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. CANDIDATE / MS / MRS / MR FIRST МІ OFFICE USE ONLY **OFFICEHOLDER** Deborah Mrs. F NAME Date Received NICKNAME LAST SUFFIX Earley 4 CANDIDATE / APT / SUITE #; ADDRESS / PO BOX; CITY: STATE: ZIP CODE **OFFICEHOLDER** 109 N Avenue Q, Johnson City, TX 78636 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** OFFICEHOLDER (512 921-0304 **PHONE** Receipt # Amount \$ MS / MRS / MR CAMPAIGN FIRST Μİ **TREASURER** Janice Mrs. Κ Date Processed NAME NICKNAME LAST SUFFIX Date Imaged **Philips** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE; ZIP CODE **TREASURER** 699 Horseshoe Road, Johnson City, TX 78636 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN **EXTENSION TREASURER PHONE** (210 422-3239 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Year Day Year COVERED 31 11 17 23 ′ 23 THROUGH **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Primary Runoff Other Month Day Year Description 5 24 General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) **Blanco County Attorney** Blanco County Attorney 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER

FORM C/OH

	N FINANCE REPORT	CC	VER S	HEET PG 2
15 C/OH NAME Deborah F Earley		16 File	r ID (Ethics	Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	IAN	\$	0.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	NS)	\$	0.00
	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$	750.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE	\$	0.00
	Dorak Signature of		Oug or Officero	der
(1) Affidavit NOTARY STAMP / SEAL Sworn to and subscribed			_ day of	January.
20 23 , to certify	which, witness my hand and seal of office. Why hand and seal of office. Adelle Mereland		lofary 1	January. 26lic

(2) Unsworn Declaration My name is __ ___, and my date of birth is ____ My address is _____ (street) (city) (state) (zip code) (country) , 20 (year) ___ day of __ County, State of _ , on the _ (month) Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics		Commission Filers)	
Deborah F Earley			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00	
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	S	\$ 0.00	
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00	
4. SCHEDULE E: LOANS		\$ 0.00	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0.00	
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00	
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	AL CONTRIBUTIONS	\$ 0.00	
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL I	FUNDS	\$ 750.00	
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	O A BUSINESS OF C/OH	\$ 0.00	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0.00	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIE TO FILER	BUTIONS RETURNED	\$ 0.00	

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 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.	the second secon			
1	² FILER NAME Deborah F Earley	3 Filer ID (Ethics Commission Filers)				
4 Date 11/28/2023	5 Payee name Blanco County Republican Party (E	BCRP)				
6 Amount (\$) 750.00 Reimbursement from political contributions intended	7 Payee address; PO Box 911, Blanco, TX 78606	City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Candidate Filing Fee				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living e	expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
Reimbursement from political contributions intended	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	avel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State;	Zip Code		
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/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED!	ED			