

# 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 Filers) 2 Total pages filed: **9**

|   |  |   |
|---|--|---|
| <b>3 CANDIDATE / OFFICEHOLDER NAME</b>  | MS / MRS / MR: <b>Mr.</b> FIRST: <b>Allen</b> MI: _____<br>NICKNAME: _____ LAST: <b>Castleberry?</b> SUFFIX: _____     | <b>OFFICE USE ONLY</b><br><br>Date Received: <b>Filed January 15, 2024 10:00 AM P.M.</b><br>Date Handled/Returned/Date Marked: _____<br>Receipt # _____ Amount: \$ _____<br>Date Processed: _____<br>Date Imaged: _____ |
| <b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX: [REDACTED] APT / SUITE #: _____ CITY: <b>Junction TX</b> STATE: <b>TX</b> ZIP CODE: <b>76849</b>     |   |
| <b>5 CANDIDATE / OFFICEHOLDER PHONE</b>   | AREA CODE: <b>(325)</b> PHONE NUMBER: <b>215-9133</b> EXTENSION: _____   |   |
| <b>6 CAMPAIGN TREASURER NAME</b>  | MS / MRS / MR: <b>Mrs.</b> FIRST: <b>Kristi</b> MI: <b>L</b><br>NICKNAME: _____ LAST: <b>Castleberry</b> SUFFIX: _____ |   |

|  |   |
|--|---|
| <b>7 CAMPAIGN TREASURER ADDRESS</b><br>(Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): [REDACTED] APT / SUITE #: _____ CITY: <b>Junction TX</b> STATE: _____ ZIP CODE: <b>76849</b> |
|--|---|

|                                   |  |
|-----------------------------------|--|
| <b>8 CAMPAIGN TREASURER PHONE</b> | AREA CODE: <b>(830)</b> PHONE NUMBER: <b>459-7610</b> EXTENSION: _____ |
|-----------------------------------|--|

|                      |  |
|----------------------|--|
| <b>9 REPORT TYPE</b> | <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 (Officeholder Only)<br><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 - FR) |
|----------------------|--|

|                          |   |
|--------------------------|---|
| <b>10 PERIOD COVERED</b> | Month: <b>11</b> Day: <b>20</b> Year: <b>2023</b> THROUGH Month: <b>01</b> Day: <b>15</b> Year: <b>2024</b> |
|--------------------------|---|

|                    |  |   |
|--------------------|--|---|
| <b>11 ELECTION</b> | ELECTION DATE: Month: <b>03</b> Day: <b>05</b> Year: <b>2024</b> | ELECTION TYPE:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input type="checkbox"/> General <input type="checkbox"/> Special |
|--------------------|--|---|

|  |  |
|--|--|
| <b>12 OFFICE</b><br>OFFICE HELD (if any): <b>Sheriff / tax assessor Cole</b> | <b>13 OFFICE SOUGHT (if known)</b><br><b>Sheriff / tax assessor Cole</b> |
|--|--|

|   |   |
|---|---|
| <b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><br><input type="checkbox"/> Additional Pages | 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. |
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC                     | COMMITTEE TYPE: _____ COMMITTEE NAME: _____<br>COMMITTEE ADDRESS: _____<br>COMMITTEE CAMPAIGN TREASURER NAME: _____<br>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) | \$ <u>2,000.00</u>                     |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <u>9600.00</u>                      |
| EXPENDITURE TOTALS      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$                                     |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ <u>4632.13</u>                      |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <u>4967.87</u>                      |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <u>0</u>                            |

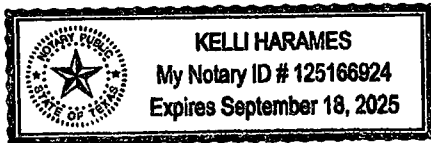
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*[Handwritten Signature]*

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Kelli Harames this the 15 day of January, 2024, 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 \_\_\_\_\_, and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

|     |   |             |
|-----|---|-------------|
| 1   | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 7,600.00 |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$          |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$          |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 2,000.00 |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS    | \$ 4632.13  |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ -0-      |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ -0-      |
| 8.  | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ -0-      |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$          |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$          |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$          |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$          |

