CAMPAI	ATE / OF	FICEHOLDER NCE REPORT		FORM C/O
The C/OH Instruction	on Guide explains	how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDEI NAME	NICKNAME	Timuthy LAST	MI J SuffDX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	Rose HilliRd	STATE: ZIP CODE	Date Hanpeddyvered of Date Pessmarked
6 CAMPAIGN TREASURER NAME	MS NRS I NIR MONAME	FIRST Held. Endober	SUFFIX	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRES	S INO PO BOX PLEASER APPLY SUITE LOSE HILL PA	ring TX 77	STATE: ZIP CODE
8 CAMPA GN TREASURER PHONE	(832)	PHONE NUMBER 598 890 2	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before election	Runoff  Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
0 PERIOD COVERED	Month O/	03y Year ( ) ( ) ( ) ( ) ( ) ( )	Reporting Limit:  Month  THROUGH	Day Year 25 / 2024
1 ELECTION	Atomn Day		ELECTION TYPE  Runaff  Other  Description  Special	13 13V&T
2 OFFICE	OFFICE HELD (f any	)	Lounty Commi	5an Jacinto
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		GO TO PAG	E 2	

The state of the s		EHOLDER E REPORT			cov	FORM ER SHEE	C/OH
15 C/OH NAME TIMO 11	IV J.F	ulcher		1	6 Filer (D	(Ethics Comm &	lon Filers)
17 CONTRIBUTION TOTALS	PLEDGE	JNITEMIZED POLITICAL ES, LOANS, OR GUARAN BUTIONS MADE ELECT	ITEES OF LOANS, OR	HER THAN		\$	
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	4. TOTAL F	POLITICAL EXPENDIT	URES			·	_
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		r penalty of perjury, tha y me under Title 15, Efe		port is true a	nd correc	and includes	all nformation
		Please comple	Two Signal	lure of Candi	idate or 0	Officeholder	
1) Affidavit							
NOTARY STAMP/SEAL							
Swom to and subscribed to 20	vhich, witness my hand	d and seal of office.		this the		ay of	
ignature of officer administeri	ng oath	Printed name of officer	administering oath		Title	o of officer admit	islaring oath
2) Unsworn Declaratio	n	O	R				
ly name is Time y address is 1193 R	thy J.F.		and my date of city) on theday of	of birth is	77 (zip		S 17- intry)
			Signature	of Candidate/	Officehold	der (Declara 11)	-

		/ OFFICEHOLDER	FORM C/OH
CAMPA	IGN F	INANCE REPORT	COVER SHEET PG 1
The C/OH Instruc	ion Guide	explains how to complete this form.  1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDI NAME	ER	MASSIMR FIRST MI  MY TIMOTHY J  NAME, LAST SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDS MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDS PHONE	SS ARE	ARESS / PO BOX:  APT : SUITE TO CITY:  STATE ZIP CODE  93 ROS & HILL Rd  D. BUXL 5  DISPLING TX 7733    CODE PHONE NUMBER EXTENSION  136) 433 1802	Date Handruggbered of Date Postmersed
6 CAMPAIGN TREASURER NAME		MASYMR  HEIDI  VAME  LAST  FULCHEC	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Busine B CAMPAIGN TREASURER PHONE	STR L SS)	ET ADDRESS IND PO BOX PLEASE). APT SUITE #: CITY: 193 ROSE HILLIED 20. BOX 15 COLLSDring TX 77331 CODE PHONE NUMBER EXTENSION 321 5991802	STATE: ZIP CODE
9 REPORT TYPE		July 15 Sth day before election Exceeded Modified Reporting Limit	15ih day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED		Menth Day Year Month	Day Year 31 2023TL
11 ELECTION	Morith C)-	Day Year Primary Runoff Other Description  General Special	
12 OFFICE	OFFICE	HELD (if any)  13 OFFICE SOUGHT (If Anomal)  52 7 24 C 1 7 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C 2 C	to County
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	COMMI	IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAY HAVE BEEN MADE WITHOUT THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID.  CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY F THE TYPE  COMMITTEE NAME  COMMITTEE ADDRESS  ECIFIC  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	
		GO TO PAGE 2	

