		CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction		w to complete this form.	1 Filer ID (Ethica Commission Filers)	2 Total pages filed 6
OFFICEHOLDER	101	C. C.	.4.	OFFICE USE UNLT
NAME	MIC NAME	Larson Combs	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PC BC		CITY, STATE; ZIP CODE	
ADDRESS  Change of Address	341 Wa	ire Rd. Clevi	eland, Tx 77328	ne Sa
5 CANDIDATE/ OFFICEH@LDER PHONE	(832 ) 2	66-8875	EXTENSION	Date Handelelikerus er Date Pear larkes
& CANDAGO	1 00	ngav		Receipt Amonus d
TREASURER NAME	NICENAME	Carson	SUFFIX	Date Proposed  Date Intaged
		Combs		
7 CAMPAIGN TREASURER	!	(NO PO BOX PLEASE); APT / SU		STATE ZIP CODE
(Residence or Business)	341 W	are RJ, C	leve land Tx. 7:	7328
B CAMPAIGN TREASURER PHONE	(\$32) 2	PHONE NUMBER	EXTENSION	
* **********	January 15	30th day before ele	ection Runoff	Iotri day after campargii freasurer appointment (Officeholder Only)
	July 15	Bih day before elec	tion Exceeded Modified Reporting Limit	Final Report (Attacli C/OH - FR)
10 PERIOD COVERED	Month O J	Day Year / 01 / 2024	Month	0ay Year 105 12024
11 SLECTION	Month Day	Year	ELECTION TYPE  Runoff  Other  Description	
	3/05	2024 General	Special	
12 OFFICE	nutric HE/D (\$ and	`	13 OFFICE SOUGHT M KNOWN	Precinct 3
14 NOTICE FROM	THIS DOX IS FOR NOT	CE OF POLITICAL CONTRIBUTIONS A	CCEPTED OR POLITICAL EXPENDITURES MA	JE BY POLITICAL COMMITTEES TO SUPPORT
POLITICAL COMMITTEE(S)	THE CENDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES I	MAY HAVE BEEN MADE YUTHOUT THE CAND	DATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	CONTRACTOR CAMPON		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME	
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
		GO ТО Р	AGE 2	

	FINANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAME	cron S. Combs	16 Filer ID (Ethics Commission Filers)
TOTALS	FLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LO	ANS) \$ ()
EXPENDITURE	3 TOTAL UNITEMIZED POLITICAL EXPENDITURE	* 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,628 05
CONTRIBUTION BALANCE	5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE \$
	ear, or affirm, under penalty of perjury, that the accompanying report i ired to be reported by me under Title 15, Election Code.	s true and correct and includes all information
	Please complete either option be	rlow:
(1) Affidavit  NOTARY STAMP/SEAL		*
	this ich, witness my hand and seal of office.	tne day of
Signature of officer administer	outh Printed name of officer administering oath	Title of officer administering oath
2) Unsworn Declaratio	OR	
		-1.1.
My name is Catso  My address is 341	Lare, RJ. Cleveland	th is 02/23/1988 Tx 77328 USA
executed in San Jack	(street) (city)  County, State of Texas , on the 5 day of Fe	(state) (zip code) (country)
	Signature of Car	indidate/Officeholoer (Declarant)
orms provided by Texas Ethi	Commission www.ethics.state.tx.us	Revised 11/15/202