**LOANS**

**SCHEDULE E**

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

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.  |   | 1 Total pages Schedule E  |
| 2 FILER NAME<br><b>Allen Castleberry</b>   |   | 3 Filer ID (Ethics Commission Filers)<br><b>274589</b>  |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$ <b>2,000.00</b>  |
| 5 Date of loan<br><b>11-20-23</b>  | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )<br><b>Allen Castleberry</b>                                   | 9 Loan Amount (\$)<br><b>2,000.00</b>   |
| 6 Is lender a financial Institution?<br><br>Y <input checked="" type="radio"/> N <input type="radio"/> | 8 Lender address: _____ City: _____ State: _____ Zip Code: _____<br><b>[REDACTED] Junction Tx 76849</b><br><br><b>(Personal loan)</b> | 10 Interest rate<br><b>- 0 -</b>  |
|  |   | 11 Maturity date<br><b>- 0 -</b>  |
| 12 Principal occupation / Job title (See Instructions)<br><b>Sheriff Tax Assessor Collector KC</b>     |   | 13 Employer (See Instructions)<br><b>Kimble County</b>  |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                               |   | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                                | 17 Name of guarantor<br><br>.....<br>18 Guarantor address, _____ City: _____ State: _____ Zip Code: _____                             | 19 Amount Guaranteed (\$)   |
| 20 Principal Occupation (See Instructions)   |   | 21 Employer (See Instructions)  |
| Date of loan   | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )   | Loan Amount (\$)  |
| Is lender a financial Institution?<br><br>Y <input type="radio"/> N <input type="radio"/>              | Lender address: _____ City: _____ State: _____ Zip Code: _____  | Interest rate   |
|  |   | Maturity date   |
| Principal occupation / Job title (See Instructions)  |   | Employer (See Instructions)   |
| Description of Collateral<br><input type="checkbox"/> none   |   | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)               |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable                                   | Name of guarantor<br><br>.....<br>Guarantor address, _____ City: _____ State: _____ Zip Code: _____                                   | Amount Guaranteed (\$)  |
| Principal Occupation (See Instructions)  |   | Employer (See Instructions)   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

**SCHEDULE H**

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<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|                                       |   |  |  |                     |
|---------------------------------------|---|--|--|---------------------|
| <b>1</b> Total pages Schedule H       | <b>2</b> FILER NAME<br><i>Anna Castleberry Kimble Co Republican</i>                                   |  | <b>3</b> Filer ID (Ethics Commission Filers)<br><i>274589</i>                  |                     |
| <b>4</b> Date<br><i>11/20/23</i>      | <b>5</b> Business name<br><i>Kimble County Republican</i>   |  |  |                     |
| <b>6</b> Amount (\$)<br><i>750.00</i> | <b>7</b> Business address:<br><i>8183 KC 320</i>  |  | City:<br><i>Junction</i>   | State:<br><i>TX</i> |
| <b>8</b><br>PURPOSE OF EXPENDITURE    | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Filing Fee</i>          |  | <b>(b)</b> Description<br><i>Filing Fee to be place on ballot March 5-2024</i> |                     |
|                                       | <b>(c)</b> <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  | <input type="checkbox"/> Check if Austin, TX, officeholder living expense      |                     |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                             |  |
|-----------------------------|--|
| Date<br><i>12-20-22</i>     | Business name<br><i>Junction Publishing Co</i>             |
| Amount (\$)<br><i>55.00</i> | Business address:<br><i>215 N 6th St Junction TX 76849</i> |
|                             | City: State: Zip Code                                      |

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Advertising</i>         | Description<br><i>Announcement</i>  |
|                               | <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

|   |   |
|---|---|
| Date<br><i>1-8-24</i><br><del><i>12-20-23</i></del> | Business name<br><i>Junction Publishing Co</i>                |
| Amount (\$)<br><i>313.00</i>                        | Business address:<br><i>215 N 6th St Junction Texas 76849</i> |
|   | City: State: Zip Code   |

|                               |  |   |
|-------------------------------|--|---|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br><i>Advertising</i> | Description<br><i>Ad</i>  |
|                               | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.    | <input type="checkbox"/> 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 NEEDED**

# 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                        | 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 F1: 2 | 2 FILER NAME<br><i>Allen Casteborn</i> | 3 Filer ID (Ethics Commission Filers)<br><i>274589</i> |
|------------------------------|--|--|

|                         |                                       |
|-------------------------|---------------------------------------|
| 4 Date<br><i>1-5-24</i> | 5 Payee name<br><i>Circle H Signs</i> |
|-------------------------|---------------------------------------|

|                                 |   |       |        |          |
|---------------------------------|---|-------|--------|----------|
| 6 Amount (\$)<br><i>3951.13</i> | 7 Payee address:<br><i>113 S Plant Ave. Ste G<br/>Boerne Tx 78006</i> | City: | State: | Zip Code |
|---------------------------------|---|-------|--------|----------|

|                                    |  |                                      |
|------------------------------------|--|--------------------------------------|
| 8<br><b>PURPOSE OF EXPENDITURE</b> | (a) Category (See Categories listed at the top of this schedule)<br><i>Pol sign e card</i>   | (b) Description<br><i>Pol. Signs</i> |
|                                    | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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<br><i>1-15-24</i> | Payee name<br><i>Junction Publishing Co</i> |
|------------------------|---|

|                              |  |       |        |          |
|------------------------------|--|-------|--------|----------|
| Amount (\$)<br><i>313.00</i> | Payee address:<br><i>215 N 6th<br/>Junction TX 76849</i> | City: | State: | Zip Code |
|------------------------------|--|-------|--------|----------|

|                        |  |             |
|------------------------|--|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)   | Description |
|                        | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |       |        |          |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address: | City: | State: | Zip Code |
|-------------|----------------|-------|--------|----------|

|                        |  |             |
|------------------------|--|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)   | Description |
|                        | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 NEEDED