	E / OFFICE N FINANCE				cov	FORM ER SHEE	C/OH FPG 2
15 C/OH NAME	N J.Fu	lcher			16 Filer ID	(Ethics Commiss	an Filers)
17 CONTRIBUTION TOTALS	PLEDGES		CONTRIBUTIONS (O' NTEES OF LOANS, OR RONICALLY)				
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	wear, or affirm, under purified by i			eport is true	and correc	and includes a	II information
	ı	Please comple	Signa Signa te either optio			Officeholder	
(1) Affidavit							
NOTARY STAMP/SEAL							
Swom to and subscribed t	efore me by			this the		ay of	
20, to certify w	hich, witness my hand a	and seal of office.					
Signature of officer administeri	ng oath	Printed name of officer	administering oath		Til	e of afficer admir	storing oath
		0	R				
		cleher P.O.Boxi	on the 15 day of	(sta or Journ (month)	Z. 77 Ite) (zip U.Q.(4.	18 66 331 US code) (cour 024 (rear) der (Declarant)	

	SUB	TOTALS	- C/OH		FORM C/OH SHEET PG 3
19	FILERNA	ME 204hy	J. Fulcher	20 Filer ID (Ethics C	ommission Filers)
21	SCHEDU NAME OF	E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	1	SCHEDULE A1	MONETARY POLITICAL CONTRIBUTIONS		\$ 500
2.	V	SCHEDULE A2	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		s 1980°
3.		SCHEDULE B:	PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E:	LOANS		\$ 1440,00
5.		SCHEDULE F1	POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$
6,		SCHEDULE F2	UNPAID INCURRED OBLIGATIONS		s
7.		SCHEDULE F3	PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$
8.	工	SCHEDULE F4	EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	s —
1C,	申	SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.:	Д.	CHEDULE I: N	ON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
₹2.		SCHEDULE K:	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI TO FILER	ONS RETURNED	\$

	MONETARY POLITICAL CONTRIBUTIONS  If the requested information is not applicable, DO NOT include this page in the report.						
The	Instruction Guide explains how to complete this	s form.	1 Total pag	es Schedule A1			
2 FILER NAME	20 thy J. Fulcher		3 Filer ID	(Ethics Commiss	on Filers)		
4 Date	5 Full name of contributor out-of-state PA(	C (IDe:)	7 Amount	of contribution	(S)		
	Gene Locke 6 Contributor address: 1211 ROSE Hill Rai PO. BIX 8 Coldspri		84	3000			
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PAC	C (ID#:	Amount	of contribution	(\$)		
10/3/63	Contributor address; Rose Hill RL Wid	State; Zip Code 7733  SDYING   X	A S	2000			
Principal occur	Setion / Job title (See Instructions)	Emptoyer (See Instructi	ons)				
Date	Full name of contributor	(104:)	Amoun	of contribution	(\$1		
	Contributor address; City;	State; Zip Code					
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)				
Date	Full name of contributor	(IDa)	Amount	of contribution	(\$)		
	Contributor address; City;	State; Zip Code					
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)				
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru			rements.			

#### NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE A2 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A2 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributo \_\_\_\_ out-of-state PAC (ID# 5 Date 9 In-kind contribution Contribution 5 7 Contributo address; City; State; Zip Code 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 (rm (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) ut-of-state PAC (ID# Full name of contributor Date Amount of In-kind contribution description Contributo address; City; State; Zip Code Check if travel outside of Texas, Complete Schedule T. Principal occupation / Job tille (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 (mm (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.

DI ED	GED CONTRIBUTIONS			_
	quested information is not applicable, DO NOT	include this page	in the report.	SCHEDULE B
	The Instruction Gulde explains how to complete th	is form.	1 Total pages Sched	ute B:
2 FILER NA	ME		3 Filer ID (Ethics C	ommission Filers)
4 TOTAL	OF UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor out-pt-state PAC (ID#	State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
40 Reinaina) a				de of Texas, Complete Schedule
10 Principal o	ccupation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC   D#_		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City: S	tate: Zip Code		
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Date	Full name of pledgor out-of-state PAC (ID#_		Amount of Pledge \$	In-kind contribution description
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Date	Full name of pledgor out-of-state PAC (IT#		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; State	; Zip Code	Chack if traval (auticle)	e of Texas, Complete Schedule T.
Principal occi	l upation / Job title (See Irstructions)	Employer (See I		e or rexas. Comprete Scriedule I.
If	ATTACH ADDITIONAL COPIES ( f contributor is out-of-state PAC, please see Instr			equirements