	SUB	TOTAL	s - C/OH		FORM C/OH SHEET PG 3
19	FILERN	CATSO	n Combs	20 Filer ID (Ethics C	ommission Filers)
21		LE SUBTOTAL SCHEDULE			SUBTOTAL AMOUNT
1.		SCHEDULE	MONETARY POLITICAL CONTRIBUTIONS		s 0
2.		SCHEDULE A	NON-MONETARY (IN-KIND) POLITICAL CONTRIBITIONS		s 0
3.		SCHEDULE	PLEDGED CONTRIBUTIONS		s 0
4		SCHEDULE E	LOANS		\$ 0
€.		SCHEDULE F	POLITICAL EXPENDITURES MADE FROM POLITICAL COI	TRIBUTIONS	\$ 0
e.		SCHEDULE	2 UNPAID INCURRED OBLIGATIONS		\$ 0
7.		SCHEDULE F	PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	s O
8.		SCHEDULE F	EXPENDITURES MADE BY CREDIT CARD		s 0
9,0		SCHEDULE G	POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ 1,62805
1011		SCHEDULE H	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	8 0
11		SCHEDULE I:	NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$ 0
12	ت	SUMEDULE A	INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	UNS RETURNED	, 8
orns p	rovided b	y Texas Ethics C	ommission www.ethics.state.bx.us		Revised 11/15/2022

Revised 11/15/2022

ii the requested	a information	is not applicable, DO NOT Inc	clude this page in the re	port.	
		EXPENDITURE CATEGO	ORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Consulting Expense Contributions/Denations in Cancidate/Officoholder/ Credit Card Payment		Fees Feed/Beverage Expense GifVAwards/Memorials Expense	Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice/Wages/Contract Labor how to complete this form.	Solicitation/Fundraising Exp Transportation Equipment & Travel in District Travel Out Of District Other (enter a category not	Related Expense
1 Total pages Schedule	G: 2 FILER	NAME Carson Comb		3 Filer ID (Ethics Com	mission Filers)
4 Date	6 Payee	namo	2		
1-2-2024		mut Xpress			
6 Amount (\$) 40, 25 Raimoursement fro political contribution insended			city; Cleveland		Zip Code 77328
8 PURPOSE	(a) Catego	ory (See Categories listed at the top of this sched	iule) (b) Description		
OF EXPENDITURE	Ever	1	Donats		
9	(c) L	Check if travel outside of Taxas, Complete Schedu	le T. Check if Austin,	TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit Co		didate / Officeholder name	Office sought	Office	e held
Date	Payee	ame			
1-2-24	Sant	Tacinto Republican 1	Party		
Amount (\$)	1 - 1	address;	City;	State; Z	Zip Code
Reimbursement from political contribution inconded		TX-150	Coldspring	Tx	77331
PURPOSE	Catego	ry (See Categories listed at the lop of this sched	ule) Description		
OF EXPENDITURE	F	ee	SanTuernto	Meet and Gre	et
		Check if travel outside of Texas, Complete Schedul		TX, officeholder living expense	
Campliate <u>ONLY</u> if dirp expenditure to benefit	ct	idate / Officeholder name	Office sought	Office	held
Date	Payeena	ame			
1-9-24	$\perp$ A	ma Zon			
Amount (\$)	Payee n	101.000000	City	State; Zip	Code
Reimbursoment from political contributions intended		erry Ave. N.	Souther	Wa 98/	9H
PURPOSE	Categor	y (See Categories listed at the top of this schedu	le) Description		
OF EXPENDITURE	Adver	lising Expense	Sign Stake	25	
		Check if frevolouts do of Taxas, Complete Schedule	T. Chock if Austin, T.	X, officeholder living expense	
omplete <u>ONLY</u> if direct penditure to benefit C/O		date / Officeholder name	Office sought	Office	held
	ATT	ACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS NEEDEC	)	
rms provided by Texas i	thics Commiss	sion www.athics.sta	to tv ue		1.4//////

