
The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Co.	nmission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR)	JAMES	·	МІ	OFFICE	USE ONLY
NAME	NICKNAME	LAST	•••••	SUFFIX	Date Received	
		ANGERSTEIN			Houston Co.	unty Elections
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX	,	CITY; STATE;	ZIP CODE	100300100	and Elections
MAILING	242 CA	2 1605 CROCI	CETT, TR 7	2832	JAN 1	5 2025
ADDRESS Change of Address					RECE	IVEL
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSIO	N	Date Hand-delivered	or Date Postmarked
OFFICEHOLDER PHONE	(936) 22	77.1401				
6 CAMPAIGN	MS (MRS) MR	FIRST		MI	Receipt #	Amount \$
TREASURER NAME		CAREY	<i>f</i> .	<i></i>	Date Processed	
	NICKNAME	LAST		SUFFIX	Date Imaged	***************************************
7 0004001001	STREET ADDRESS	ANGERSTEN HOO PO BOX PLEASE); APT / S	UITE #; CITY:		STATE:	ZIP CODE
7 CAMPAIGN TREASURER		CR 1605	CROCKETT	.7	× 7583	
ADDRESS (Residence or Business)				•	, , , , , ,	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	······································		
TREASURER PHONE	105					
	(936) 3	23.6086	10-10-10-10-10-10-10-10-10-10-10-10-10-1			
9 REPORT TYPE	January 15	30th day before e	election Runo	f	15th day aft treasurer ap (Officeholder	
	July 15	8th day before ele	ouon	ded Modified ting Limit	Final Report	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
	10 /	18/24	THROUGH	1/	15/25	5
11 ELECTION	ELECTION DA			LECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description	NA	
		General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SO	UGHT (if known)	
	COUNTYTE	AX ASSESSOR-COLL	ECTOR			
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUII	MAY HAVE BEEN MADE WIT	THOUT THE CANE	DIDATE'S OR OFFICEHOLI	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL	COMMITTEE ADDRESS				
Additional Pages		COMMITTEE CAMBAION TO	ACURED NAME			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASUKEK NAME			
		COMMITTEE CAMPAIGN TRI	EASURER 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)	\$ Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 150.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY \$
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
red	uired to be reported by me under Title 15, Election Code.	
	Cannot de	tun
	Signature of Cal	ndidate or Officeholder
	Please complete either option below	•
	r lease complete ettler option below	(*
(1) Affidavit	KRISTI DOWDY	
	My Notary ID # 132347263	
NOTARY STAMP/SEAL	Expires February 27, 2028	
Sworn to and subscribed	before me by James Angly Stem this the	15 day of Januar
20 , to certify	which, witness my hand and seal of office.	V 100
ammile,	KN Sti DOWOU	VP
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
Mar marra in	and any data of Mills to	
	, and my date of birth is	•
wy audicss is	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of, on the day of (month	, 20
	Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Co	mmission Filers)		
JAMES /. DUGERSTEW				
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 CO	NTRIBUTIONS	\$		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$		
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 15000		
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$		

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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made Candidate/Officeholder/Politiceholder		/Wages/Contract Labor Other	Out Of District (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME JAMES A ANGERSTE	,	er ID (Ethics Commission Filers)
4 Date 1-15-25	JAMES A ANGERSTER 5 Payee name THE MESSENGER		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	119 N. MAIN ST.	GRAPEZAND	TR 75844
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	ADVERTISING EXPENSES	PAPER AD	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	eholder living expense
9 Complete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	JAMES A. ANGERSTEIN	COUNT	TAX ASSESSOR, COLL.
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	eholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, offic	eholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS LMR	FIRST TMES	мі Д .	OFFICE USE ONLY
NAME	NICKNAME	LAST NUSERSTET	SUFFIX	Date Received Houston County Elections
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX	100000	CITY; STATE; ZIP CODE	OCT 2 8 2024
MAILING ADDRESS	242 C	R1605 CR1	UCKETT TR 75835	KECEIVED
Change of Address	AREA CODE	PHONE NUMBER	EXTENSION	
5 CANDIDATE/ OFFICEHOLDER PHONE	(936) 25		EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS (MRS) MR	FIRST	A.	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
	f	MERSTEM	551.11	Date Imaged
7 CAMPAIGN		· · · · · · · · · · · · · · · · · · ·	CUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	242 06	2 1605	CROCKETT	TR 75835
(Residence or Business)			•	
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION	
PHONE	(936) 2	22 6086		
9 REPORT TYPE	January 15	30th day before 6	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERED	10 /	17/24	THROUGH 10	128/24
11 ELECTION	ELECTION DA	TE	ELECTION TYP	Ε .
,	Month Day	Year Primary	Runoff Other Description	•
	11/05/	24 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	vn)
			HO. Co TAX A	SESSOR/COLLECTOR
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER, THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS	
	1	GO TO	PAGE 2	

