

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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST <i>Lawanda</i>	MI	OFFICE USE ONLY		
	NICKNAME	LAST <i>"Wendy"</i>	SUFFIX	Date Received RECEIVED FEB 01 2024 BY: <i>PO</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX:	APT / SUITE #:	CITY: STATE: ZIP CODE			
Po Box 1072 Columbus TX 78934						
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979)	PHONE NUMBER 733-7077	EXTENSION	Date Hand-delivered or Date Postmarked <i>Handdelivered</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Keith</i>	MI	Receipt #		
	NICKNAME	LAST <i>Webb</i>	SUFFIX	Amount \$		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY: STATE, ZIP CODE		
2456 CR 106 Columbus TX 78934						
8 CAMPAIGN TREASURER PHONE	AREA CODE (979)	PHONE NUMBER 732-7941	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 01	Day 17	Year 2024	Month 02	Day 05	Year 2024
11 ELECTION	ELECTION DATE Month Day Year 03 05 2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Sheriff</i>				
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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE	COMMITTEE NAME			
			COMMITTEE ADDRESS			
			COMMITTEE CAMPAIGN TREASURER NAME			
			COMMITTEE CAMPAIGN TREASURER ADDRESS			

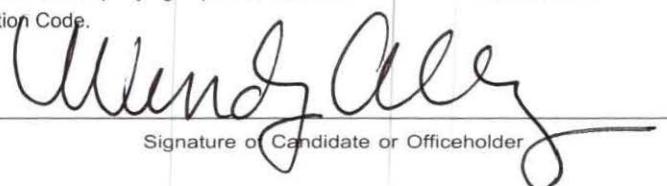
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME	"Wendy" LaWanda Alley		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)	\$ 325.00	
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,950.00	
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES	\$ 2,578.12	
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,713.32	
	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:



Sworn to and subscribed before me by Joyce M. Guthmann this the 1st day of February,

20 24, to certify which, witness my hand and seal of office.

Joyce M. Guthmann

Signature of officer administering oath

Joyce M. Guthmann

Printed name of officer administering oath

NOTARY

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 _____.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	LaWanda "Wendy" Alley	
20 Filer ID (Ethics Commission Filers)		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,950.00	
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 325.00	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$	
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,578.12	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
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	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>				<p>1 Total pages Schedule A1:</p>
<p>2 FILER NAME LaWanda "Wendy" Alley</p>				<p>3 Filer ID (Ethics Commission Filers)</p>
<p>4 Date 9-13-23</p>	<p>5 Full name of contributor Don & Betty Adams</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>6 Contributor address; City: State: Zip Code 2520 George Rd. LaGrange TX 78945</p>		
<p>8 Principal occupation / Job title (See Instructions)</p>			<p>7 Amount of contribution (\$) \$ 7,000. 00/xx</p>	
<p>9 Employer (See Instructions)</p>				
<p>Date 10-7-23</p>	<p>Full name of contributor Michael Cooper</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Contributor address; City: State: Zip Code 101 W. State St. Eagle Lake TX 77434</p>		
<p>Principal occupation / Job title (See Instructions)</p>			<p>Amount of contribution (\$) \$ 250. 00/xx</p>	
<p>Employer (See Instructions)</p>				
<p>Date 9-21-23</p>	<p>Full name of contributor Bill Durbin</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Contributor address; City: State: Zip Code 1712 Charter Columbus TX 78934</p>		
<p>Principal occupation / Job title (See Instructions)</p>			<p>Amount of contribution (\$) \$ 100. 00/xx</p>	
<p>Employer (See Instructions)</p>				
<p>Date 10-2-23</p>	<p>Full name of contributor Dr. Tom Hancher</p>	<p><input type="checkbox"/> out-of-state PAC (ID#_____)</p> <p>Contributor address; City: State: Zip Code 117 Krupka Columbus TX 78934</p>		
<p>Principal occupation / Job title (See Instructions)</p>			<p>Amount of contribution (\$) \$ 500. 00/xx</p>	
<p>Employer (See Instructions)</p>				
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>				