If the radius	ted information is not as	onlineble DO NOT be to do or t	SCHEDULE E
ii iile reques	ted information is not a	pplicable, DO NOT include this p	age in the report.
т	he Instruction Guide expl	ains how to complete this form.	1 Total pages Schedule E;
FILER NAME	115	- 101 00	3 Filer ID (Ethics Commission File
Linno	,	ulcher	
TOTAL OF U	JNITEMIZED LOANS	5	\$
Date of loun	7 Name of lender	out-of-slate PAC (ID#	9 Loan Amount (\$)
12/38/23	Heidi	LFulcher	134D <sup>®</sup>
is lender a financial Institution?	8 Lender address.	HILIPA State;	Zip Code 10 Interest rate
Y (N)	PO BOX 1	Coldspring TX 7	11 Maturity date
2 Principa occupa	tion / Job title (See Instruct		e Instructions)
Timfu	cher Campai	on Kersurer	
Descript on of Co	ollatera)	15 Check account	if personal funds were deposited into political nt (See Instructions)
GUARANTOR	17 Name of guarantor		19 Amount Guaranteed (\$)
INFORMATION			. ,
NV.	1 1		
Principal Occupa	ation (See Instructions)	21 Employer (See	Instructions)
70		21 Employer (See	Instructions)  Loan Amount (\$)
Principal Occupa  Date of loan  s lender a financial	ation (See Instructions)		
Principal Occups  Date of loan  s lender	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Principal Occups  Date of loan  s lender a financial nstitution? Y N	Name of lender	□ out-of-state PAC (ID#	Loan Amount (\$)  Zip Code Interest rate  Maturity date
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POLITICAL	EXPENDITURES MADE		
l .	TICAL CONTRIBUTIONS formation is not applicable, DO NOT in	actude this page in the state of	SCHEDULE F1
in the requested in			
Advortising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Loan Repayment/Reinbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor Solicitation Travel In Travel Other (en	n Fundraising Expense aton Equipment & Related Expense District (OFDistrict or a category not listed above)
1 Total pages Schedule F1	2 FILER NAME	3 Filer	(Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (S)	7 Payee address;	City;	ate; Zir Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed a the top of this se	(b) Description	
	(C) Check if travel outside of Toxas Comptoto Sch	nedule T. Check if Austin, TX, officen	older living expensa
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office hald
Date	Payee name		
Amount (\$)	Payee address/	City; S	ate; Zir Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch  Check if travel outside of Texas. Complete Schit		May living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Рауее пате		
Amount (\$)	Payee address;	City; \$	ate; Zir Gode
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	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin, TX, afficeho	der living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF	F THIS SCHEDULE AS NEEDED	

#### APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA BY A CANDIDATE PG 1 1 Total pages filed: See CTA Instruction Guide for detailed instructions. CANDIDATE OFFICE USE ONLY NAME Filer ID# SUFFIX CANDIDATE 1193 Rose HillR MAILING **ADDRESS** ColdspringTX CANDIDATE AREA CODE PHONE NUMBER PHONE (934) 433 1802 OFFICE Date Imaged HELD (if any) OFFICE Commissioner Precint 1 SOUGHT (if known) CAMPAIGN LAST SUFFIX TREASURER NAME Mrs. Heidi L. street ADDRESS; APT/SUITE #: 1193 Prose Hill Rd 8 CAMPAIGN TREASURER P.O. Box 15 Coldspring, TX 77331 STREET **ADDRESS** (residence or business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (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. **GO TO PAGE 2**

### FORM CTA **CANDIDATE MODIFIED** REPORTING DECLARATION PG 2 11 CANDIDATE NAME 12 MODIFIED COMPLETE THIS SECTION ONLY IF YOU ARE REPORTING DECLARATION 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. Signature of Candidate Year of election(s) or election cycle to which declaration applies

