		OFFICEHOLDER NANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruc	tion Guide (	xplains how to complete this form.  1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLD NAME		7	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDS MAILING ADDRESS  Change of Address  5 CANDIDATE / OFFICEHOLDS PHONE	ER  L C	CODE PHONE NUMBER EXTENSION	Date Hand-edurated or Date Posmin and
6 CAMPA:GN REASURER NAME		RSINR FIRST MI	Paceipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Busine  8 CAMPAIGN TREASURER PHONE	ess) AREA	ET ADDRESS IND PC BOX PLEASES APT I SUITE #; CITY:  COLOUP LS  EDDE PHONE NUMBER EXTENSION	STATE: ZIP CODE
9 REPORT TYPE		anuary '5  30th day before election  Runoff  But day before election  Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED		Month Day Year Month	Osy Year
11 ELECTION	Month	Day Year Seneral Special ELECTION TYPE  OSC Primary Runoff Other Description  Special	
12 OFFICE	OFFICE	HELD (Henry)  13 OFFICE SOUGHT (Hikmown)	ile Sur Juento Ca
Additional Pages	COMMIT	IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD LOATE & OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE TYPE COMMITTEE NAME  OMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS	E BY POLITICAL COMMITTEES TO SUPPORT
		GO TO PAGE 2	

CAMPAIGN FINANCE REPORT	CO	FORM C/O /ER SHEET PG
Emmit L. Eldnidge #	16 Filer II	(Ethics Commission Filers
CONTRIBUTION  1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT TOTALS  PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	AN	S
TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	5)	5 1, 327,40
EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		S
4. TOTAL POLITICAL EXPENDITURES		s
CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY	\$
OUTSTANDING LOAN TOTALS  TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE	s
Signature of C  Please complete either option below  Affidavit		Officeholder
this the, to certify which, witness my hand and seal of office.		day of
, to certify writers, witness my harto and sear of bilice.		
ature of officer administering oath Printed name of officer administering oath	Ti	e of officer administering on
Jnsworn Declaration  Jame is Family L. Flatride # and my date of birth is ddress is 1401 Flatride 1 . Coldenia . (city) (city)	<u> </u>	7 / 199 0 7371. US A
uted in San Tarink County, State of Texas , on the day of Feliam (month)  Signature of Candid  provided by Texas Ethics Commission www.ethics.state.lx.us	1	20 3 1 (year)

### SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS SUBTOTAL AMOUNT NAME OF SCHEDULE 1. SCHEDULE AT MONETARY POLITICAL CONTRIBUTIONS S 2. SCHEDULE A2 NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 5 SCHEDULE E: LOANS \$ 1,207.49 SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6 SCHEDULE F2 UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 5 8. SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD S 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 10. SCHEDULE H. PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH S 11 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS S SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. S TO FILER

MONE	ETARY POLITICAL CONTRIBUTIONS		SCHEDU	E A1
If the req	uested information is not applicable, DO NOT include this page in th	e report.		
	The Instruction Guide explairs how to complete this form.	1 Total pa	es Schedule A1	
2 FILER NA	ME	3 Filer ID	(Ethica Commiss	sion Filers)
4 Dale	Full name of contributor	7 Amount	of contribution	(S)
Principal o	ccupation / Job title (See Instructions)  9 Employer (See Instru	ict ons)		
Date	Full name of contributor out-of-state PAC (LDs)	Amount	of contribution	(S)
	Contributor address; City; State; Zip Code			
Principal oc	cupation / Job title (See Instructions) Employer (See Instru	ctions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount	of contribution	(\$)
Principal oc	cupation / Job title (See Instructions) Employer (See Instru	ct ons)		
Date	Full name of contributor out-of-state PAC (ID#	Amount	of contribution	(S)
Principal occ	cupation / Job title (See Instructions) Employer (See Instruc	t ons)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I		irements.	

LOANS	nformation is not applicable, DO No	OT include this page in the re	SCHEDULE E
ii aro roquoteo ii	To more applicable, 20 14	or melade this page in the re	
The In:	struction Guide explains how to com	plete this form.	1 Total pages Schedule E:
I MANH L. F	- Irda de t		3 Filer ID (Ethics Commission Filers)
	EMIZED LOANS		\$ 1, 227. 49
5 Date of onn 7	Name of lender out-of-state	e PAC (IDIT)	9 Loan Amount (\$) リ <sub>ュ</sub>
a financial	Lender address: City;	State; Zip Code	10 Interest rate
Y (60)		· J	Water Water
	/ Job litte (See Instructions)	13 Employer (See Instructions)	
14 Description of Collate	ral	Check if personal fun account (See Instruc	ds were deposited into political tions)
INFORMATION	7 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
20 Principal Occupation	(See Instructions)	21 Employer (See Instructions)	
Date of loan	Nsime of lender out-of-state	PAC (ID#)	Loan Amount (\$)
!s lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation /	Job IIIe (See Instructions)	Employer (See Instructions)	
Description of Collatera	al .	Check if personal fund account (See Instructi	.9 were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Gueranteed (\$)
not applicable	Gue <mark>rantor address; City;</mark>	State; Zip Code	
Principal Occupation (	See Instructions)	Employer (See Instructions)	
If lender	ATTACH ADDITIONAL COP	LES OF THIS SCHEDULE AS NEE struction guide for additional rep	

#### POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS 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 Selfcitation Fundraleing Expense fransportation Equipment & Related Expense Travel on District Travel Out Of District Other (enter a category not listed above) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Cradit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer II (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address: City; Slate: Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas Complete Schedule 1. Check if Austin, TX officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Chock if yavel outside of Texas Complete Schedule T. Check if Austin, TX, afficate light living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code Category (See Categories listed at the top of this schedule) Description PURPOSÉ EXPENDITURE Check if Tavel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

1		TE / OFF							FORM C/OH SHEET PG 1
The C/OH In	estruction	Guide explains ho	w to comp	lete this form.	1 Filer	ID (Ethics C	ommission Filers)	2 Total pages	filed:
3 CANDIDA OFFICE	ATE/ HOLDER	MS / MRS / MR Mr.	Eı	FIRST mmitt			мі L	OFFICI	E USE ONLY
NAME		NICKNAME	E	LAST Idridge	**************************************	io-ivenue i	SUFF X	Date Received	1 gr
4 CANDIDA OFFICEH MAILING ADDRES:	S	ADDRESS / PC BG 1401 Eldrid		,	сіту: dspring,	STATE; Tx	ZIP CODE 77331	(3)	
5 CANDIDA OFFICEH PHONE		(936 )		7433		EXTENSIO	N	Ţ.	ed or Suta Postnisti ed
6 CAMPAIS		MS / MRS / MR	-	FIRST			МІ	Receipt #	Amount S
NAME	Γ.	Mr. NICKNAME		homas			M SUFF X	Date Processed	45
	40		E	Idridge			П	Date imaged	
7 CAMPAIS TREASUF ADDRESS (Residence or	<b>E</b> R	STREET ADDRESS 1401 Eldrid		PLEASE); APT / S	SUITE #;	Colds	spring	state: Tx,	77331
8 CAMPAIG TREASUR PHONE	n i	( 936 )		NUMBER 8824		EXTENSIO	N		
9 REPORT	TYPE	January 15		30th day before e		Runo		(Officehold	**
46 DEDICO		July 15	1,	8th day before ele	ction		ded Modified ting Limit	Final Repo	rt (Attach C/OH - FR;
10 PERIOD COVEREI		Menth 7	Day	/ 23	THRO	UGH	12 /	31 / 23	
11 ELECTION		Month Day	Year  24	Primary General	Rur Spe		CITION TYPE Other Description		
12 OFFICE		OFFICE HELD (if any	)	·).			ught (if known) onstable	San Jacir	nto Co.
14 NOTICE FI POLITICA COMMITT		THE CANDIDATE / OFFI	CEHOLDER, TI	HESE EXPENDITURES IOLOERS ARE REQUIR	ACCEPTED OR MAY HAVE BE	POLITICAL EX	PENDITURES MAI	DE BY POLITICAL COM	MITTEES TO SUPFORT DER'S KNOWLEDGE OR F SUCH EXPENDITURES.
Additional	Pages	GENERAL	COMMITTE	E ADDRESS					
		SPECIFIC	COMMITTE	E CAMPAIGN TREA	SURER NAM	E			
			СОММІТТЕ	E CAMPAIGN TRE	ASURER AD	RESS			
				GO TO F	PAGE 2				

1		OFFICEHOLDE NANCE REPOR		COVE	FORM C/OH R SHEET PG 2
15 G/OH NAME Emmitt L. Eldridge II				16 Filer ID (6	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1	TOTAL UNITEMIZED POLIT PLEDGES, LOANS OR GUA CONTRIBUTIONS MADE EL		N S	0.00
	2.	TOTAL POLITICAL CONT (OTHER THAN PLEDGES, LO	RIBUTIONS DANS, OR GUARANTEES OF LOANS	\$	1,227.49
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITI	CAL EXPENDITURE	5	0.00
	4.	TOTAL POLITICAL EXPEN	NDITURES	\$	1,227.49
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LA	ST DAY \$	0.00
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS CING PERIOD	DE THE 5	0.00
(1) Affidavit		Please com	plete either option belov	v;	
(1)/(1100)					
NOTARY STAMP/SEAL					
Swom to and subscribed b		ess my hand and seal of office.	Ihis the	day	of
ignature of officer administerin	ng oath	Printed name of of	ficer administering oath	Title o	f officer admir is being oath
2) Unsworn Declaration	1		OR		
ly name is Emmitt L. E			and my date of birth is	03/17/199	0
ly address is 1401 Eldr	ridge L	n	Coldspring Tx	77700	
xecuted in San Jacinto	0 (	(street) County, State of Texas	(city) (s on the 15 day of Januar (month)		
			Signature of Candid	ate/Officeholder	(Declarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