15 C/OH NAME	2 2		16 Filer ID (Ethics Commission Filers)
JAMES L	LACERSTEIN		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECT		\$
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN		\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDIT	URES	\$ 310.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LA	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS C PERIOD	\$
	wear, or affirm, under penalty of perjury, that	. , , .	e and correct and includes all information
red	quired to be reported by me under Title 15, Ele	ection Code.	
	•	C Dans	
		Signature of C	applicate or Officeholder
			•
	Please comple	ete either option belov	v:
(1) Affidavit NOTARY STAMP/SEA	MARY ELLEN MCCREIGHT NOTARY PUBLIC STATE OF TEXAS ID # 115434-2 My Comm. Expires 04-14-2026		
Sworn to and subscribed	/ 1	this the	28th day of 0.7.
20 <u>24</u> , to certify	which, witness my hand and seal of office.	Ellen Marrio Wt	Notaku
Signature of officer administe	ring oath Printed name of office	er administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declarati	on		
May name is		and my data of hirth is	
		, and my date of birth is	
wy addiess is	(street)	,,,,,,	state) (zip code) (country)
Executed in	County, State of	` • •	, 20 (year)
		Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME 20 Filer ID (Ethics Co.		nmission Filers)		
JAMES A. ANGERSTEIN				
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 COI	\$			
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		\$31000		
0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$		
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$		

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 Legal Services

Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	()	,
1 Total pages Schedule G:	2 FILER NAME JAMES A. AWGERSTEIN	,	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name THE MESSENGER			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended	105 MAINST	GRAPHANI	o Ax	75244
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	AD EXACUSE	PAPER A	<i>)</i>	
	(c) Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living	expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/OH	JAMES A ANGERSTEN	to. Co TAX AS	SUSSOR/CO	WETER
Date	Payee name		/	
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
LXI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITORE	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	SCHEDULE AS NEED	ED	

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	ms/mrs mr/ first	мі Д	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Housidon County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; C	CITY; STATE; ZIP CODE	OCT 0 7 2024
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (036) 289-1401	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS (MRS)MR FIRST	A	Receipt # Amount \$ Date Processed
NAME	NICKNAME LAST	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SI		STATE; ZIP CODE
ADDRESS (Residence or Business)	242 CR 1605	CROCKETT	TA 75835
8 CAMPAIGN TREASURER	AREA CODE : PHONE NUMBER	EXTENSION	
PHONE	(936) 222-6086		
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 Sth day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
COVERED	7/16/24	THROUGH 10	7/24
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary	Runoff Other Description	•
. •	11 /165/24 Seneral	Special	,
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IF KNOWN) 55566R - COURTH
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE! OFFICEHOLDER. THESE EXPENDITURES CONSENT: CANDIDATES AND OFFICEHOLDERS ARE REQUII	ACCEPTED OR POLITICAL EXPENDITURES M	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRE	ASURER NAME	
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
	GO TO	PAGE 2	

15 C/OH NAME ANGUR	STEW JAMES A.	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)	\$	
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 900 -00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 1117.22	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ 0,00	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	
	swear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code.	e and correct and includes all information	
	- Almagul	The Company of the Co	
	Signature of Ca	indidate or Officeholder	
	•		
	Please complete either option below	v:	
		The Classic	
	A Polymer Market	Joni K. Clonts lotary Public, State of Texas	
(1) Allidavit Notary without Bond W			
Comm. Expires 10/4/2027 Notary ID 5533452			
NOTABY OTABO (OFA	The Control of the Co	Rotaty ID 3333102	
NOTARY STAMP/SEA		-th o	
Sworn to and subscribed	before me by <u>James Angerstein</u> this the	day of <u>C</u> ,	
20 29, to certify	which, witness my hand and seal of office.		
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath	
	OR		
(2) Unsworn Declarati	on		
My name is	, and my date of birth is	·	
My address is		,	
	, , ,	state) (zip code) (country)	
Executed in	County, State of, on the day of (month	n) , 20 (year)	
	Signature of Candid	date/Officeholder (Declarant)	

