) Unsworn Declaration					
My name is	, and my date of birth is				
My address is		,			
Executed in	(street) (city) (: County, State of , on the day of (month	state) (zip code) (country) h) (year)			
	Signature of Candi	date/Officeholder (Declarant)			

#### CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** W NAME Date Received Houston County Elections 4 CANDIDATE / FEB 0 6 2024 **OFFICEHOLDER** Crockett Texas 1588 MAILING RECEIVED **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (936 ) 662-4190 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN MI S TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); ART SUITE #; STATE; 7 CAMPAIGN ZIP CODE CR4020 TREASURER Crockett Texas 75855 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE (936)204-4467 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 01/01/ 06/ THROUGH 24 ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Description Special OFFICE HELD (if any 13 OFFICE SOUGHT (if known) 12 OFFICE Youston Co. THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

15 C/OH NAME Gene	W Stokes	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)	\$ 0				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0				
	4. TOTAL POLITICAL EXPENDITURES	\$ D				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$ D				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ D				
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.						
Llane Stake						
	Signature of Car	ndidate or Officeholder				
	5					
	Please complete either option below	•				
SHARON RENAY LUKER NOTARY PUBLIC STATE OF TEXAS ID # 12560644-1 My Comm. Expires 03-31-2026						
Sworn to and subscribed	before me by Sharin Renay Luken this the	6 day of February,				
$\mathcal{X}_{\mathcal{A}}$	which, witness my hand and seal of office.  Nay Luter Sharon Renay Luter	Notaru				
Signature of officer administe		Title of officer administering oath				
10011 1910 1910/2010 1910/2010	OR					
(2) Unsworn Declaration						
My name is	, and my date of birth is					
	, and my date of bittins					
uddi 000 io		toto) (7in and 1) (700 to 1)				
Evenue die	(	tate) (zip code) (country)				
Executed in	County, State of , on the day of (month)	, 20 (year)				
	Signature of Candida	ate/Officeholder (Declarant)				

#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** W NAME Date Received NICKNAME riguston County Elections 4 CANDIDATE/ ADDRESS / PO BOX; IAN 17 2024 **OFFICEHOLDER** Crockett 1779 CR 4020 Texas 75839 **MAILING** RECEIVED **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION** Date Hand-delivered or Date Postmarked OFFICEHOLDER (936)lole 2 - 4190 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME Date Imaged ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); 7 CAMPAIGN 1779 CR 4020 **TREASURER ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION **TREASURER** PHONE (936) 204-4467 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) July 15 Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 07/01/2013 THROUGH 11 ELECTION ELECTION DATE **ELECTION TYPE** Primary Runoff Other Description 03/05/2024 13 OFFICE SOUGHT (if known) 12 OFFICE Houston Co. Commissioner 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. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

		***************************************			
15 C/OH NAME	ne W Stokes		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 CONTRIB (OTHER THAN PLEDGES, LOAN	UTIONS S, OR GUARANTEES OF LOANS)	\$ <b>0</b>		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	\$ 0			
	4. TOTAL POLITICAL EXPENDI	ΓURES	\$ <i>U</i>		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTE OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAS	T DAY \$ D		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE \$ O		
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.					
	and to so reported by me under the re, and	A COURT GOOD,			
		$\mathcal{A}$	1 #		
		Jene L	John.		
		Signature of Co	adidate or Officebolder		
		Signature of Cal	ndidate or Officeholder		
	Please comple	ete either option below	y =		
		of the option solow	*		
	SHARON RENAY LUKER				
(5A)	NOTARY PUBLIC				
\$( <del>*</del> (=	STATE OF TEXAS				
(1) Affidavit	D#12560644-1				
(1) Allidavit	OF TEX My Comm. Expires 03-31-2026				
NOTABLE COMA					
NOTARY STAMP/SEAL					
Sworn to and subscribed	before me by <u>ShiAnon</u> <u>Ren</u> ,	this the	17th day of January,		
20 20, to certify which, witness my hand and seal of office.					
Than Par	(/) 1	1 3	01.1.		
-X1007141	Ky Lule Sharm Rens	y huter	Notary		
Signature of officer administer	ing oath Printed name of office	er administering oath	Title of officer administering oath		
The property of the second		OR			
(2) Unawara Daglaretta					
(2) Unsworn Declaration	711				
My name is		, and my date of birth is	•		
My address is					
	(street)	(city) (s	tate) (zip code) (country)		
Evecuted in	County State of		20		
EVERNIER III	County, State of	day of (month	) (year)		
			,		
		Signature of Candid	ate/Officeholder (Declarant)		

# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

See	CTA Instruction Guide for detailed instructions.	<b>1</b> Total pages filed:	
2 CANDIDATE	MS / MRS / MR FIRST MI	OFFICE USE ONLY	
NAME	Mr. Gene W	Filer ID #	
	NICKNAME LAST SUFFIX	Date Received	
	Stokes	Houston County Elections	
3 CANDIDATE MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	NOV 2 1 2023	
ADDRESS	1779 CR 4020 Crokett Texas 75835		
		Date Hand-delivered or Postmarked	
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt # Amount \$	
	(936) 662-4190	Date Processed	
5 OFFICE		Date Imaged	
HELD (if any)	Houston County Commissioner PCT43		
6 OFFICE SOUGHT (if.known)	Houston County Commissoner PCT #3		
7 CAMPAIGN	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX	
TREASURER NAME			
	Ms. Stormy	Kennes	
8 CAMPAIGN	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE	
TREASURER STREET ADDRESS			
(residence or business)	Carle II	- 00020	
9 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	Texas 18835	
9 CAMPAIGN TREASURER PHONE			
FHONE	(936) 204-4467		
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government Code.	
	I am aware of my responsibility to file timely reports as the Election Code.	required by title 15 of	
	I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	ode on contributions	
		, ,	
	Dene Stop	1/21/2023	
	Signature of Candidate	/ Date Signed	
GO TO PAGE 2			