CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR МІ 3 CANDIDATE / OFFICE USE ONLY OFFICEHOLDER NAME Date Received SUFFIX RECEIVED STATE; 4 CANDIDATE / OFFICEHOLDER OCL 78 SUZ4 Crocket TX 609 MAILING **ADDRESS** Houston County Elections Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER (936) 546-4256 PHONE Amount \$ Receipt # 6 CAMPAIGN **TREASURER** JENI Date Processed NAME SUFFIX NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE 7 CAMPAIGN n. Loth **TREASURER** 609 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE (93b) 222-4180 9 REPORT TYPE 15th day after campaign Runoff January 15 30th day before election treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day Month Year COVERED 24 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Runoff Other Day Description Special 13 OFFICE SOUGHT (if known) 12 OFFICE 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

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO	ANS) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	E LAST DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	AS OF THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report in the reported by me under Title 15, Election Code.	s true and correct and includes all information
	128	
	Signature of	of Candidate or Officeholder
	Please complete either option be	low:
(1) Affidavit	SHARON RENAY LUKER NOTARY PUBLIC STATE OF TEXAS ID # 12560644-1 My Comm. Expires 03-31-2026	
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by Kenseth Rad Smith this	the 28 day of October,
0.51	which, witness my hand and seal of office.	
Shaw Ren	ray Fule Sharon Renay Luker	Notary
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR OR	
(2) Unsworn Declaration	on	
	, and my date of bir	th is
My address is	(street) (city)	(state) (7in gode) (squartur)
Executed in	* * * * * * * * * * * * * * * * * * * *	(state) (zip code) (country)
EXCOURTED IT	County, State of, on the day of	onth) (year)
	Signature of Co	andidata/Officeholder (Declarent)
	Signature of Ca	andidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19 FILER NAME 20	Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \(\int \)
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 CONTR	IBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CON	TRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUS	SINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	IBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	S RETURNED \$

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 "F 	inal Report" ••
1	C/OH N	NAME 1	2 Filer ID (Ethics Commission Filers)
3	SIGNA	ATURE	
	designa	t expect any further political contributions or political expenditures in connection with ating a report as a final report terminates my campaign treasurer appointment. I also gn contributions or make any campaign expenditures without a campaign treasurer	o understand that I may not accept any
		Signa	ature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER splete 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	from political contributions.
		I have unexpended contributions or unexpended interest or income earned from portangement of the political contributions or unexpended interest or income earned interest or income unexpended contributions or unexpended interest or income earned on political confiling this final report. Further, I understand that I must dispose of unexpended politicals or income earned on political contributions in accordance with the requirement.	come earned on political contributions to d contributions and that I may not retain ontributions longer than six years after litical contributions and unexpended
	B.	ASSETS	
	Checl	k only one:	
		I do not retain assets purchased with political contributions or interest or other inco	ome from political contributions.
		I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or of personal use. I also understand that I must dispose of assets purchased with political contributions or interest or of personal use. I also understand that I must dispose of assets purchased with political contributions or interest or other income	ther income from political contributions to
			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 file. I am also aware that I will be required to file reports of unexpended contributions an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	if, after filing the last required report as
			Signature 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 NAME Date Received SUFFIX Houston County Elections 4 CANDIDATE / OFFICEHOLDER OCT 0 9 2024 MAILING **ADDRESS** 110 E. Houstontve Crocket KECEIVED Change of Address AREA CODE 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE: ZIP CODE **TREASURER ADDRESS** 609 N. 6th Crockett, Tx 75835 (Residence or Business) AREA CODE PHONE NUMBER CAMPAIGN **TREASURER** PHONE (436) 222-4180 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Month COVERED 7/15/24 THROUGH ELECTION DATE 11 ELECTION ELECTION TYPE Primary Other Description Runoff Day Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) 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 **GO TO PAGE 2**