SUBTOTALS - C/OH

19 FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
ANGERSTEIN JAMES A.	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 900,00
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	\$ 900.00
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	\$2/7.22
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	RYSTER JAMES A.		3 Filer ID (Ethics Commission Filers)
4 Date		C (ID#:)	7 Amount of contribution (\$)
~ <i>1</i> /			γ γ αποσιπ οι σοπαιρασοπ (φ)
8/05/24	DIANE HAWS 6 Contributor address; City;	State; Zip Code	\$300.00
	169 CR 1710 GRAPAGANS		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Ke	TIRED		
Date		C (ID#:)	Amount of contribution (\$)
9/10/24	Kewert Martis Contributor address; City;	State; Zip Code	\$500,00
·•	4023B LAWARK LN. HOUSTON	TX 77025	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
TEAC	HEPL	UNIVERBITY O	E TEXAS
Date		C (ID#:)	Amount of contribution (\$)
9/11/24	Key, PHILIP A. TAPPORT Contributor address; City;	State; Zip Code	\$100.00
1 /	15188 FM 2022N GRAPHAND		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
· /			
	ASTOR	MISSIONARY	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
		<u> </u>	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	·		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Politi Credit Card Payment	ical Committee Legal Services Salarie	es/Wages/Contract Labor	Other (enter a category not listed above)
,	The Instruction Guide explains how t	o complete this form.	
1 Total pages Schedule G:	2 FILER NAME HUGERSTEIN JAMES	/ /	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u>'C</u> , 1	
10/01/24	Kivy		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	102 S. 5+h GR.	CROCKET.	7× 75835
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	AB EXPENSE	RADIO	
	(c) 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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	ANGERSTER JAMES A	HOCO TAX AS	HELD COLLETTOR
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	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/C	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	AUGERSTEIN JAMES A.		3 Filer ID (Ethic	cs Commission Filers)	
4 Date 8/07/24	5 Payee name				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
#324.74	21602 E. HARDY RO.	Houstow	TR	77073	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ATIVERTISING EXPENSE	YARD SIG	んろ		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder livin	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name ANGERSTEN JAMES A. H	Office sought	ESSON. CO	Office held	
Date	Payee name				
8/19/24	VISTA PRINT				
'Amount (\$)	Payee address;	City;	State;	Zip Code	
59.98	95 HAYDEN AVE.	LERINGTON	MA.	02421	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	ABUERTISING EXPENSE	CARDS			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	ng expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held	
expenditure to benefit C/OF	ANGERSTER JAMES A.	Ho. Co. TAD	X ASXESSON	Courter	_
Date	Payee name			•	
8/30/24	THE MESSENGER				
Amount (\$)	Payee address;	City;	State;	Zip Code	
9120.00	P.O. Box 99	GRAPERAND	70	75844	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	AN EXPENSE	PAPER A	h		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Ho.Co. TAX A	55v55or (1	Office held	
	ATTACH ADDITIONAL COPIES OF THIS				

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

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

Credit Card Payment The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME ANGERSTEW TOMES A		3 Filer ID (Ethic	es Commission Filers)		
4 Date	5 Payee name	*				
C. A (0)	KUY	Oit	Ct-t	7:- 0-1-		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$395.28	102 5 5+h 5TR	CROCICETT	TR	75835		
8 :	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE		\mathcal{L}				
OF EXPENDITURE	AD EXPENSE	KADIO				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder livin	g expense		
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held		
expenditure to benefit C/OF	ANGERSTEN JAMES H. HOCE	TAX ASSESSO	e Couve	TOR		
Date	Payee name					
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	n, TX, officeholder livin	g expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
Duit						
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	n, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			
				D : 14/4/0004		