r the requested	intorma	ation is not app	blicable, DO NOT i	nclude	this page in the rep	oort.	
		EX	PENDITURE CATE	GORIES	FOR BOX 8(4)		
Advertising Expense Accounting/Banking Cor suring Expense Contributions/Donations Ma Candidate/Officeholder/Po Ceedt Card Payment		GilVAword Innittoo Lega Ser	orago Expense ds/Mamorials Expense	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Soficitation/Fundrais Transportation Equip Travel in District Travel Out Of Distric Other (enter a catego	oment & Related Expense
1 Total pages School le C	2 FI	LER NAME				3 Filer ID (Ethio	s Commission Filers)
3		Cars	on Combs			- That ID (Euros	Octimisatori Filars)
4 Date	5 P	yee name					
1-9-24		Sians on	the Cheap				
6 Amount (\$)	7 Pa	yee address;	1		City;	State;	Zip Code
542, 84  Reimbursament from political contributions intended	1 111	525 A St	onehollow Dr.		Austin	Tx	78758
8 PURPOSE	(a) C	alegory (See Catago	orles listed at the top of this s	chedule)	(b) Description		
OF		Adverter	a Expense		VIC.		
EXPENDITURE	(a)		ordiside of Texas Complete Sci		Yard Sigi		
9	(0)	Candidate / Office		THE OLDO T	Office sought	TX, officeholder living a	
Complete <u>ONLY</u> if direct axpenditure to benefit C/OF	4	Ourididate / Onic	enomer name		Onice sought		Office held
Cate	Pa	yae name					
1-11-24		HEB					
Amount (\$)		yeo address;	1 1 1 1		City	State.	Zip Code
Reimbursement from political contributions intended	10	1529 N	Vorthpark C	) ۲۰	Kingwa	ed Tx	77339
PURPOSE	C	egory (See Catego	ries listed at the top of this so	chedule)	Description		
OF	P	vent Exp	0.451		Coukres +	. 1	
EXPENDITURE			outside of Texas. Complete Sch	ndula T	l		
		andidate / Office			Office sought	X, officeholder living e	
Complete QNLY If direct expenditure to benefit C/					Onice sought		Office held
Cate	Pay	на пате					
1-11-24		1EB					
Amount (\$)	Pay	ee address;			City;	State;	Zip Code
Reimbursement from political contributions intended	19	529 No	orthpark C	۱۲,	Vingwood	Tx.	77339
DUBBOOK	Са	egory (See Categori	ies listed at the top of this sci	hadule)	Description		
PURPOSE OF EXPENDITURE	E	vent Ex,	ornse		Table Cla	th	
		- AMERICA CONTROL - STATE	utside of Toxas Complete Sche	edulo T.		K, officeholder living ex	pense
omplete <u>ONLY</u> if direct spenditure to beneal t C/OH	C	andidate / Office	holder name	(	Office sought		Office held
		ATTACH ADDIT	TONAL COPIES OF	THIS SC	HEDULE AS NEEDEC	)	1

If the requeste	d information	is not applicable, DO NOT includ	e this page in the re	port.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Candidate/Officeholder Credit Card Psyment		Fees Office Food/Bevorage Expense Pollin Gitt/Awards/Memorials Expense Printi	Ropaymont/Reimbursement Doverhead/Rental Expense g Expense ng Expense es/Wages/Contract Labor	Solicitation/Fundralising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedu	9 3: 2 FILER			3 Filer ID (Ethics Commission Filers)
4 Date 1-17-24	5 Payee			
6 Amount (\$) 372 39 Foint-bursement for political contribution intended	om		city: Cleveland	State; Zip Code Tx 77327
8 PURPOSE OF EXPENDITURE	1	ory (See Categories listed at the top of this achedule)  15(") Expense.  Check if travel outside of Texas. Complete Schoolule T.	(b) Description  Mariler	
<b>9</b> Complete <u>ONLY</u> if direct expand ture to benefit C	Car	didate / Officeholder name	Office sought	TX, officeholder living expense Office held
Date 17-24	Payee	Name Vista Pernt		
Amount (\$) 498, 13 Felmourementing political contribution irranded	_ 275	address; Wyng, St	City: Waltham	State; Zip Code  MA. U2451
FURPOSE OF EXPENDITURE	1	IV (See Categories listed at the top of this schedule)    Sing   Expense     Check if travel outside of Texas Complete Schedule T.	Description  Mailer	and Shirts
Complete ONLY if dire	ect	didate / Officeholder name	Office sought	Office held
Date	Payee	ame		
Amount (\$)		ddress,	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Categor	Ty (See Categories listed at the top of this schedule)	Description	
omplete <u>ONLY</u> if direct spenditure to benefit C/O		Check if trave: outside of Texas, Complete Schedule T.	Check if Austin, T: Office sought	X, officeholder fiving expense Office held
		ACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED	
rma provided by Tayan	Cibias Comme	26000		