	THAITCE REPORT	OOVER SHEET FG 2
15 C/OH NAME	Lenneth Sudl	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 2
	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	 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD 	T DAY \$
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD 	THE \$ C
18 SIGNATURE IS	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
rec	uired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Car	ndidate or Officeholder
(1) Affidavit	Please complete either option below SHARON RENAY LUKER NOTARY PUBLIC STATE OF TEXAS ID # 12560644-1 My Comm. Expires 03-31-2026	:
NOTARY STAMP/SEAL		
Sworn to and subscribed	pefore me by <u>Red (Klinneth)</u> this the _	1th day of Orfoler,
20 2 , to certify y	which, witness my hand and seal of office.	The same of the sa
Shown R	gray Like Sharon Renay Luker	halm
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR —	This of officer administering batti
(2) Unsworn Declaratio		
My name is	, and my date of birth is _	
My address is	, and my date or bitting _	·
		ate) (zip code) (country)
Executed in	County, State of, on theday of(month)	, 20 (year)
	Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to co	omplete this form.
		•• Complete only if "Report Type" on page 1 is	marked "Final Report" ••
1	C/OH1	NAME ()	2 Filer ID (Ethics Commission Filers)
3	SIGNA	ATURE	
	designa	t expect any further political contributions or political expenditures in co ating a report as a final report terminates my campaign treasurer appoi ign contributions or make any campaign expenditures without a campai	ntment. I also understand that I may not accept any
			Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below only if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
	Ø	I do not have unexpended contributions or unexpended interest or inc	come earned from political contributions.
		I have unexpended contributions or unexpended interest or income emay not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned of filing this final report. Further, I understand that I must dispose of une interest or income earned on political contributions in accordance with	interest or income earned on political contributions to f unexpended contributions and that I may not retain on political contributions longer than six years after expended political contributions and unexpended
	B.	ASSETS	
	Checl	k only one:	
		I do not retain assets purchased with political contributions or interest	t or other income from political contributions.
		I do retain assets purchased with political contributions or interest or of that I may not convert assets purchased with political contributions or personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	interest or other income from political contributions to
		EHOLDER	
		I am aware that I remain subject to filing requirements applicable to an off file. I am also aware that I will be required to file reports of unexpended an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	contributions if, after filing the last required report as rom political contributions, or assets purchased with

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR)	Kenneth	R _{™I}	OFFICE USE ONLY
NAME	NICKNAME R&D	LAST Smit	SUFFIX	Date Received Heuster County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE Crockett, Tx 75835	MAR 2 1 2024
Change of Address			19037	received
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	9HONE NUMBER 546-425	EXTENSION G	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS (MRS) MR	FIRST	MI L	Receipt # Amount \$
NAME	NICKNAME	Snite	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N		SUITE #; CITY; Croclet To	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE (936)	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before e	election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 13 / 2 Y	THROUGH 3	Day Year / 5 / 2 4
11 ELECTION	ELECTION DAT	ΓE	ELECTION TYPE	=
	Month Day	Year Primary	Runoff Other Description	· ·
	3/5/	24 ☐ Genera		
12 OFFICE	OFFICE HELD (if any)	ble Pet 2	13 OFFICE SOUGHT (If know	le Petz
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTIC	E OF POLITICAL CONTRIBUTION EHOLDER. THESE EXPENDITUR	RES MAY HAVE BEEN MADE WITHOUT THE CAI	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 TREASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRESS	
	1	GO TO	PAGE 2	

SUBTOTALS - C/OH

19 FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ \(\int \)
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	ONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$ /
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBLE TO FILER	ITIONS RETURNED	\$

<u> </u>				
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)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$		
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	F THE \$		
	swear, 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		
		andidate or Office hald		
	Signature of Ca	andidate or Officeholder		
	Please complete either option below	v:		
(1) Affidavit	SHARON RENAY LUKER NOTARY PUBLIC STATE OF TEXAS ID # 12560644-1 My Comm. Expires 03-31-2026			
NOTARY STAMP/SEA	the contract of the contract o			
0.11	,	21 day of Mach,		
2 19 1	which, witness my hand and seal of office. Sharun Rency Luker	notary		
Signature of officer administration	ering oath Printed name of officer administering oath	Title of officer administering oath		
or (2) Unsworn Declaration				
		:		
	, and my date of birth is	·		
	(street) (city)	(state) (zip code) (country)		
Executed in	County, State of , on the day of(mont	h) 20		
	Signature of Candi	idate/Officeholder (Declarant)		

