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S	See CTA Instruction	on Guide for detalle	d Instructio	ons.	1 Total pages	riga
2 CANDIDATE NAME	MS/MRS/MR	FIRST		MI	OFFI	CE USE ONLY
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3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX		CITY;	STATE; ZIP CODE	N ADMIN	CE 30 20
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7 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	NICKNAME	LAST	SUFFIX
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8 CAMPAIGN TREASURER STREET ADDRESS (residence) or business)	STREET ADDRESS:		/SUITE#;	CITY,	STATE;	ZIP CODE
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		of my responsibi		timely reports as		
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		signature of Candidal	le		v / 3 o / ≥ 3 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

- •• 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 FEC 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

		CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST BRIAN	A	OFFICE USE ONLY
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4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO		OTY: STATE ZIF CODE IT BLANK TX. 77364	COULTY AND INVESTIGATION
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(936)	PHONE NUMBER 438-3083	NOISNETKE	Date Hand Serviced are Personalized
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS	FIRST SAMANTHA	inte J	Date Process
NAME	NICKNAME N/A	COSME	SUFFIX	Cale Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / SL WY 190 W.	UITE #: CITY, POINT BLAN	STATE 7/P CODE NK TX. 77364
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(936)	PHONE NUMBER 662-8816	EXTENSION	
9 REPORTIYPE	January 15	30th day before ele	ection Rur off	15th day after compaign treasurer appointment (Officeholder Only)
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	Month Day	Year Primary	Runoll Giter Description	
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12 OFFICE	SJC PCT 4	CONSTABLE	13 OFFICE SOUGHT (IF KNOWN) SJC PCT 4 CON	STABLE
4 NOTICE FROM POLITICAL	THE CANDIDATE / OFFR	CEHOLDER. <i>THESE EXPENDITURES I</i>	MAY HAVE BEEN MADE WITHOUT THE CANDI	DE BY POLITICAL COMMITTEES TO SUPPORT DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR EY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	GURER NAME	
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
		GO TO P	AGE 2	

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) BRIAN A. COSME 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS 1,250.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPEND TURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE TOTALS 4. **TOTAL POLITICAL EXPENDITURES** 966.82 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 283.18 BALANCE OF REPORTING PERIOD **DAIDNATSTUC** 6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidale or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by ______ this the _____ day of _____ ____, 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 (2) Unsworn Declaration _____ and my date of birth is 09/06/1978 x . 77364 USA (street) Executed in San January County, State of Texas on the 5 day of Fator (month) (city) (state) (zip code) (country)

Signature of Candicate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	NA. COSME	Commiss	ion Fileis)
	EDULE SUETOTALS E OF SCHEDULE	1	SUBTOTAL AMOUNT
1.	SCHEDULE AT MONE PARY POLITICAL CONTRIBUTIONS	\$	1,250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4	SCHEDULE E: LOANS	5	
5	SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	966.82
G	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
8	SCHEDULE F4. EXPENDITURES MADE BY CREDIT CARD	5	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNCS	\$	375.00
10	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/O	н \$	
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12-	SCHEDULE K: INTEREST CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	5	(4