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	A	OFFICE USE ONLY	
NAME	NICKNAME	AUGERSTE	SUFFIX	Date Received H8USt0N County Elections	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; C CROCK	CITY; STATE; ZIP CODE	JUL 1 6 2024	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 277-1401	EXTENSION EXTENSION	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS (MRS) MR NICKNAME	FIRST CARBO LAST	MI A SUFFIX	Receipt # Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (242 CA	TNGERSTETN NO PO BOX PLEASE); APT / S R 1605	CROCKETT	STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	(K 1303	
9 REPORT TYPE	January 15	30th day before e	Consider the different	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month O2	Day Year / 26/24	Month THROUGH	Day Year / 16 / 24	
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special	·	
12 OFFICE	OFFICE HELD (if any)	,	13 OFFICE SOUGHT (if know HO. CO. TAX	ASSESSOR/COLLEGICR	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER, THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	EASURER NAME		
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS .		
		GO TO	PAGE 2		

15 C/OH NAME	1		16 Filer ID (Ethics Commission Filers)			
JAMES	A. HUGERSTEIN					
17 CONTRIBUTION TOTALS						
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS		\$ 0			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$ 0			
	4. TOTAL POLITICAL EXPENDIT	URES	\$ 470.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIO OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAS	ST DAY \$			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING		F THE \$			
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that	the accompanying report is tru	e and correct and includes all information			
1	quired to be reported by me under Title 15, Elec					
		Jane Vi	es //ees			
		Signature of &	andidate or Officeholder			
		2.5.144.0				
(1) Affidavit	Joni K. Clonts Notary Public, State of Texas Notary without Bond Comm. Expires 10/4/2027 Notary ID 5533452	te either option belov	v:			
NOTARY STAMP/SEA	(Allert	Angerstein	16 th day of Mules,			
Sworn to and subscribed	before me by	this the	day of fully,			
20, to certify	which, witness my hand and seal of office.	•	<i>U</i>			
Signature of officer administ	ering oath Printed name of office	r administering oath	Title of officer administering oath			
)R				
(2) Unsworn Declarat						
My name is		, and my date of birth is	S			
My address is			,			
	(street)	, , ,	(state) (zip code) (country)			
Executed in	County, State of	, on the day of (mont	h) , 20 (year) .			
		Signature of Candi	idate/Officeholder (Declarant)			

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Com	nmission Filers)
	JAMES A. ANGERSTEIN	
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	\$ 470.00
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 Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

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

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

Other (enter a category not listed above)

Transportation Equipment & Related Expense Travel In District Travel Out Of District

Solicitation/Fundraising Expense

The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: 2 FILER NAME 4 Date State: Zip Code City; D.O. BOX Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** OF PAPER ADVERTISING PXPEOUSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH 11-40COREN HO. CO TAX ASSESSOR, COLLECTOR Payee name Date Zip Code Payee address; City; State: Amount (\$) Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State; Pavee address; Amount (\$) Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MI MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER NAME Date Received SUFFIX NICKNAME Houston County Elections 4 CANDIDATE / ADDRESS / PO BOX; STATE: FEB 2 6 2024 OFFICEHOLDER (ROCKETT TX MAILING **ADDRESS** REGEIVED Change of Address AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (936)222-1401 PHONE Amount \$ Receipt # MS / MRS) MR FIRST 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX NICKNAME Date Imaged HUGERSTEIN STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; ZIP CODE 7 CAMPAIGN **TREASURER** 242 CRIGOS CROCKETT **ADDRESS** (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN **TREASURER** PHONE (936)222-6086 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified 8th day before election July 15 Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Month COVERED 102/24 **THROUGH ELECTION DATE** ELECTION TYPE 11 ELECTION Primary Runoff Other Day Month Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE HOUSTON 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 NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

15 C/OH NAME	S A. ANGERSTON	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAP 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.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	F THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is tru	e and correct and includes all information
re	quired to be reported by me under Title 15, Election Code.	
	Jamy	effer
	Signature of C	and date or Officeholder
	ž.	
	Please complete either option below	w:
		CRYSTAL GRIFFIN Notary Public, State of Texas
(1) Affidavit		Comm. Expires 09-19-2027 Notary ID 132104293
NOTARY STAMP/SEA	L	
		2cth day of February.
0	which, witness my hand and seal of office.	
Cepter Day	Crystal Croth	Votory
Signature of officer administr		Title of officer administering oath
(2) Unsworn Declarati	on	
	, and my date of birth i	S
iviy address is	(street) (city)	(state) (zip code) (country)
Executed in	County, State of , on the day of (mon	, , , , , , , , , , , , , , , , , , , ,
	Signature of Cand	idate/Officeholder (Declarant)