NAME OF	E SUBTOTALS SCHEDULE SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E- LOANS		\$	O.00
3 4	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS SCHEDULE B: PLEDGED CONTRIBUTIONS		5	
3 4	SCHEDULE B: PLEDGED CONTRIBUTIONS		_	0.00
5				
5	SCHEDULE E- LOANS		4	0.00
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ā	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBI	JTIONS	\$5	0.00
1	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
Z <sub>i</sub>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS	Č.	0.00
8. <b>111</b>	SCHEDULE F4. EXPENDITURES MADE BY CREDIT CARD		\$	724.65
9 📠	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	502.84
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	ESS OF C/OH	99	0.00
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	JTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	0.00
	TOFILER		390	0.0

e Instruction Guide explains how to	a complete th	is form.	1 Total pages Schedule A1
E			3 Filer ID (Ethics Commission Filers
5 Full name of contributor	1-17 81-15 1	- O#	7 Amount of contribution (5)
6 Contributor address	City	State; Zip Code	
supation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Full name of contributor	Vu(-ol-state ⊣A	€ (ID#	Amount of contribution (S)
Contributor address:	City	State; Zip Code	
pation / Job title (See Instructions)		Employer (Sec Instrue	ctions)
Full name of contributor	autor train fo	(. **	Amount of contribution (\$)
Contributor address	City:	State, Zip Code	
pation / Job title (See Instructions)		Employer (See Instruc	ations)
Full name of contributor	9010-00-0000-0-00	oris.	Amount of contribution (\$)
Contributor address;	Сіту	State; Zip Code	
pation / Job title (See Instructions)		Employer (See Instruc	tions)
	5 Full name of contributor 6 Contributor address  supation / Job title (See Instructions)  Full name of contributor  Contributor address:  pation / Job title (See Instructions)  Full name of contributor  Contributor address;  pation / Job title (See Instructions)  Full name of contributor  Contributor address;	5 Full name of contributor  6 Contributor address  City  Full name of contributor  Contributor address:  City  Pation / Job title (See Instructions)  Full name of contributor  Contributor address:  City:  Contributor address:  City:	5 Full name of contributor  6 Contributor address  City  State; Zip Code  9 Employer (See Instructions)  Full name of contributor  Contributor address:  City  State: Zip Code  Contributor address:  City  State: Zip Code  Employer (See Instructions)  Full name of contributor  Contributor address  City:  State: Zip Code  Employer (See Instructions)  Full name of contributor  Contributor address  City:  State: Zip Code  Full name of contributor  Contributor address;  City:  State: Zip Code

### NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A21 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 contributor | cut-of-state PAC (ID#: 5 Date Amount of 9 In-kind contribution Contribution \$ description 7 Contributor address; State; Zip Code Check if travel outside of Texas. Complete Schedule 1. 10 Principal of dication / 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 contribute is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Full name of contributor | out-of-state PAC (ID# Date Amount of In-kind contribution Contribution \$ description City Contributor address: State: Zin Code Check if travel outside of Texas, Complete Schedule T. Principal accupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NCN-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.

7 Pledger address; City; State; Zip Code  Check if travel outside of Texas Complete Schest Complete Schest Check if travel outside of Texas Complete Schest Complete Schest Check if travel outside of Texas Complete Schest C	T	he Instruction Guide explains how to complete this form.	9	1 Total pages Scheo	dule B:
6 Full name of pledgor	FILER NAM	IE		3 Filer ID (Ethics (	Commission Filers)
7 Pledger address; City; State; Zip Code  Check if travel outside of Texas Complete Scher  Description  Principal occupation / Job title (See Instructions)  11 Employer (See Instructions)  Amount of Pledge \$   In-kind 20 title-Liton description  Pledger address; City; State Zip Code  Check if travel outside of Texas Complete Scher  Check if travel outside of Texas Complete Scher  Check if travel outside of Texas Complete Scher  Principal occupation / Job title (See Instructions)  Date Full name of pledger  Pledger address; City, State, Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Check if travel outside of Texas, Complete Scher  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Pledger address; City, State, Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Pledger address; City, State; Zip Code	TOTAL O	F UNITEMIZED PLEDGES		\$	
Date  Full name of pledger  Principal occupation / Job title (See Instructions)  Date  Full name of pledger  Pledger address;  City;  State Zip Code  Check if travel outside of Texas Complete Scher  Check if travel outside of Texas Complete Scher  In-kind 30 tribution  description  Check if travel outside of Texas Complete Scher  Principal occupation / Job title (See Instructions)  Find 30 tribution  Check if travel outside of Texas Complete Scher  Check if travel outside o	5 Date	6 Full name of pledgor [] out of state FAC III.4			9 In-kind contribution I description
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Date  Full name of pledgor  [] but-of-state PAC (ID#				Chack if travel outs	ide of Texas, Complete Schedule
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Check if travel outside of Texas. Complete Sched		Pledgor address; City; State; Zip Cod	e		
				Check if travel outsi	de of Texas. <b>Complete</b> Schedule
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occur	pation / Job title (See Instructions) Employ	er (See li	nstructions)	