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. 2 FILER NAME 3 Prince (I) (Ethica Esperograph Litera) BRIAN A. COSME 5 I - ull name of contributor 7 Amount of contribution (\$) JOHN HOWARD 12/12/2023 200.00 6 Contributor address, City State, Zip Code 740 HIGH CREST DR. POINT BLANK TX. 77364 8 Principal conspat on / Job title (See Instructions) 9 Employer (See Instructions) RETIRED NA Date Full name of contributor OLIVERS CAC (ID) **BUNA JONES** 12/14/2023 700.00 Contributor address: State, Zip Code P.O. BOX 1266 SHEPHERD TX. 77371 Principal occupation / Job title (See Instructions) Employer (See Instructions) BANK MANAGER FIRST STATE BANK Date Full name of contributor Amount of contribution (\$) JIM CORLEY 01/09/2024 Contributor address, City; State; Zip Code 230 DOVE CREEK DR. COLDSPRING TX, 77331 Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED NA. Full name of contributor THE PROPERTY OF STREET Auril 15 propriet den 15 TERRI ELLISOR 01/17/2024 250.00 Contributor address; City: State: Zip Code P.O. BOX 475 COLDSPRING TX. 77331 Principal occupation / Job line (See Instructions) Employer (See Instructions) R.E. INVESTOR SELF ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) And an electric transfer of the second of th ne dite Transproffice o vir provide l'Espaine Restron especie taggé à fait à lapre de l'espaine benn set de aleptação d'alle set Toler Depty - or Justice - our next Indicate and - of extra Personal Paper no. Control or agent place as a process Company of the party of the state of the sta and duk of his heart 1965 at the Fried Committee of The Instruction Guide explains how to complete this form 1 Tour pages screene CL 2 FILER NAME 3 Eller ID (Fred) Charles in Class) BRIAN A. COSME 4 Date 5 Payce name 01/09/2024 RL CUSTOM DESIGN 6 Annuard (Si 7 Payce address, City: Zip Code 290 OVER THE HILL POINT BLANK TX. 77364 455.81 (a) Category (Scr Calegoria) aced a the Solid Unit is radially (b) Description PRINTING EXPENSE PURPOSE CAMPAIGN SIGNS QE EXPENDITURE DESCRIPTION OF SHAPE AND ADDRESS OF THE PARTY OF THE PART skips the terms to see any Candidate 'Officeholder tame Office held Q Color etc CA_Y if direct Office stought BRIAN A. COSME Pavee name 01/03/2023 SAN JACINTO COUNTY REPUBLICAN PARTY Payee address; State Zip Code 201 HIGHWAY 150 SUITE J-L COLDSPRING TX. 77364 50.00 Category Scottstephen base at today the screen **EVENT EXPENSE** MEET & GREET THE CANDIDATES. PURPOSE ΩF EXPENDITURE The Washington Section of the Art THE CAN LETTE OF THE THEORY AND THE Candidate / Officeholder name Complete DNLY if a rest uspend the to bench CrOH Office sought BRIAN A. COSME Payee name Clafe 01/04/2024 AMAZON PRIME Amount (5) Payee address: City: State Zip Code 4221 WAY OUT WEST DR. STE 200 HOUSTON TX. 77092 58.71 Category (Sec Categories listed in the top of the schedule). Description **EVENT EXPENSE** TABLE CLOTH, CAN COOLER PURPOSE OF SLEEVES, FLAGS, NAPKINS, DECORATIVE TABLE EXPENDITURE FLOWERS. Chera Contract and the officers (Deepler Spreadure) Office sought BRIAN A. COSME THE RESERVE SPACE TIME ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANCIDATE/ 7.51 OFFICE USE ONLY OFFICEHOLDER MR BRIAN A NAME Unte Received NICKNAME SUFFIX N/A COSME 2 [19.1] 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE # STATE: ZIP CODE **OFFICEHOLDER** 3500 US HWY 190 W. POINT BLANK TX. 77364 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE! EXTENSION Date bland-delivered or Date Postmarked OFFICEHOLDER (936)438-3083 PHONE Aircont 5 Receipt # 6 CAMPAIGN MS / MRS / MR FIRST TREASURER MRS SAMANTHA J Date Processes NAME 1 NICKNAME LAST SUF- X Date Imaged N/A COSME 7 CAMPAIGN STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE # STATE ZIP CODE TREASURER 3500 US HWY 190 W. **POINT BLANK** TX. 77364 ADDRESS (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION TREASURER PHONE (936 662-8816 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeliolder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day COVERED 30 12 31 23 10 ²³ THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Other Description Month Day Year / 5 24 General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE SJC PCT 4 CONSTABLE SJC PCT 4 CONSTABLE 14 NOTICE FROM 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. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additiona Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) BRIAN A. COSME 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS 900.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **TOTALS TOTAL POLITICAL EXPENDITURES** 375.00 \$ CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 525.00 BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. 0.00\$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Cardidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Swcm to and subscribed before me by this the _____ day of _ _____, 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 Brunn A Cosme and my date of birth is 09/06/1978 My address is 3500 US Huy 1900 Font Blank Tx . 77569 (street) (city) (state) (zip code) (country) Executed in ______ County, State of T2×45 on the 16 day of Jay 20 24 Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	IAN	A. COSME		26 Filer ID (Ethics Co	ommissio	on Filers)
		ULE SUBTOTALS OF SCHEDULE				SUBTOTAL AMOUNT
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3		SCHEDULE B:	PLEDGED CONTRIBUTIONS		s	
4		SCHEDULE E:	LOANS		\$	
5.,		SCHEDULE F	POLITICAL EXPENDITURES MADE FROM POLITICAL	CONTRIBLTIONS	\$	
62		SCHEDULE F2	: UNPAID INCURRED OBLIGATIONS		\$	
7		SCHEDULE F3	PURCHASE OF INVESTMENTS MADE FROM POLITICA	AL CONTRIBUTIONS	\$	
8.		SCHEDULE F4	EXPENDITURES MADE BY CREDIT CARD		\$	
9		SCHEDULE G.	POLITICAL EXPENDITURES MADE FROM PERSONAL F	FUNDS	\$	375.00
10.		SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	
11		SCHEDULE I: N	ION-POLITICAL EXPENDITURES MADE FROM POLITICAL (CONTRIBUTIONS	\$	
12;		SCHEDULE K:	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	UTIONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains ho	w to complete t	his form,	1 Total page Senistrate At 1
2 FILER NAME BRIAN A	. COSME			3. Flor (D.), Flinca Germanico (curs)
4 Date 12/12/2023	5 Full name of contributor JOHN HOWARD 6 Contributor address; City; State; Zip Code		7 Amount of contribution (\$)	
	740 HIGH CREST DR			
8 Principal occi RETIRED	upation / Job title (See Instructions	3)	9 Employor (See Instru	ctiers
Date	Full name of cor tributor	0)612~10-113	PAC HOR	Amount of contribution (\$)
12/14/2023	BUNA JONES Contributor address.	City:		700.00
Principal occu	P.O. BOX 1266 pation / Job title (See Instructions)		Employer (See Instru	
Date	Full name of contributor Contributor address:		State, Zip Code	Amount al contribution (\$)
Principal occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor	out of-state P	AC (titiu	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	ctions)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expension As an interplanakera Pon author Expension Contributions/Lonsidors Madi Claudate/Officiendoet Prolit Credit Cad Prement		Lean Karayin or Ufformur on India Color Lead Merital End of See Section 19 Expense Selection Laborator Color Selection Laborator Color Col	Scinitations on from the property of the soft of the following of the soft
1 - fotal pages Sor educe G	2 FILER NAME		3 Fabor 10 (Elmis Cimons 1 Fabors)
1	BRIAN A. COSME		
4 Date 11/11/2023	5 Payee name SJC REPUBLICAN PARTY		
6 7 mount (s) 375 00 Rem bused cettre!!! white ned	7 Payee address; 201 HWY 150 SUITE J-L	City: COLDS	State. Zip Code SPRING TX 77331
8 PURPOSE OF EXPENDITURE	(a) Category Se Cutegores Atherore costs in a FEES	(b) Description FILING FEE	
	(c) They find to an four first in	b (2) sun	1 C 3 the American
9 Composite Chick = strest expenditure to perient C/O +	BRIAN A. COSME	Office sought	Office held
Date	Payeenamo		
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PURPOSE OF EXPENDITURE	Controlly last executable sectors in the con-	Description	
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ormiste CNLY i Hirect xpondit re to achel i C/OH	Candidate / Othceholder name	Office sought	itatice metal
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDS	ED