					······································	
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Eth	ics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	TAMES		Å-	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
4 CANDIDATE/	ADDRESS / PO BOX;	APT / SUITE #;) CITY; STAT	re; zip code	Houston C	ounty Elections
OFFICEHOLDER MAILING ADDRESS	242	CR 1600	5		FEB (2 2024
Change of Address	CROC	REN JO	Z 759	332	REG	SEIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (436)	PHONE NUMBER	EXTE	ENSION		or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
	NICKNAME	ANGERSTE	لمح	SULLY	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S		CITY;	STATE;	ZIP CODE
(Residence or Business)	242	CR 1609	5 CK	COCKBOO	- VZ	25835
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTE	ENSION		
PHONE	(936) 2	200-605	g			
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day af treasurer a (Officeholde	
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
COVERED	01 /	16/24	THROUGH	02/	02/2	4
11 ELECTION	ELECTION DA	Commence of the commence of th		ELECTION TYPE Other		
	Month Day	Year Primary	Runoff	Description		
•	3/5/	24 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFF	ICE SOUGHT (if known)	:	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MA	ADE WITHOUT THE CAND	IDATE'S OR OFFICEHOL	.DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	s	·.	
-	I	GO TO	PAGE 2			
I		0010				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	Fees Offic Food/Beverage Expense Polli By Gift/Awards/Memorials Expense Prin	Repayment/Reimbursement se Overhead/Rental Expense ng Expense ting Expense ting Expense ting Expense ting Expense ting Expense travel In District Travel Out Of District Other (enter a category not listed above) v to complete this form.	e
1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
A . D . /	JAMES HUDREN	WEEKTEN	
4 Date 1/30/24	5 Payee name MESSEXIGETR		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
Reimbursement from political contributions intended	Po Box 99	GRAPETAND TX 75844	
8 PURPOȘE	(a) Category (See Categories listed at the top of this schedule	(b) Description LOVERES	
OF EXPENDITURE	ANUBET BING	SAULUTE TO PIPST KESPONDER	3_
	(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	Office sought Office held	
Date 1	Payee name		
1/30/24	17 1Vay		
Amount (\$) # 50 9 Reimbursement from	Payee address;	City; State; Zip Code	
political contributions intended	102 5.5th SR.	CROCKET TR 75835	
PURPOSE	Category (See Categories listed at the top of this schedule	Description POLITICAL CALENDER	
OF EXPENDITURE	ADURTISING	LONGRES	
	Check if travel outside of Texas. Complete Schedule	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		
5410	. 2,30		
Amount (\$)	Payee address;	City; State; Zip Code	
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule	e) Description	
OF			
EXPENDITURE	Check if travel outside of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense	
O LL ONING S	Candidate / Officeholder name	Office sought Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
	ATTACH ADDITIONAL COPIES OF TH	IS 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 N	AME 2 Filer ID (Ethics Commission Filers)						
3	SIGNA	TIRE						
	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						
	Chec	only one:						
	V	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						
	Chec	konly one:						
	W	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.						
		Signature of Officeholder						