LOANS	ed information is not applicable, DC	D NOT include this page in the r	SCHEDULE E
Th	e Instruction Guide explains how to o	complete this form.	1 Total pages Schedulc E
FILER NAME			3 Filer ID (Ethics Commission File
TOTAL OF U	NITEMIZED LOANS		\$
Date of loan	7 Name of lender [ ] out or	state PAU IDI	9 Loan Amount (5)
Is lender a financia) Institution?	8 Lender address, City	State, Zip Code	10 Interest rate
YIN			11 Maturity date
Principal occupa-	an / Job title (See Instructions)	13 Employer (See Instructions)	
Description of Co	llatoral	Check if personal ful account (See Instru	nds were deposited into political ctions)
GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City,	State, Zip Code	
Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-	state PAC (ID#)	Loan Amount (\$)
ls lender a financial	Lender address; City,	State; Zip Code	Interest rate
Y			Maturity date
Principal accubati	on / Job title (Sec Instructions)	Employer (Sec Instructions)	L
Description of Coll	ateral	Check if personal fun account (See Instruc	ds were deposited into political tions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address City;	State; Zip Code	
not applicable rincipal Occupate	In (See Instructions)	Employer (See Instructions)	
	******	(2.2) (2.2) (1.0)	

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

ii tiio requested iii	iorniation i	s not applicable, DO NO	include ti	nis page in the r	eport.	
		EXPENDITURE CAT	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Braking Consulting Expense Contributions/Denations Made to Candidate/Officeholder/Politic Cludi Care Payment		Event Expense Foes Food/Beverage Expense Grit/Awards/Momonals Expense Legal Services The Instruction Guide expla	Office Over Polling Exp Printing Exp Salanes/We	pense ages/Contract Labor	Travel in District Travel Out Of Distri	prinent & Related Experi
Tota pages Schedule F1	2 FILER N				3 Filer ID (Ethio	s Commitsion Filers
Dale	5 Payeen	ame				
Amount (\$)	7 Payee a	dcress		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Categor	y (See Categories listed at the top of th	ra sahadulel	(b) Description		
	(c)	Uheck if bavelouts de of lexus. De implate	: Schodule (	Check if Aust	: 13 off penolder tismo	; exponts
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office <b>Hald</b>
Date	Payce na	rino.				
Amount (\$)	Payee ad	cness		City,	State	Zio <b>Cod</b> e
PURPOSE OF EXPENDITURE	Category	iSee Chayonos listed at the lot of this	scheduler	Description		
Ì		Check if travel outside of Texas, Complete	Suned lie T	Chev- / Aust	n (X) vir se holder sing	8xpeixse
Complete <u>CNLY</u> if direct expenditure to benefit C/OH		ne / Officeholder name		Office sought		Office hald
Date	Payee na	пю				
Amount (\$)	Payee add	cress;		City	State	Zio Gode
PURPOSE OF EXPENDITURE	Category	See Categories listed at the top of this s	schedule;	Description		
		mock if travel outside of Texas. Complete S	cne dule T	times CF 54		1690

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Express Advertising Express Consulting Express Consulting Express Consulting Devices Addition Official Siden/Folitical Committee Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Event Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District (Sift Awards/Memonals Expense Printing Expense Salaries/Wages/Contract Labor Logal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount SI 8 Payee address; City: State: Zip Code TYPE OF EXPENDITURE Political Non-Political (a) Category (See Categories listed as the round this schedule) (b) Description 10 PURPOSE OF EXPENDITURE (c) Chock if travel outside of Texas, Complete Schedule T. Check if Auslin IIX officel older hung expense 11 Complete ONLY if direct expenditure to benefit C/OH Cardidate / Officeholder name Office sought Office held Date Payee name Amount (S) Payee address. City: State Zip Code TYPE OF EXPENDITURE Non-Political · Polítical Category (See Calegories listed at the log of this schedule) Description PURPD\$E EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austri, TX, officeholder living expense Complete IN Y of direct expenditure to benefit Co Candidate / Officeholder name Office sought benefit C/QH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

ii tiic requ	ested information is not applicable, DO NOT include this p	age in the r	ероп.	
	The Instruction Guide explains how to complete this form.	<b>1</b> Tot	al pages Schedule F	3
FILER NAM	E	3 File	er ID (Ethics Cammis	ssion FILE/S
Date	5 Name of person from whom investment is purchased			
	6 Address of person from whom investment is purchased;	City;	State;	Zìp Cede
	7 Description of investment	-	, , , , , , , , , , , , , , , , , , , ,	
	8 Amount of investment (S)		<u>-</u>	
Date	Name of person from whom investment is purchased		-	
	Address of person from whom investment is purchased	City;	State,	Zip Code
	Description of investment			
	Amount of investment (\$)	77 <del></del>		