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	NAME Renneth Sinter II	O (Ethics Commission Filers)		
3	designat	ot expect any further political contributions or political expenditures in connection with my candidating a report as a final report terminates my campaign treasurer appointment. I also understaning a contributions or make any campaign expenditures without a campaign treasurer appointment.	d that I may not accept any t on file.		
		Signature of Car	ndidate / Officeholder		
4	•• Com	R WHO IS NOT AN OFFICEHOLDER mplete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Check	ck only one:			
		I do not have unexpended contributions or unexpended interest or income earned from politic	al contributions.		
		I have unexpended contributions or unexpended interest or income earned from political continuous not convert unexpended political contributions or unexpended interest or income earned personal use. I also understand that I must file an annual report of unexpended contribution unexpended contributions or unexpended interest or income earned on political contributions filing this final report. Further, I understand that I must dispose of unexpended political contributions in accordance with the requirements of Electrical Contributions.	ed on political contributions to ons and that I may not retain longer than six years after butions and unexpended		
	B.	ASSETS			
	Chec	ck only one:			
		I do not retain assets purchased with political contributions or interest or other income from p	olitical contributions.		
		I do retain assets purchased with political contributions or interest or other income from politi that I may not convert assets purchased with political contributions or interest or other incom personal use. I also understand that I must dispose of assets purchased with political contributions or interest or other incompersonal use. I also understand that I must dispose of assets purchased with political contributions or interest or other income political contributions.	e from political contributions to		
		Signatur	e of Candidate		
5		CEHOLDER I am aware that I remain subject to filing requirements applicable to an officeholder who does not file. I am also aware that I will be required to file reports of unexpended contributions if, after fil an officeholder, I retain political contributions, interest or other income from political contributions political contributions or interest or other income from political contributions.	ing the last required report as		
		Signatur	e of Officeholder		

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST Smith	SUFFIX	Date Received Heusten Gounty Elections
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			FEB 2 7 2024
ADDRESS Change of Address	OUT III		13035	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (436) 3	PHONE NUMBER 546-425 6	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS /MRS /MR	FIRST	МІ	Receipt # Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	`	NO PO BOX PLEASE); APT / S	OUTE#; CITY;	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER			
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 / 13 / 23	THROUGH 3	Day Year
11 ELECTION	Month Day	Year	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	HASLE Pet 2	13 OFFICE SOUGHT (if known	le Petz
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE		
		SOMMITTE CAMIFAIGN IN	ELISTICA ASSACIO	
		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)	\$			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$			
	4. TOTAL POLITICAL EXPENDITURES	\$			
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	e and correct and includes all information			
	1 2 1	^			
	Signature of Ca	ndidate or Officeholder			
Please complete either option below:					
ORY PUL SH	ARON RENAY LUKER				
	NOTARY PUBLIC				
	* STATE OF TEXAS				
(1) Affidavite of the My (Comm. Expires 03-31-2026				
NOTARY STAMP/SEA	L				
Sworn to and subscribed	before me by Konneth Red Smith this the	27 day of February.			
	which, witness my hand and seal of office.	<i>Y</i> —			
Shound Ret	a Bul Sharon Reng hukar	notario			
Signature of officer administe		Title of officer administering oath			
77.15	OR				
(2) Unsworn Declaration					
	, and my date of birth is	·			
My address is	(atas at)	, , , , , , , , , , , , , , , , , , ,			
		state) (zip code) (country)			
Executed in	County, State of , on the day of (month	n) , 20 (year)			
,	Signature of Candid	date/Officeholder (Declarant)			

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/MR	FIRST	MI	OFFICE USE ONLY		
NAME	NIGKHAME	Son.t4	SUFFIX	Date Received Houston County Elections		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		city; state; zip code	FEB 0 6 2024		
Change of Address				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	546- 4250	EXTENSION O	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS MRS /MR	FIRST	MI	Receipt # Amount \$		
NAME	NICKNAME	LAST	Date Processed			
	Smith		Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S	Committee of the Commit	STATE; ZIP CODE		
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION			
TREASURER PHONE	(936)	222 - 4180				
9 REPORT TYPE	January 15	30th day before e		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 12-	Day Year / [3 / 2-3	THROUGH 2	Day Year / 5 / 2-4		
11 ELECTION	Month Day	Year	ELECTION TYPE Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If known	Petz		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
GO TO PAGE 2						