The C/OH Instruction Guide explains how to complete this fo			e this form.	1 Filer	ID (Ethics Commissi	ion Filers)	2 Total pages f	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	T	e f	1-	МІ		OFFICE	USEONLY
NAME	NICKNAME		ast a cet	012	SUFI	FIX	Date Received Houston C	County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	CRAR	SUITE#;	Cro	ckett	CODE 31-		1 7 2024 CEIVED
Change of Address								
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	PHONE N	— 140)	EXTENSION			d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR		IRST		M		Receipt #	Amount \$
NAME	NICKNAME		ey		SUFI	FIY	Date Processed	
	NONVANIE.	And	ecster	n	3011		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PL	EASE); APT/SU		CITY;		STATE;	ZIP CODE
(Residence or Business)				(sockett		X /	3 851
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE N	UMBER)<7	EXTENSION			
9 REPORT TYPE	January 15		30th day before el		Runoff Exceeded M	lodified	treasurer a	
	July 15		8th day before ele	Ction	Reporting Li		Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month J a	Day	Year 23	THRO	DUGH	Month	Day Yes / 15/ 3	1024
11 ELECTION	Month Day	Year	Primary		noff Oth	ION TYPE ner scription		
12 OFFICE	OFFICE HELD (if any)			13	OFFICE SOUGHT	(if known)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THE	SE EXPENDITURES	MAY HAVE B	EEN MADE WITHOUT	THE CANDI	DATE'S OR OFFICEHO	MMITTEES TO SUPPORT LDER'S KNOWLEDGE OR OF SUCH EXPENDITURES.
		COMMITTEE	ADDRESS					
Additional Pages	GENERAL	COMMITTEE	ADDKE99					
	SPECIFIC	COMMITTEE	CAMPAIGN TREA	ASURER NAM	ЛE			
		COMMITTEE	CAMPAIGN TRE	ASURER AD	DRESS			
GO TO PAGE 2								

15 C/OH NAME	mes Angerstein	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)	\$ 750 =
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$830,8
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 830,88
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Signature of Cal	ndidate or Officeholder
	Please complete either option below	7.
(1) Affidavit	Joni K. Clonts Notary Public, State of Texas Notary without Bond Comm. Expires 10/4/2027 Notary ID 5533452	
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by <u>ames Angerstein</u> this the	15 day of January
20 to certify	which, witness my hand and seal of office.	15 day of January
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		
Executed in		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

19	FILER NAME 20 Filer ID (Ethics Con Anger Stein	mmission Filers)
21	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	\$350
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 480,88
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 480, 88
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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Credit Card Payment	al Committee	Legal Services	Salaries/Wa	ages/Contract Labor	Other (enter a cate	ict gory not listed above)
The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:		James Angi	erste	21h	3 Filer ID (Ethio	cs Commission Filers)
4 Date 23 23 6 Amount (\$)	5 Payeen	1essenger				
350	7 Payee a	BOX 99		Crapelant		75 74 4
8 PURPOSE OF	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description Pa	nent / Pa	Oltical
EXPENDITURE	Hau (c)	Check if travel outside of Texas. Complete Sc		Calendar		
0.0-14-0000			nequie I.	Check if Austin	TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ad	ddress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the top of this sc	:hedule)	Description		
		Check if travel outside of Texas, Complete Sch	nedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candid	ate / Officeholder name		Office sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sch	redule)	Description		
		Check if travel outside of Texas, Complete Sch	edule T.	Check if Austin, 1	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ite / Officeholder name	**************************************	Office sought		Office held
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"							
100	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)					
	JA	MES ANDREW ANGERSTEIN						
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 Officeholder							
4		WHO IS NOT AN OFFICEHOLDER Inplete A & B below only 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 fro	om political contributions.					
		I have unexpended contributions or unexpended interest or income earned from political 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 contributions or unexpended interest or income earned on political contributions that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement.	ne earned on political contributions to contributions and that I may not retain ibutions longer than six years after al contributions and unexpended					
	B.	ASSETS	-					
	Check	s only one:						
		I do not retain assets purchased with political contributions or interest or other income	e from political contributions.					
-			r income from political contributions to					
>		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 do file. I am also aware that I will be required to file reports of unexpended contributions if, 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					

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 James Angerste		3 Filer ID (Ethic	s Commission Filers)			
4 Date ///0/24	5 Payee name OP Store -						
Amount (\$) Reimbursement from political contributions intended	7 Payee address; 404 I -45 South	Dunts	Uille TX	Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Cipense (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description	, TX, officeholder living e	expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name James Angerstein	Office sought		Office held			
Date	Payee name						
Amount (\$)	Payee address;	City;	State;	Zip Code			
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	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 e	xpense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held			
Date	Payee name						
Amount (\$)	Payee address;	City;	State;	Zip Code			
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	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 ex	pense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	1	Office held			
	ATTACH ADDITIONAL COPIES OF THIS SO	CHEDULE AS NEEDE	:D				