### EXPENDITURES MADE BY CREDIT CARD

#### SCHEDULE F4

	EXPENDITURE CATE	GORIES FOR BO	OX 10(a)		
Advertising Countries Accounting Basking Consulting Consulti	EvensExpense Foos FoosMoverage Expense By Gat/Awards/Memorials Expense and Committee cogul Services	Loan Repayment/Re Office Overhead/Re Polling Expense Printing Expense Salanes/AVages/Con	ntal Experse	Solicitation/Fundrais Fransportation Equi Travel In District Travel Out Of District Other (enter a catego	ament & Related Expens d
	The Instruction Guide explai	ns how to complete	this form.		
1 Total pages Schedule F4	2 FILER NAME Emmitt L. Eldridge		3	I Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITER	MIZED EXPENDITURES CHARGED	TOACREDIT	CARD \$	724.6	5
5 Date 12/07/2023	6 Payee name Vista Print				
7 Amount is	8 Payee address;		City;	State;	Zip Code
724.65	275 Wyman St.		Waltham	MA	02451
9 TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Printing Expense		escription s, cards, p	ostcards	
	(c) Check=travel nurside of Texas. Complete	Sined le T	E E / Table	or programme in	p = (p = 1.0)
11 Complete QN v if direct expenditure to boriefit C/OH	Candidate / Officeholder name	Office sou	ught	Office h	eld
Date	Payee name				
Amount (S)	Payee address		City.	State,	Zip Code
TYPE OF EXPENDITURE	Political	Non-Political			
PURPOSE OF EXPENDITURE	Category (Size Categories listed at the top of this	schedule)	escription		
	Clieck if travel outside of Texas. Complete 3	schedule T.	Stacc Lines.	o section in	(64 <u>f</u> =146)
	Candidate / Officeholder name	Office sou	ght	Office he	≑ त
Complete GNY if direct expenditure to be refer C/OH					

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

	<b>EXPENDITURE CATEGOR</b>	RIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad- Carridate/Officaholder/Poli CreditCont Payment	Event Expense	an Repayment/Reimbursement ice Overhead/Rantal Expense iling Expense nting Expense aries/Wages/Contract Labor	ising Expande fipment & Related Expen not gary not tall diabove		
1 Total pages Schedule G	2 FILER NAME		3 Filer ID (Ethi	cs Com na sion Filens	
	Emmitt L. Eldridge II				
11/25/2023	5 Payee name				
6 Anyount (\$)	7 Payee address,	City;	70. 4		
375.00  Reimbursamentfrom political contributions intended	201 Hwy 150, Suite J	g, Tx	773311		
B PURPOSE OF EXPENDITURE	(a) Category (See Catagonos listed on the top of this achiedule) Fees  (b) Description Filling Fee				
	(c) Check thravel outside of Tevas, Complete Schedule	T Check if Auslin	in all capologs fixing	tepense	
) Somplete <u>ONLY</u> if direct expenditure to henefit C/OH	Candidate / Officeholder name	Office sought		Office teld	
Onle	Payee name				
12/13/2023	San Jacinto Co. Elections Rever	nue			
Amount (\$)  3.56  Regularization from political contributions intrided	Payor address: 1 State Highway 150 Room 1	©ity; Coldsprir	State,	Zio Gode 77331	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school of Printing Expense	Description voter Roll			
	e dedocerations: sexelle shebb leverand arch	of stable	9 18 - 95	EE -	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought		Office held	
Date	Payee name				
12/24/2023	Vista Print				
Amount (\$)	Payee address	City	State;	Zip Coae	
19-28  Reimbursemeet from  ✓ political contributions intended	275 Wyman St.	Waltham	MA	02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Printing Expense	Description Cards			
	Check filravel culside of Toxas. Complete Schedule F	Check it Austin, 1	C off cenolides living.	CKDQ//S3	
mplete <u>ONLY</u> if direct	Candidate / Officeholder name	Office sought		Office held	

# 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 CAT	EGORIES FOR BOX 8(a)			
Advertising Expresses Accounting Paradig Consoling Express Convolutions on about Made Candidate Chicahol der Pal		Event Expense Food/Bevorage Expense Food/Bevorage Expense Gift/Awards/Memorials Expense Logal Services The Instruction Guide expla	Loan Renayment/Reinbursen Office Overheart/Rental Exper Polling Expense Printing Expense Saturios/Wages/Contract_ab- sins how to complete this for	nsi in Tra Tra Ou	avel in Dismot avel Out Of Distri	oment & Related Expen
lotal pages Schoole H	2 FILER N				iler ID (Ethio	s Commission Filers
DANIES.					,	
Date	5 Business	пате		1		
Amount (\$)	7 Business 201 Hw	address; y 150, Suite J	Coldsp		State Tx	Zip Code 77331
PURPOSE OF EXPENDITURE		(See Categories I still all this top of this				
		Chaiz *Iravel autside of Frikas Complete 3		fulstin TX r	Misenelder living o	expense
Complete ONLY if direct expenditure to unnefit C/O		ite / Officeholder name	Office sought			Office held
Date	Business	пата				
Amount (\$)	Business	address;	City,		State:	Zip Code
PURPOSE OF EXPENDITURE	Category	See Cotegories asted at the top of this s	oct saule)   Description			
	Ċ	ieck it travel outside of Fexas, Complete Sc	hedge! Check if a	Austin "X of	firefolder lyving e	xpense = ====
Complete CNLY if direct expenditure to the cross content of the cross co		te / Officeholder name	Office sought			Office held
Date	Business	name				
Amount (\$)	Business	address;	City;		State	Zip Code
PURPOSE OF EXPENDITURE	Category (	Son Caregories listed at the top of this s	rhedule) Description			
EXI ENERT PIXE	or	ock (travel collside of Texas, Complete Sch	redulaT Check if a	usim 1X off	licerolder hyrig ex	perse
omplete ONLY if direct		e / Officeholder name	Office sought			Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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