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 FIRST NI 2 CANDIDATE OFFICE USE ONLY NAME Mr. Boun A LAST NICKNAME SUFFIX Date Recepted Cosine ADDRESS / PO BOX, APT / SUITE #; STATE; CANDIDATE Z P CODE MAILING **ADDRESS** Date Hand delivered or Postroarkeo 3500 US Hay 190W Point Blank Tx 77364 CANDIDATE PHONE NUMBER EXTENSION Amount \$ PHONE (281) 705-4214 Date Proofines 5 OFFICE Date Imaged HELD (if any) OFFICE SOUGHT (if known) CAMPAIGN TREASURER NAME MRS Samantha STREET ADDRESS; APT / SUITE #: 8 CAMPAIGN ZIP CODE TREASURER STREET **ADDRESS** (residence or business) 3500 US Hwy 190W Point Blank Ty 77364 AREA CODE PHONE NUMBER CAMPAIGN 9 TREASURER (936) 662-8816 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. 10/30/23 Signature of Candidate 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

- •• 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

Nor-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

			ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH	Instruction	Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIC	ATE / HOLDER	MS MRS MR	FIRST BRIAN	MI A	OFFICE USE ONLY
NAME		ы <mark>скааме</mark> N/A	COSME	SU [∓] FIX	Date Received
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5 CANDID OFFICE PHONE	HOLDER	(936)	438-3083	EXTENSION	Date Hand determed or Date Postmärked Receipt s Arnount S
6 CAMFAI		MRS MRS MR	FIRST SAMANTHA	MAR J	
NAME		NICKNAME N/A	LAST COSME	SUFFIX	Date Imaged
7 CAMFAI TREASL ADDRES	RER SS	STREET ADDRESS 3500 US HV	(NO PO BOX PLEASE): APT / S	CITY: POINT BLANK	STATE: ZIP CODE TX 77364
8 CAMPAI TREASU PHONE	1	(936)	PHONE NUMBER 662-8816	EXTENSION	
9 REPOR	TTYPE	January 15 July 15	30th day before o	ection Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVER		Month	Day Year 26 24	Reporting Limit Month THROUGH 2	Day Ysa- 24 24
11 ELECTIO	3r)	ELECTION D Month Day	Year Primary 24 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE		OFFICE HELD (if any	4 CONSTABLE	13 OFFICE SOUGHT (if known) SJC PCT 4 CON	
14 NOTICE POLITIC COMMI	AL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURE. S AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MAJE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
		COMMITTEE TYPE	COMMITTEE NAME		
Additio	nal Pages	GENERAL	COMMITTEE ADDRESS		
		SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME	
			COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
			GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) BRIAN A. COSME 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN \$ TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** 1,250.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3 TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS S **TOTAL POLITICAL EXPENDITURES** 283.50 \$ CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 0.00 BALANCE \$ OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 0.00LOAN TOTALS \$ LAST DAY OF THE REPORTING PERIOD 18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by ___ _____this the ____ day of __, to certify which, witness my hand and seal of office. Signature of officer administering path Printed name of officer administering oath Title of officer administering oath OR (2) Unsworn Declaration My name is US HWY 190 W Point Blank TX 77364 USA (state) (zip code) (city) (country) , on the 20th day of February Tacato County, State of TEXAC Signature of Candidate/Officebedge (Declarant) Forms proviced by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

T.	RNAME 20 Filer ID (E	thics Commissio	on Filers)
	EDULE SUBTOTALS E OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4	SCHEDULE E. LOANS	5	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	283.50
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	5	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	s \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
ε,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.32
0.	SCHEDULE HE PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	C/OH \$	
t,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	S	
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS	D §	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	and the field applicable, be the finitial	ao amo page m me re	POT (.
	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Danations Made By Candidate/Officeholder/Political Codi/Card Paymont	Fees Office Fcod/Beverage Expense Pollin Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement o Overhead/Rental Expense ig Expense ig Expense ies-Wagns/Contract Labor to complete this form,	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (onter a category not listed above)
	2 FILER NAME BRIAN A. COSME		3 Filer ID (Ethics Commission Filers)
4 Date 32/19/2024	5 Payee name RL CUSTOM DESIGN		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
283.50	290 OVER THE HILL	POINT BLAN	IK TX. 77364
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description	
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	CAMPAIGN SIG	GNS
	Check if travel outside of Texas Complete Schedule 1	Check if Austin,	TX, officeholder living expense
9 Complete ON Y if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	BRIAN A. COSME	SAN JACINTO COUNTY PCT4 CONSTABLES OF	FFICE SAN JACINTO COUNTY POT4 CONSTABLES OFFICE
Date	Payee name		
Amount (\$)	Payee address;	City:	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T	Check if Austin,	TX, afficeholder living expense
Complete <u>ON Y</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 Calegories listed at the top of this schedule)	Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin 1	TX. officeholder living expense
Complete <u>DNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEED	ED

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Transportation Equipment & Related Expense Accounting/Banking Fees Office Overhead/Rental Expense Consulting Exprinse Contributions/Donations Made By Fcod/Beverage Expense Gft/Awards/Memorials Expense Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Off cenolder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Paymord The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 **BRIAN COSME** 4 Date 5 Payee name 02/19/2024 RL CUSTOM DESIGN 6 Amount (S) 7 Payee address; State; Zip Code 0.32 290 OVER THE HILL POINT BLANK TX 77364 Raimour ament from political contributions intended (a) Category (See Categories listed at the top of this schedule) R (b) Description PURPOSE PRINTING EXPENSE CAMPAIGN SIGNS 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 if direct **BRIAN A. COSME** SAN JACINTO COUNTY PCT4 CONSTABLES OFFICE expenditure to benefit C/OH SAN JACINTO COUNTY PC14 CONSTABLES OFFICE Pavee name Amount (\$ Pavee address: City; Zip Code State: Reimbur errentfrom political contributions intenced 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 Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Amount (\$) Playee address: City; State: Zip Code Reimburgement from political contributions Category (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 Office sought Office held Complete ONLY f direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED