

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

MI

NICKNAME

LAST

SUFFIX

Mr Timothy
Tim Fulcher

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

☐ Change of Address

1193 Rose Hill Rd
P.O. Box 15
Coldspring TX 77331

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936) 433 1802

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Heidi
Fulcher

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE #

CITY

STATE

ZIP CODE

1193 Rose Hill Rd
P.O. Box 15 Coldspring TX 77331

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 598 8902

9 REPORT TYPE

☐

January 15

☒

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☐

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

01/01/2024

THROUGH

02/05/2024

11 ELECTION

ELECTION DATE

Month

Day

Year

03/05/24

☒

Primary

☐

Runoff

☐

Other
Description

☐

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

San Jacinto
County Commissioner Precinct 1

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Timothy J. Fulcher</u>		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	\$	—
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.

Timothy J. Fulcher
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 Timothy J. Fulcher and my date of birth is 07/18/66
My address is 1193 Rose Hill Rd P.O. Box 15 Coldspring TX 77331 USA
(street) (city) (state) (zip code) (country)
Executed in San Jacinto County, State of TX, on the 5th day of February 2024
(month) (year)
Timothy J. Fulcher
Signature of Candidate/Officeholder (Declaration)

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

MI

NICKNAME

LAST

SUFFIX

Mr Timothy J
Tim Fulcher

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX

APT / SUITE #

CITY

STATE

ZIP CODE

1193 Rose Hill Rd
P.O. Box 15
Coldspring TX 77331

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(936) 433 1802

Date Hand Delivered or Date Received

6 CAMPAIGN
TREASURER
NAME

MS MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs Heidi L
Fulcher

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE)

APT / SUITE #

CITY

STATE

ZIP CODE

1193 Rose Hill Rd
P.O. Box 15
Coldspring TX 77331

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(832) 599 1802

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign
treasurer appointment
(Officeholder Only)



July 15



8th day before election



Exceeded Modified
Reporting Limit



Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

06 15 23

THROUGH

Month

Day

Year

12 31 2023 Tr
01 09 2024

11 ELECTION

ELECTION DATE

Month

Day

Year

03 05 24

☒ Primary

☐ Runoff

ELECTION TYPE

☐ General

☐ Special

Other
Description

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

San Jacinto County
Commissioner Precinct 1

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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COMMITTEE TYPE

COMMITTEE NAME

☐ Additions Pages

☐ GENERAL

COMMITTEE ADDRESS

☐ 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 <u>Timothy J. Fulcher</u>		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>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2480.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>2380.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>3720.00</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>—</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1340.00</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.

Timothy J. Fulcher
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 Timothy J. Fulcher and my date of birth is 07/18/1966
My address is 1193 Rosehill Rd / P.O. Box 15, Cold Spring, TX 77331, USA
(street) (city) (state) (zip code) (country)
Executed in San Jacinto county, State of TX, on the 15th day of January, 2024
(month) (year)
Timothy J. Fulcher
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Timothy J. Fulcher

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500 ⁰⁰
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1980 ⁰⁰
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 1440 ⁰⁰
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ —
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1. 1
2 FILER NAME Timothy J. Fulcher		3 Filer ID (Ethics Commission Filers)
4 Date 8/10/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Gene Locke	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code 1211 Rose Hill Rd P.O. Box 8 Coldspring TX 77331		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 10/31/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Jimmy Ray	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code Rose Hill Rd Coldspring TX 77331		
Principal occupation / Job title (See Instructions) Retired		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)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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: 1	
2 FILER NAME Timothy J. Fulcher		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 1980 ⁰⁰	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) 7 Contributor address; City; State; Zip Code	8 Amount of Contribution \$	9 In-kind contribution description
<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# _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
<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.

PLEDGED CONTRIBUTIONS

SCHEDULE B

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 B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID# _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
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			

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: 1
2 FILER NAME Timothy J. Fulcher		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 6/28/23	7 Name of lender Heidi L Fulcher <input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) 1340 ⁰⁰
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code 1193 Rose Hill Rd P.O. Box 15 Coldspring TX 77331	10 Interest rate
12 Principal occupation / Job title (See Instructions) Tim Fulcher Campaign Treasurer		11 Maturity date
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 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? Y N	Lender address; City; State; Zip Code	Interest rate
Principal occupation / Job title (See Instructions)		Maturity date
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor 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.

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			
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		
	(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			
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
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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

4 CANDIDATE
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

5 OFFICE
HELD
(if any)

6 OFFICE
SOUGHT
(if known)

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR

FIRST

MI

NICKNAME

LAST

SUFFIX

8 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

9 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

10 CANDIDATE
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Tim Fulcher
Signature of Candidate

6-21-23
Date Signed

OFFICE USE ONLY

Filer ID #

Date Received

Date Hand-delivered or Postmarked

Receipt #

Date Processed

Date Imaged

GO TO PAGE 2

**CANDIDATE MODIFIED
REPORTING DECLARATION**

FORM CTA
PG 2

**11 CANDIDATE
NAME**

**12 MODIFIED
REPORTING
DECLARATION**

**COMPLETE THIS SECTION ONLY IF YOU ARE
CHOOSING MODIFIED REPORTING**

**-- This declaration must be filed no later than the 30th day before
the first election to which the declaration applies. --**

-- The modified reporting option is valid for one election cycle only. --
(An election cycle includes a primary election, a general election, and any related runoffs.)

**-- Candidates for the office of state chair of a political party
may NOT choose modified reporting. --**

I do not intend to accept more than \$1,010 in political contributions or
make more than \$1,010 in political expenditures (excluding filing fees)
in connection with any future election within the election cycle. I
understand that if either one of those limits is exceeded, I will be
required to file pre-election reports and, if necessary, a runoff
report.

Year of election(s) or election cycle to
which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed:

2 CANDIDATE
NAME

MS / MRS / MR FIRST MI

NICKNAME LAST SUFFIX

Mr. Timothy J. Fulcher

3 CANDIDATE
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1193 Rose Hill Rd /
P.O. Box 15 Coldspring TX 77331

4 CANDIDATE
PHONE

AREA CODE PHONE NUMBER EXTENSION

(936) 433-1802

5 OFFICE
HELD
(if any)

6 OFFICE
SOUGHT
(if known)

Commissioner Precinct 1

7 CAMPAIGN
TREASURER
NAME

MS/MRS/MR FIRST MI NICKNAME LAST SUFFIX

Mrs. Heidi L. Fulcher

8 CAMPAIGN
TREASURER
STREET
ADDRESS
(residence or business)

STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE

1193 Rose Hill Rd /
P.O. Box 15 Coldspring TX 77331

9 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(832) 599-8902

10 CANDIDATE
SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

Timothy Fulcher
Signature of Candidate

6/14/2023
Date Signed

GO TO PAGE 2

**CANDIDATE MODIFIED
REPORTING DECLARATION**

FORM CTA
PG 2

**11 CANDIDATE
NAME**

**12 MODIFIED
REPORTING
DECLARATION**

**COMPLETE THIS SECTION ONLY IF YOU ARE
CHOOSING MODIFIED REPORTING**

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in connection with any future election within the election cycle. I
understand that if either one of those limits is exceeded, I will be
required to file pre-election reports and, if necessary, a runoff
report.

Year of election(s) or election cycle to
which declaration applies

Signature of Candidate

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or mail to

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P.O. Box 12070
Austin, TX 78711-2070**

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DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

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:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
Mr Timothy J
NICKNAME LAST SUFFIX
Tim Fulcher

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
1193 Rose Hill Rd
P.O. Box 15 Coldspring TX 77331

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(936) 433-7802

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
Mrs Heidi L
NICKNAME LAST SUFFIX
Fulcher

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
1193 Rose Hill Rd
P.O. Box 15 Coldspring TX 77331

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(832) 599-8902

9 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☒ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
02/06/2024 THROUGH 02/25/2024

11 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year ☒ Primary ☐ Runoff ☐ Other Description
03/05/24 ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

San Jacinto
County Commissioner Precinct 1

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Timothy Fulcher</u>		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>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<u>—</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	<u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$	<u>—</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	<u>—</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<u>—</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.

Timothy Fulcher
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 Timothy J. Fulcher and my date of birth is 07/18/66
My address is 1193 Rose Hill Rd/P.O. Box 15 Cold Spring TX 77331 USA
(street) (city) (state) (zip code) (country)

Executed in San Jacinto County, State of TX, on the 25 day of Feb, 2024.
(month) (year)

Timothy Fulcher
Signature of Candidate/Officeholder (Declarant)