	The Instruction Guide explains how to co	implete this form.		
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics Co	moission Filers
4 Date	5 Payee name			
6 Arricunt (\$)	7 Payee address;	City	State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (5-20 instructions for exemples of acceptable categories.)	(b)Description (See required)	e instructions regarding type of	is om atlan
Date	Payée name			
Amount (\$)	Payee address:	City	State	Ziji Code
PURPOSE OF EXPENDITURE	Category (See Astroctions for examples of sodewoods categories )	Description (See required )	nativicibins regarding type of	n crit ation
Date	Payee name			
Amount (\$)	Payee address;	Oity	State	Ziji Code
PURPOSE OF EXPENDITURE	Category (Nee instructions for examples of acceptable categories.)	Description (Sec	instructions regarding lyok of	mort a on
Date	Рауее лате			
Amount (%)	Payec address,	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of adjustance categories)	Description (Secretured	ristructions regarding type of a	olematina

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

## SCHEDULE K

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

1	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K
FILER NAI	VIC.	3 Filer (D (Ethics Commission Filers)
Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; S	State: Zip Code
	7 Purpose for which amount is received Check	if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; §	State: Zip Code
	Purpose for which amount is received Check	if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City, St	ate: Zip Code
	Purpose for which amount is received Check in	f political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; St	tate; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	- AS NEEDED

FOR TRAVE	L OUT	ITIONS OR POLITICAL EXPE SIDE OF TEXAS is not applicable, DO NOT include this	SCHEDULE I
The Instr	uction Guid	e explains how to complete this form.	1 Total pages Schedule T
2 FILER NAME	-		3 Filer ID (Ethics Commission Files)
4 Name of Contributor	Corporation	or Labor Organization / Pledgor / Payee	
5 Contribution / Expend Schedule A2 Schedule F2	Sch   Sch	oduk B Schedule B(J) Schodule edulo F4 Schedule G Schedule	and the second s
6 Dales of travel		if person(s) traveling are city or name of departure location	
	9 Destina	tion ally or name of destination location	
10 Means of transportati	on	11 Purpose of travel (including name of conference)	erice, seminar, or other event)
Name of Contributor /	Corporation	or Labor Organization , Pleagor / Payse	
Schedule A2 Schedule F2 Dates of travel	Scho	odulo B Schedulo B(J) Schedule odulo F4 Schedule G Schedule f person(s) traveling	
	Departu	re city or name of departure location	
	Destinat	ion city or name of destination location	
Means of transportation	on	Percose of travel (including name of confere	ance, seminar, or other event)
Name of Contributor / (	Corporation :	or Labor Organization / Pleagor / Payee	
Contribution / Expendit Schedule A2 Schedule F2	ure reported Schedu Schedu	le B Schedule C2	
Dates of travel	Name of	person(s) traveling	
	Departur	e city or name of departure location	
	Destinati	on city or name of destination location	

# CANDIDATE / OFFICEHOLDER REPORT

ı	ESIGNATION OF FINAL REPORT	FORM C/OH - FR
	The Instruction Guide explains how to complete th	nis form.
	<ul> <li>Complete only if "Report Type" on page 1 is marked</li> </ul>	"Final Report" ••
1 C/	OH NAME	2 Filer IO (Ethics Commission Filers)
3 SI	GNATURE	
de	do not expect any further political contributions or political expenditures in connection vesignating a report as a final report terminates my campaign treasurer appointment. It is impaign dontributions or make any campaign expenditures without a campaign treasurer.	also understand that I may not accept any
	Sig	mature of Candidate / Officeholder
	LER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
C	Check only one:	
	I do not have unexpended contributions or unexpended interest or income earn	ed from political contributions.
	I have unexpended contributions or unexpended interest or income earned from may not convert unexpended political contributions or unexpended interest or personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political filing this final report. Further, I understand that I must dispose of unexpended present or income earned on political contributions in accordance with the requirements.	income earned on political contributions to ded contributions and that I may not retain contributions longer than six years after political contributions and unexpended
В.	ASSETS	
С	heck only one:	
1	co not retain assets purchased with political contributions or interest or other in	ncome from political contributions.
	co retain assets purchased with political contributions or interest or other incomment I may not convert assets purchased with political contributions or interest or personal use. I also understand that I must dispose of assets purchased with porequirements of Election Code, § 254.204.	other income from political contributions to
		Signature of Candidate
	FICEHOLDER  complete this section <i>only</i> if you are an officeholder	
	I am aware that I remain subject to filing requirements applicable to an officeholder wille. I am also aware that I will be required to file reports of unexpended contribution an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	ns if, after filing the last required report as
	_	Signature of Officeholder