15 C/OH NAME	Konnath Smith	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 6
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ T
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.	and correct and includes all information
	VACO	
	Signature of Car	ndidate or Officeholder
	Please complete either option below	:
M S II	ON RENAY LUKER OTARY PUBLIC TATE OF TEXAS 0 # 12560644-1 m. Expires 03-31-2026	
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by Shakun Renay Luker this the	6 day of February,
20 Rugg, to certify	which, witness my hand and seal of office.	0
Signature of officer administer	Printed name of officer administering oath	Title of officer administering oath
olghatare of emeet dammete	OR	The street dammetering each
(2) Unsworn Declarati	on	
Munamaia	, and my date of birth is	
	, and my date of birth is,	
-	(street) (city) (st	tate) (zip code) (country)
Executed in	County, State of , on the day of(month)) 20 <u>(year)</u> .
	Signature of Candida	ate/Officeholder (Declarant)

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	FIRST Lunet L	, MI	OFFICE	USE ONLY
TV WIL	NICKNAME	Svn. L	SUFFIX	Date Received Houston	County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	S; APT/SUITE#; (CITY; STATE; ZIP CODE Crockett 1x 75835		2 4 2024
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(436)	946 - 425	EXTENSION	Date Hand-delivered	
6 CAMPAIGN TREASURER	MS (MRS) MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	Snith			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE#; CITY: inkett / 1x 7583	STATE;	ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION		
TREASURER PHONE		222-4180	EATENSION		
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day aft treasurer ap (Officeholde	
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year	
COVERED	11,	14/2023	THROUGH 12	/31/2	3
11 ELECTION	ELECTION DA		ELECTION TYPE		
	Month Day	Year Primary	Runoff Other Description		
	3/5/	24 General	Special		
12 OFFICE	OFFICE HELD (if any)	He Pet >	13 OFFICE SOUGHT (if known	Po+ >	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	RED TO REPORT THIS INFORMATION ONLY IF T	HEY RECEIVE NOTICE OF	SUCH EXPENDITURES.
	,				
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 🛆
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	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
	KZOK	
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	/ :
		
TARY	SHARON RENAY LUKER	
	NOTARY PUBLIC STATE OF TEXAS	
(1) Affidavit	ID#12560644-1	
OF OF	My Comm. Expires 03-31-2026	
NOTARY STAMP/SEA	-	
Sworn to and subscribed	before me by Sharon Renay Linker this the	24 day of January,
20 24, to certify	which, witness my hand and seal of office.	,
Shown Rina	y Luky Shanon Renay Luker	notary
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of, on the day of (month	, 20
	(month	, 20 (year)
	Signature of Candid	ate/Officeholder (Declarant)

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

See	e CTA Instruction Guide for detailed instructions.	1 Total pages filed	d:		
2 CANDIDATE	MS / MRS / MR FIRST MI	OFFICE USE ONLY			
NAME	1/ 1. 13	Filer ID #			
	Renneth		County Elections		
	NICKNAME LAST SUFFIX	Date Received	Joanny Lieumona		
	Kens Smith	OCT	1 6 2023		
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	RECEIVED			
	609 n. 6th Crockett Tx 75835	Date Hand-delivered o	r Postmarked		
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipt#	Amount \$		
	(936) 546-4256	Date Processed			
5 OFFICE HELD (if any)	Constable Pet 2	Date Imaged			
6 OFFICE SOUGHT (if known)	Constable Pat 2				
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME	LAST	SUFFIX		
	Mrs Jeri L Smith				
8 CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS; APT / SUITE #; CITY;	STATE;	ZIP CODE		
(residence or business)	6009 N. 6th Crockett. (x	758	35		
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION				
PHONE	(936) 222-4180				
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Tex	xas Governm	nent 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 Code on contributions from corporations and labor organizations.				
	Signature of Candidate	5 - (6 - 2 Date Signed			
	Signature of Candidate	Date Signet			
GO TO PAGE 2					