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 FORM CTA BY A CANDIDATE PG 1 1 Total pages filed: See CTA Instruction Guide for detailed instructions. MS/MRS/MR CANDIDATE OFFICE USE ONLY NAME Filer ID# SUFFIX ADDRESS / PO BOX; CANDIDATE MAILING 1193 BOSE **ADDRESS** CANDIDATE PHONE Data Pigceson OFFICE HELD (if any) OFFICE SOUGHT (if known) CAMPAIGN LAST SUFFIX TREASURER NAME CAMPAIGN TREASURER STREET **ADDRESS** (residence or business) CAMPAIGN TREASURER PHONE 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. **GO TO PAGE 2**

# CANDIDATE MODIFIED REPORTING DECLARATION 11 CANDIDATE NAME

#### FORM CTA PG 2

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 <a href="mailto:treasappoint@ethics.state.tx.us">treasappoint@ethics.state.tx.us</a>
or mail to

Texas Ethics Commission

P.O. Box 12070

Austin, TX 78711-2070

Non-TEC Plats must file this form with the local filling authority DO NOT SEND TO TEC

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

1 7 5		/ OFFICEHOLDER	FORM C/OH
CAMPAIG	iN F	INANCE REPORT	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/ OFFICEHO_DER NAME	MS	MRS/MR FIRST 5M	OFFICE USE ONLY
	NIC	in Fulcher SUFFIX	Date Received
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	AOI P	93 Rose Hill Rd Coldspring TX 77331	WEST
Change of Address			<b>29</b>
5 CANDIDATE/ OFFICEHOLDER PHONE	ARE	A CODE PHONE NUMBER EXTENSION  1361433-1802	Date Hand-defivered of Date Resimanced
6 CAMPAIGN TREASURER	MS	MRS/MR FIRST MI	Receipt Amounts
NAME ,	NIC	CHAME LAST SUFFIX	Date Imaged
7 CAMPAIGN	STI	EET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY:	STATE; ZIP CODE
TREASURER ADDRESS (Residence or Business)	1	0.0. BOX 15 Coldspring TX 7,	7331
8 CAMPAIGN	ARE	A CODE PHONE NUMBER EXTENSION	
TREASURER PHONE	(8	32 599 8902	
9 REPORT TYPE		January 15 30th day before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
		July 15 Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED		Month Day Year Month  10 2 10 2 2 THROUGH 0 3	Day Year
11 ELECTION		ELECTION DATE ELECTION TYPE	as acon
	Mor	th Day Year Primary Runoff Other Description	
	1	35534 General Special ——	
12 OFFICE	OFF	TE HELD (if any)  13 OFFICE SOUGHT (if known)  County Communis	San Jacinto
14 NOTICE FROM POLITICAL COMMITTEE(S)	I THE G	OX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MANANDIDATE! OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TO	DE BY POLITICAL COMMITTEES TO SUPPORT
COMMITTEE (C)	COM	MITTEE TYPE   COMMITTEE NAME	
Additional Pages		GENERAL COMMITTEE ADDRESS	
		SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT COVI					C/C	
15 C/OH NAME TIMOTH	1 Fulcher	16 Filer ID	(Ethics Cor	nmissi	on File	ite)
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	,	3			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)					
EXPENDITURE TOTALS						
	4. TOTAL POLITICAL EXPENDITURES	\$	5			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY	5			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	5			
	vear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and correc	and inclui	des all	irfor	mation
Please complete either option below:  (1) Affidavit  NOTARY STAMP/SEAL						
Sworn to and subscribed to 20, to certify w	pefore me by this the		ay of		$\exists$	
Signature of officer administeri	nn cath	***	LIL STANFORDS	4		
org. Grand of organic administration	ng oath Printed name of officer administering oath  OR	110	e of officer a	Jiminis	tering	Jauri
(2) Unsworn Declaration  My name is 1937  My address is 1937  Executed in San Ta	My J. Fulcher and my date of birth is. Rose Hill ROPD. Biox 15 Coldspring T	2/2	18   Loc 33. code) 20.24. (Year)	(coun	S try)	<u>F</u> i
orms provided by Texas Ethi	cs Commission www.ethics.state.tx.us		E	Revise	d 11/	15/2022