APPOINTI BY A CAN	MENT OF A CAMPAIGN TREASURER IDIDATE	FORM CTA PG 1
s	ee CTA Instruction Guide for detailed instructions.	1 Total pages filed
2 CANDIDATE NAME	MS / MRS / MR FIRST MI	OFFICE USE ONLY
NAME	Mr Emmitt L	Filer (D #
	NICKNAME LAST SUFFIX	Date Reserved
	ADDRESS / PO BOX; APT / SUITE # CITY: STATE: ZIP CODE	TIO Y
3 CANDIDATE MAILING	ADDRESS / PO BOX; APT / SUITE # CITY: STATE: ZIP CODE	
ADDRÉSS	1401 Eldridge In Coldson, Tx 77331	2 5 5 C
		Only Hang-delivered or Unimarked
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION	Receipts Amount S
1110112	(936) 714 7433	Date Processed
5 OFFICE HELD (if any)		Date Imaged
6 OFFICE SOUGHT (if known)	PC + 3 Constable  MSMRSMR FIRST MI NICKNAME	•
7 CAMPAIGN TREASURER NAME		LAST SUFFIX
		Eldrige
B CAMPAIGN TREASURER	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE
STREET ADDRESS	1401 Eldrige in Condense	Tx 7733/
(residence of bisiress)	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	
9 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION	
PHONE	(936) 520 - 8824	
O CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Tex	xas Government Code,
	I am aware of my responsibility to file timely reports as the Election Code.	required by title 15 of
	I am aware of the restrictions in title 15 of the Election Confrom corporations and labor organizations.	ode on contributions
	Signature of California	11-13-23
	Signature of Candidate	Date Signed
	GO TO PAGE 2	

## **CANDIDATE MODIFIED** FORM CTA 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. Year of election(s) or election cycle to Signature of Candidate 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

APPOINTI BY A CAN	MENT OF A CAMPAIGN TREASURED	COPY PG 1
Se	ee CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE NAME	MS / MRS / MR FIRST MI  Mr. Emith  LAST SUFFIX  Eldridge I/  ADDRESS / PO BOX; APT / SUITE II. CITY; STATE: ZIP CODE	OFFICE USE ONLY
3 CANDIDATE MAILING ADDRESS	1401 Eldridge In Coldspanie Tx 77331	NDV 18 Marked ON ADMINISTRACTOR ON ADMINISTRACTO
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION  (436) 714 7433	Receipt Amounts  Date Prepalated
5 OFFICE HELD (if any)		Date Imaged
6 OFFICE SOUGHT (If known)	Pct 3 constable	
7 CAMPAIGN TREASURER NAME	MI NICKNAME	LAST SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS: APT / SUITE #: CITY;	STATE: ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (936) 520 - 8824	
CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Tex	as Government Code.
	I am aware of my responsibility to file timely reports as the Election Code.  I am aware of the restrictions in title 15 of the Election Cofrom corporations and labor organizations.	required by title 15 of
	Signature of Candidate	//- / 3 · 2 · 3  Date Signed
	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. Year of election(s) or election cycle to Signature of Candidate 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

		OFFICEHOLDER NANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction (	Guide e	plains how to complete this form.  1 Filer ID (Ethics Commission Filers)	2 Total pages filed;
3 CANDIDATE / CFFICEHOLDER NAME	MS / I	AME LAST SUFFIX	OFFICE USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Adcress 5 CANDIDATE / OFFICEHOLDER PHONE	/L	Tldridge  ESS / PO BOX; APT / SOITE #; CITY; STATE: ZIP CODE  O 1 Eldridge In Coldsprig TX 77331  CODE PHONE NUMBER EXTENSION  36) 714. 7433	Date Hand-delivered of Date Positivarked
6 CAMPAIGN TREASURER NAME	_	RS/MR FIRST MI C. Thomas M	Oate Biocessed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	/	TADDRESS (NO PO BOX PLEASE), APT / SUITE #; CITY;	STATE; ZIP CODE  TX 7733
8 CAMPAIGN TREASURER PHONE	AREA (93	6) 50c 8824	
9 REPORT TYPE		anuary 15 30th day before election Runoff  Bth day before election Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only)
10 PERIOD COVERED		Mcrth Day Year Month	Day Year
11 ELECTION	Month	ELECTION DATE  Cay Year Primary Runoff Other Description  General Special	
12 OFFICE	OFFICE	HELD (if any)  13 OFFICE SOUGHT (if known) PC+3 Ccn.	
14 NOTICE FROM POLITICAL COMMITTEE(S)	CONSEN	IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADIDATE I OFFICE-IOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIC CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE TYPE COMMITTEE NAME	DE BY POLITICAL COMMITTEES TO SUPPORT
Additional Fages		COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME	
		GO TO PAGE 2	

## SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethics Commission Filers) 21 SCHEDULE SUBTOTALS SUBTOTAL NAME OF SCHEDULE AMOUNT SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2, SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3. SCHEDULE B: FLEDGED CONTRIBUTIONS \$ 4. SCHEDULE E: LOANS 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 6. SCHEDULE F2: JNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 142 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF COOH \$ 11. SCHEOULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

If the requested information is not applicable, DO NOT includes	de this page in the report.
The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:
2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#	8 Amount of 9 In-kind contribution Contribution \$   description
7 Contributor 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 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 □ out-of-state PAC (ID#  Contributor address; City: State;	Amount of Contribution \$ In-kind contribution description  Zip Code  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 accupation (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 T	

