

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID: Ethics Commission Filer.	2 Total pages filed: 4
3 CANDIDATE / OFFICEHOLDER NAME	MS / <u>MRS</u> / MR FIRST <u>Chelsea</u> LAST <u>Bullard</u> MI <u>D</u>	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX: <u>1214 N AVE F</u> APT / SUITE #: _____ CITY: <u>Denver TX</u> STATE: <u>TX</u> ZIP CODE: <u>79323</u>	JAN 16 2024	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(800)</u> PHONE NUMBER: <u>332 8131</u> EXTENSION: _____	Date Received: _____ Date Hand-delivered or Date Postmarked: <u>01-16-2024</u>	
6 CAMPAIGN TREASURER NAME	MS / <u>MRS</u> / MR FIRST <u>Chelsea</u> LAST <u>Bullard</u> MI <u>D</u>	Receipt # _____	Amount \$ _____
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS / PO BOX PLEASED: <u>1214 N AVE F</u> APT / SUITE #: _____ CITY: <u>Denver City TX</u> STATE: <u>TX</u> ZIP CODE: <u>79323</u>	Date Processed: <u>01-16-2024</u>	Date Imaged: <u>01-16-2024</u>
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(800)</u> PHONE NUMBER: <u>332 8131</u> EXTENSION: _____		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FBI)		
10 PERIOD COVERED	Month: <u>11</u> Day: <u>30</u> Year: <u>2023</u> THROUGH Month: <u>12</u> Day: <u>31</u> Year: <u>2023</u>		
11 ELECTION	ELECTION DATE: <u>03 05 2024</u>	ELECTION TYPE: <u>Primary</u> <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any): _____	13 OFFICE SOUGHT (if known): <u>Tax Assessor Collector</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
Additional Pages	COMMITTEE TYPE: GENERAL	COMMITTEE NAME: _____	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME: _____	
		COMMITTEE CAMPAIGN TREASURER ADDRESS: _____	
GO TO PAGE 2			

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

**17 CONTRIBUTION
TOTALS**

1. 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

\$ 388,104

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Chelsea Bullard and my date of birth is January 14th 1988

My address is 1214 N Ave F Denver City TX 7823 Yokum
(street) (city) (state) (zip code) (country)

Executed in Yokum County, State of Texas, on the 11th day of January, 2024.
(month) (year)

Chelsea Bullard
Signature of Candidate/Officeholder (Declarant)

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4	2 FILER NAME Chelsea Bullard			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 388 ^{10/14}
5 Date	6 Payee name Trentz Office Supplies, LLC			
7 Amount (\$)	8 Payee address, PO Box 1298		City: Denver City TX	State: TX
9 TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	Advertising Expense		Banners/yard Signs/Business Cards	
		(c) Check if travel outside of Texas. Complete Schedule T		Check if Austin, TX officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH				
Candidate / Officeholder name		Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address,		City,	State, Zip Code
TYPE OF EXPENDITURE		<input type="checkbox"/> Political <input type="checkbox"/> Non-Political		
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
Candidate / Officeholder name Office sought Office held				
Complete ONLY if direct expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	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 <i>Chebea Bullard</i>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <i>Trentz Office Supplies, LLC</i>	
6 Amount (\$) <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code <i>PO Box 12978 Denver City TX 79303</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Banners/Business Cards ^{yard} signs</i>
	(c) <small>Check if travel outside of Texas. Complete Schedule T</small>	<small>Check if Austin, TX, off-holder living expense</small>
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T</small>	<small>Check if Austin, TX, off-holder living expense</small>
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$) <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<small>Check if travel outside of Texas. Complete Schedule T</small>	<small>Check if Austin, TX, off-holder living expense</small>
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 NEEDED

11/28/2023 4 11 PM
Store. 1

Sales Receipt #1028
Workstation. 1

REPRINTED
Trentz Star Printing
129 North Main Street
Denver City Texas 79323
8065823447

Bill To:

CHELSEA BULLARD
1214 NORTH AVENUE F
DENVER CITY TEXAS 79323

Cashier

Item #	Qty	Price	Ext Price
	1	\$28.60	\$28.60
GLOSSY BUSINESS			
		Subtotal	\$28.60
129 N Main		7.75 % Tax:	+ \$2.22
		RECEIPT TOTAL:	\$30.82

Cash: \$30.82

Thanks for shopping with us!



1028

Trentz Office Supplies, LLC

PO Box 1298
Denver City, TX 79323 US
TrentzStarPrinting@gmail.com



SALES RECEIPT

BILL TO
CHELSEA BULLARD
1214 NORTH AVENUE F
DENVER CITY, TEXAS 79323

SALES #
POSR1020 (S01)

DATE
11/27/2023

DATE	ACTIVITY	DESCRIPTION	AMOUNT	SKU
	4'X4' VINYL BANNER...170110166 7	2 @ \$82.31	164.62	T
SUBTOTAL			164.62	
TAX			12.76	
TOTAL			177.38	
BALANCE DUE			\$0.00	