**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 form.   |  | 1 Total pages Schedule A1<br><b>1 of 3</b>             |
| 2 FILER NAME<br><b>Allen Castleberry</b>  |  | 3 Filer ID (Ethics Commission Filers)<br><b>274589</b> |
| 4 Date<br><b>11/20/23</b>   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Allen Castleberry 8</b>                 | 7 Amount of contribution (\$)<br><b>2,000.00</b>       |
| 6 Contributor address; City; State; Zip Code<br><b>[REDACTED] Junction Texas</b>                    |  |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Sheriff / tax assessor collector KC</b> |  | 9 Employer (See Instructions)<br><b>Komble County</b>  |
| Date<br><b>12/06/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>William Earl Robinson Brenda Robinson</b> | Amount of contribution (\$)<br><b>3,600.00</b>         |
| Contributor address; City; State; Zip Code<br><b>[REDACTED] Junction Tx 76849</b>                   |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Businessman / rancher</b>                 |  | Employer (See Instructions)                            |
| Date<br><b>12-17-23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Joni E. Clay Sterrett</b>                 | Amount of contribution (\$)<br><b>\$ 1,000.00</b>      |
| Contributor address; City; State; Zip Code<br><b>[REDACTED] London Tx 76854</b>                     |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Rancher</b>                               |  | Employer (See Instructions)                            |
| Date<br><b>12/19/23</b>   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Randy Milligan</b>                        | Amount of contribution (\$)<br><b>\$ 300.00</b>        |
| Contributor address; City; State; Zip Code<br><b>[REDACTED] Harper Tx 78631</b>                     |  |  |
| Principal occupation / Job title (See Instructions)<br><b>Retired</b>                               |  | Employer (See Instructions)                            |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# 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 form.

<sup>1</sup> Total pages Schedule A1.  
~~5~~ ~~6900.00~~ 1 of 2

2 FILER NAME

Allen Castleberry

3 Filer ID (Ethics Commission Filers)

274589

4 Date

12-20-23

5 Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Harold & Susan Sanders

7 Amount of contribution (\$)

300.00

6 Contributor address; City; State; Zip Code

[Redacted] Harper, Texas 78631

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

12-28-23

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Tommy & Susie Turner

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

[Redacted] Weimar Tx 78962

Principal occupation / Job title (See Instructions)

Contractor

Employer (See Instructions)

Date

1-3-21

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Joyce & Richard Davis

Amount of contribution (\$)

1,500.00

Contributor address; City; State; Zip Code

[Redacted] Junction Tx 76849

Principal occupation / Job title (See Instructions)

Rancher

Employer (See Instructions)

Date

~~1-3-23~~  
1-8-24

Full name of contributor  out-of-state PAC (ID# \_\_\_\_\_)

Randall & Jacquelyn Hackworth

Amount of contribution (\$)

~~200.00~~  
300.00

Contributor address; City; State; Zip Code

[Redacted] Junction Tx 76849

Principal occupation / Job title (See Instructions)

Rancher

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# 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 form.                           |  | 1 Total pages Schedule A1:<br><b>2 of 3</b>            |
| 2 FILER NAME<br><b>Allen Castleberry</b>  |  | 3 Filer ID (Ethics Commission Filers)<br><b>274589</b> |
| 4 Date<br><b>1-12-24</b>  | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br><b>Charles &amp; Brenda Greco</b>        | 7 Amount of contribution (\$)<br><b>500.00</b>         |
| 6 Contributor address; City; State; Zip Code<br><b>[REDACTED] Junction Tx 76842</b> |  |  |
| 8 Principal occupation / Job title (See Instructions)<br><b>Rancher</b>             |  | 9 Employer (See Instructions)                          |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                            |
| Principal occupation / Job title (See Instructions)                                 |  | Employer (See Instructions)                            |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                            |
| Principal occupation / Job title (See Instructions)                                 |  | Employer (See Instructions)                            |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)<br>Contributor address; City; State; Zip Code | Amount of contribution (\$)                            |
| Principal occupation / Job title (See Instructions)                                 |  | Employer (See Instructions)                            |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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