LOANS			SCHEDULE E
If the requeste	d inform <b>ation</b> is not applicable, <b>DO N</b> 0	OT include this page in the re	port.
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Smmith	Eldridge		
9/16/2007/00 P			
	NITEMIZED LOANS		\$ 1,369.49
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)
2-91-94	Emmitt Eldvidje		1.369.45
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate
Institution?	1410   Eldrideh C	oldspring tx 773)1	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	Mangement	San Fachto Co	
14 Description of Coll	ateral 4	Check if personal fund account (See Instruction	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
IIII O'AWATO'A	• • • • • • • • • • • • • • • • • • • •		
	18 Guarantor address; City;	State; Zip Code	
not apolicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	s were deposited into political
попе		account (See Instruction	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
- 1 (C)	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE AS NEE	

#### UNPAID INCURRED OBLIGATIONS SCHEDULE F2 If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Office Overhead/Rental Expense Food/Beverage Expense Consulting Expense Contributions/Donations Made By Polling Expense 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) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 8 Payee address; 7 Amount (\$) City; Zip Code TYPE OF Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Check f travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to penefit C/OH Payee name Date Amount (\$) Payee address; City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE Calegory (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Experise Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Contributions/Donatons/Made By Fees Food/Beverage Expense Transportation Equipment & Related Expense Polling Expense 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) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Cate 6 Payee name 7 Amount (\$) 8 Payee address; City; State: Zip Code TYPE OF EXPENDITURE Political Non-Political (b) Description (a) Category (See Categories listed at the top of this schedule) 10 PURPOSE EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Office sought Candidate / Officeholder name Office held Complete ONLY i cirect expenditure to benefit C/OH Payee name Cate Amount (\$) Payee address; City; State; Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if travel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY I direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.					
EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Pofit Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repayment/Reirnbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how to complete this form,	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER	mane with Eldridge		3 Filer ID (Ethics Commission Filers)	
2-21-24	5 Payee	Noi General			
6 Amount (\$)	7 Payee	address;	City;	State; Zip Code	
Reimbursement from political contributions intended	1090	Highway 150 w	new War	enly TX, 77358	
8 PURPOSE OF		yory (See Catagories listed at the top of this sch		/ \	
EXPENDITURE	(c)	Check if formel outside of Texas Complete Sche	dule T. Check if Austin	TX, officeholder living expense	
9		ndidate / Officeholder name	Office sought	Office held	
Complete ONLY f direct expenditure to beneat C/OH	Ern	mitt Eldvide	Pct 3 Constal	o le	
2 21-21	Payee U.5	name		<b>G</b> W Y	
Amount (\$)	Payee	address;	City	State; Zip Code	
Reimbursement from political contributions intended	143:	31 TX-150	Coldspring	TX 7733	
PURPOSE OF EXPENDITURE		ory (See Categories listed at the top of this sch  *** Listy	Stupe	たン TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	. do	adidate / Officeholder name	Office sought	Office held	
Date	Payee	7	PC+ 3 Const	- H.C.	
Amount (\$)	Payee	address;	City;	State; Zip Code	
Reimbursement from political contributions intended				E	
PURPOSE OF EXPENDITURE	Catego	Ory (See Categories listed at the top of this sche	dule) Description		
		Check if travel outside of Texas. Complete Sched	ule T. Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Office sought	Office held	
	ΑT	TACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEED!	ED .	

#### 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 Expens Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Office Overhead/Rental Expense Polling Expense Fees Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Tota pages Schedule H. 2 FILER NAME 4 Date 5 Business name 6 Amount (\$) 7 Business address: City; State; Zip Code 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ON\_Y direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Business name Amount (\$) Business address; City; State: Zip Code Calegory (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY | direct Office sought Office held expenditure to benefit C/OH Date Business name Amount (\$) Business address; City; State: Zip Code Calegory (See Categories listed at the top of this schedule) Description PURPCSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense candidate / Officeholder name Office sought Complete ONLY of direct Office held expenditure to ben∋fit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## INTEREST, CREDITS, GAINS, REFUNDS, AND

SCHEDULE K CONTRIBUTIONS RETURNED TO FILER If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Name of person from whom amount is received Amount (\$) 6 Address of person from whom amount is received; City; State; Zip Code 7 Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; City; State: Zip Code Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer Date Name of person from whom amount is received Amount (\$) Address of person from whom amount is received; City; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.
	Complete only if "Report Type" on page 1 is marked "Final Report"
1 C/OH	NAME 2 Filer ID (Ethics Commission Filers)
	ATURE
design	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any ign contributions or make any campaign expenditures without a campaign treasurer appointment on file.
	Signature of Candidate / Officeholder
	WHO IS NOT AN OFFICEHOLDER  uplete A & B below only if you are not an officeholder. ••
Α.	CAMPAIGN FUNDS
Chec	k only one:
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
B. Chec	ASSETS k only one:
	I do not retain assets purchased with political contributions or interest or other income from political contributions.
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
	Signature of Candidate
	EHOLDER plote this section <i>only</i> if you are an officeholder ··
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
-9	Signature of Officeholder