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1:
<p>2 FILER NAME LaWanda "Wendy" Alley</p>			3 Filer ID (Ethics Commission Filers)
4 Date 9-24-23	5 Full name of contributor Sam Center	<input type="checkbox"/> out-of-state PAC (ID#_____)	7 Amount of contribution (\$) \$ 100. 00/xx
<p>6 Contributor address; Po Box 33 Cherokee TX 76832</p>		City: _____ State: _____ Zip Code: _____	
<p>8 Principal occupation / Job title (See Instructions)</p>		<p>9 Employer (See Instructions)</p>	
Date 10-10-23	Full name of contributor Lori An Gobert	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) \$ 250. 00/xx
<p>Contributor address; 1420 Front st. Columbus TX 78934</p>		City: _____ State: _____ Zip Code: _____	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
Date 11-6-23	Full name of contributor Richard Krenek	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) * 100. 00/xx
<p>Contributor address; 708 Piney Creek Bellville TX 77418</p>		City: _____ State: _____ Zip Code: _____	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
Date 11-16-23	Full name of contributor Nancy Stiles	<input type="checkbox"/> out-of-state PAC (ID#_____)	Amount of contribution (\$) * 100. 00/xx
<p>Contributor address; 634 Spring st. Columbus TX 78934</p>		City: _____ State: _____ Zip Code: _____	
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>	
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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:
2 FILER NAME <i>LaWanda "Wendy" Alley</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>1-10-24</i>	5 Full name of contributor <i>Bebe Hargrove</i>	6 Contributor address: City: State: Zip Code <i>Po Box 1071 Columbus TX 78934</i>
		7 Amount of contribution (\$) <i>\$ 500.00/xx</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>1-9-24</i>	Full name of contributor <i>Billy Kahn</i>	□ out-of-state PAC (ID#: Contributor address: City: State: Zip Code <i>903 Bowie Columbus TX 78934</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1-13-24</i>	Full name of contributor <i>Blake Christen</i>	□ out-of-state PAC (ID#: Contributor address: City: State: Zip Code <i>206 S Summit Weimar TX 78962</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>10-23-23</i>	Full name of contributor <i>Gary Chandler</i>	□ out-of-state PAC (ID#: Contributor address: City: State: Zip Code <i>100 Krupka Columbus TX 78934</i>
Principal occupation / Job title (See Instructions)		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.				1 Total pages Schedule A1:
2 FILER NAME		LaWanda "Wendy" Alley		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:			7 Amount of contribution (\$)
10.27.23	Jimmie L. Class Construction			\$ 500.00/xx
6 Contributor address:		City:	State: Zip Code	
Po Box 68 Eagle Lake TX 77434				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:			Amount of contribution (\$)
10.30.23	unknown cash deposit			\$ 50.00/xx
Contributor address:		City:	State: Zip Code	
unknown				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:			Amount of contribution (\$)
1-25-24	Bill Durbin			\$ 100.00/xx
Contributor address:		City:	State: Zip Code	
1712 Charter Columbus TX 78934				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:			Amount of contribution (\$)
1-25-24	Lori An Gobert			\$ 1,000.00/xx
Contributor address:		City:	State: Zip Code	
1420 Front st. Columbus TX 78934				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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.			1 Total pages Schedule A1:
2 FILER NAME Luvanda "Wendy" Alley			3 Filer ID (Ethics Commission Filers)
4 Date 1-31-24	5 Full name of contributor Doug DJ Potter	<input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$) \$100.00
6 Contributor address; Po Box 484 Columbus TX 78934		City: _____ State: _____ Zip Code: _____	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 1-22-24	Full name of contributor Lee and Heidi May	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) \$750.
Contributor address; 1806 Zimmerman New Braunfels TX 78950		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)
Contributor address;		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor	<input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$)
Contributor address;		City: _____ State: _____ Zip Code: _____	
Principal occupation / Job title (See Instructions)		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.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:	
2 FILER NAME <i>LaWanda 'Wendy' Alley</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>#325.00 XX</i>	
5 Date <i>1-30-24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Wanda & Keith Webb</i>)	8 Amount of Contribution \$ <i>#325.00 XX</i> 9 In-kind contribution description <i>Colorado County citizen newspaper political ad</i>	
7 Contributor address; <i>2456 CR 106 Columbus TX 78934</i>	City; State; Zip Code	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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 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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
9-21-23	B:D Graphics			
6 Amount (\$)	7 Payee address:	City; State; Zip Code		
\$3,634.85	731 Walnut st. Columbus TX 78934			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	advertising expense	political signs		
	(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	Payee name			
10-9-23	Colorado County Citizen Newspaper			
Amount (\$)	Payee address:	City;	State;	Zip Code
\$500.00	Po Box 548	Columbus TX 78934		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	advertising expense	newspaper political ad		
	<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			
11-7-23	K Faye Designs			
Amount (\$)	Payee address:	City;	State;	Zip Code
\$200.00	1074 Baron Lane	Columbus TX 78934		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	advertising expense	Koozies political		
	<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