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Ex		Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
		The Instruction Guide exp	olains how to co	omplete this form.		
1 Total pages Schedule F4:	2 FILER		rstein		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARG	EDTOACR	EDITCARD	\$	
5 Date // 10/24	6 Payee	P Store				
7 Amount (\$)	8 Payee	address;	South	Dunt vi	Ile State;	Zip Code 7 7 3 4 6
9 TYPE OF EXPENDITURE	I I	Political	Non-Pol	litical		
10	(a) Categor	(See Categories listed at the top of	this schedule)	(b) Description		тотот бойт до тото по предоста на поверско техно по тото «Ангалдо» се неко фоду (то в денежникову)
PURPOSE OF EXPENDITURE	Polit	Cal Signs Check if travel outside of Texas, Comp	lete Schedule T,	Signa Check if Au	Stin, TX, officeholder living e	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Of	fice sought	Office hel	
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	F	Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of	this schedule)	Description		
		Check if travel outside of Texas, Comp	lete Schedule T.	Check if Aus	stin, TX, officeholder living e	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cand	didate / Officeholder name	Of	fice sought	Office hel	d
	ATTAC	H ADDITIONAL COPIES	OF THIS SO	CHEDULE AS NEI	EDED	

APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA BY A CANDIDATE

PG 1

See	1 Total pages filed:					
2 CANDIDATE	MS / MRS (MR) FIRST MI	OFFICE USE ONLY				
NAME	TAMES	Filer ID#				
	NICKNAME LAST SUFFIX	Date Received in County Elections				
	ANGERSTEIN					
3 CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	DEC 0 6 2023				
MAILING ADDRESS		RECEIVED				
	242 Cauty RD. 1605 CROCKETT TX 75835	Date Hand-delivered or Postmarked				
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt# Amount\$				
	(936) 222,1401	Date Processed				
5 OFFICE HELD (if any)		Date Imaged				
6 OFFICE SOUGHT (if known)	HOUBTON COUNTY TAX ASSESSOR-CO	DL LECTOR				
7 CAMPAIGN	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX				
TREASURER NAME	CAREY A. A.	ULERSTEIN)				
8 CAMPAIGN TREASURER STREET	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE				
ADDRESS (residence or business)	242 cauty RD. 1605 CROCKETT	TX 75835				
9 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION					
TREASURER PHONE	(936) 222-6258					
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	exas 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	<u>メ<i>・</i>(ク・ </u>				
		J				
GO TO PAGE 2						

11 CANDIDATE NAME JAMES A. ANGERSTEIN 12 MODIFIED **COMPLETE THIS SECTION ONLY IF YOU ARE** REPORTING CHOOSING MODIFIED REPORTING **DECLARATION** • 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. Year of election(s) or election cycle to which declaration applies

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

TEC Filers may send this form to the TEC electronically at 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

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received

Houston County Elections

DEC 0 6 2023

RECEIVED

Date Hand-delivered or Postmarked

Date Processed

Date Imaged

1 ACCOUNT NUMBER	2 TYPE OF FILER				
(Ethics Commission Filers)	CANDIDATE		POLIT	TICAL COMM	MITTEE
	If filing as a candi then read and sign	date, complete boxes n page 2.			ommittee, complete ad and sign page 2.
3 NAME OF CANDIDATE	TITLE (Dr., Mr.) Ms., etc.)	FIRST		МІ	
(PLEASE TYPE OR PRINT)		JAMES		A.	
	NICKNAME	LAST		SUFFIX (SR.	, JR., III, etc.)
		ANGER	STEIN		
4 TELEPHONE NUMBER	AREA CODE	PHONE N	JMBER	EXTENSION	
OF CANDIDATE (PLEASE TYPE OR PRINT)	(936) 223	- 1401			
5 ADDRESS OF CANDIDATE	STREET / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
(PLEASE TYPE OR PRINT)	242 COUNT	r Rd. 1605	CROCICETT	TX	75835
6 OFFICE SOUGHT BY CANDIDATE					
(PLEASE TYPE OR PRINT)	HOUSTON C	ounty TA	a Assessor	- Cocc	ECTOR
7 NAME OF COMMITTEE					
(PLEASE TYPE OR PRINT)					
8 NAME OF CAMPAIGN	TITLE (Dr., Mr., Ms., etc.)	FIRST		MI	
TREASURER					
(PLEASE TYPE OR PRINT)	NICKNAME	LAST		SUFFIX (SR.	., JR., III, etc.)
	1,				

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Date