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**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
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 F1:	2 FILER NAME <i>Lawanda "Wendy" Alley</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-10-23</i>	5 Payee name <i>Create Space</i>		
6 Amount (\$) <i>95.20</i>	7 Payee address: <i>717 Walnut Columbus TX 78934</i>		City: _____ State: _____ Zip Code: _____
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		(b) Description <i>donation to church auction</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 <i>10-10-23</i>	Payee name <i>Idaho Cemetery Etsy</i>		
Amount (\$) <i>\$216.49</i>	Payee address: <i>2015 10th Ave Pocatello ID 83201</i>		City: _____ State: _____ Zip Code: _____
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		Description <i>bumper stickers 100 ct.</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 _____		
Date <i>10-17-23</i>	Payee name <i>Sy Penn Etsy</i>		
Amount (\$) <i>\$ 162.36</i>	Payee address: <i>14 N Madison Ave Spring Valley NY 10977</i>		City: _____ State: _____ Zip Code: _____
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>		Description <i>Campaign ink pens</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 _____		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	advertising expense	political caps/ball hats	
	(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
Date	Payee name		
10.24.23	Idaho Cemetery Etsy		
Amount (\$)	Payee address;	City;	State; Zip Code
*205.66	2015 10th Ave Pocatello ID 83201		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	advertising expense	bumper stickers 100ct.	
	<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 held
Date	Payee name		
10.25.23	Stickers Fox Etsy		
Amount (\$)	Payee address;	City;	State; Zip Code
*159.13	1032 Mathews Runway Roseville CA 95747		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	advertising expense	political stickers/label	
	<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 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
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 F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
11-13-23	Juarez Kreationz		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
\$230.00	1166 Nelson Ln. Cut Spring TX 78933		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description political business cards	
	(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	Payee name		
11-27-23	Colorado County Citizen newspaper		
Amount (\$)	Payee address;	City;	State; Zip Code
\$167.50	Po Box 548 Columbus TX 78934		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description political newspaper ad	
	<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		
12-18-23	Run and Win Store Etsy		
Amount (\$)	Payee address;	City;	State; Zip Code
*417.85	Po Box 2096 Aiken, SC 29802		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description campaign memory boards \$1500.00	
	<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 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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description political disclaimer stickers	
	(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	Payee name		
1-11-24	Jackie Sweat		
Amount (\$)	Payee address:	City:	State: Zip Code
\$928.73	1177 Piney Woods Rd. Alleyton TX 78935		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expenses	Description Political Signs	
	<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		
1-16-24	Jackie Sweat		
Amount (\$)	Payee address:	City:	State: Zip Code
\$576.45	1177 Piney Woods Rd. Alleyton TX 78935		
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description Political signs	
	<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

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**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 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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date	5 Payee name
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6 Amount (\$)	7 Payee address:	City:	State:	Zip Code
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	advertising expense	Political signs

(c)	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date	Payee name
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Amount (\$)	Payee address:	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	advertising expense	Political newspaper ad

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address:	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	advertising expense	Political newspaper ad

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address:	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description political signs
	(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	Payee name 1-31-24 Colorado County Newspaper	
Amount (\$)	Payee address: City: State: Zip Code \$160.00/xx PO Box 548 Columbus TX 78934	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description political newspaper ad
	<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
	<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	
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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	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name		
6 Amount (\$) \$750.00 <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 121 E. Main St. Eagle Lake TX 77434	City: State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) other	(b) Description filing fee	
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 9-4-23	Payee name Kevin Dyer		
Amount (\$) \$150.00 <input type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1403 Prairie St. Columbus TX 78934	City:	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description campaign logo design	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$) 0 <input type="checkbox"/> 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	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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