	N FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains how to complete this form.	2 Total pages filed:
OFFICEHOLDER NAME	Mr. Carson S.  NICKNAME LAST SUFFIX  Combs	Daje Regular
4 CANDIDATE / OFFICEHOLDER ***AC ****C ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE  341 Ware Rd. Cleveland, Tx, 77328  AREA DODE PHONE NUMBER EXTENSION	
OFFICEHOLDER PHONE	(832) 266-8875	Date Have-delivered of Date Passauthers  Recurit 9 Account 5
TREASURER NAME	MC: Cacson S. NICKNAME LAST SUFFIX	Date csse
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS :NO PO BOX PLEASE): APT / SUITE #: CITY:  341 Ware Rd. Cleveland, Tx. 7732	STATE ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  (832) 266 8875	
	January 15 30Ih day before election Runoff Bith day before election Excepted Modified	treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Oby Year Month  4 / 24 / 23 THROUGH 12	Day Year / 31 /2023
11 ELECTION	ELECTION DATE  Month Day Year Primary Runon Other Description  General Special	
12 JOSEPHOE.	OFFICE HELD (If any)  13 OFFICE SOLIGHT (If known)  Commissions (	Precinct 3
NOTICE FROM POLITICAL COMMITTE≘(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MATHE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDICONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THE COMMITTEE TYPE  COMMITTEE TYPE  COMMITTEE NAME	DE BY POLITICAL COMMITTEES TO SUPPORT
Additional Pages	GENERAL  SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
	GO TO PAGE 2	

CANDIDAT CAMPAIGN						(	COVE		RM C/	
15 C/OH NAME	2C204	S.	Comb	5		16	iter 10 H-1	nics Co	pmisson Tils	215)
TOTALS		PLEDGES,	LOANS OR GUA	RANTEES OF L	OANS, OR	3 (6-8)	\$	(		
	2.		LITICAL CONTR AN PLEOGES, LO		RANTEES OF	OANS)	\$	(	C	
EXPENDITURE	800	(C. S. 1. 1)	Lighter Steeling	the community				C	)	
	4.	TOTAL PO	LITICAL EXPEN	IDITURES			\$	2,1	544	
CONTRIBUTION BALANCE	5		ITICAL CONTRIBI ING PERIOD	UTIONS MAIN FA	AINED AS OF	THE LAST DA	Υ s	0		
OUTSTANDING LOAN TOTALS	6		CIPAL AMOUNT OF THE REPORTI		ANDING LOA!	NS AS OF THE	\$	0		
		F	Please com	plete eithe	r option	below:				
1) Affidavit										
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify w	betore me		ind seal of office	P	t	his the	day	of		
ignature of o'flicer administer	ing oath		Printed name of of	ficer administerir	ig oath		late of	officer	admenstering	Dath.
2) Unsworn Declaration		Comb	5	<b>OR</b>	d my date of	birth is 0	o2/23	3/19	88	
ly address is 341 h	Jare	RJ.		STATE OF THE PARTY	eveland	L. Tx_	7732	8	USA	
recuted in San Tacic	ito_	(street) County <sub>e</sub> State (	of Texas	on the	(city) 8 day of	Januaru			(country)	
					Signature of	Candidate/O	ficeholder	(Decla	rant)	

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

		Carson Combs	iter D (Ethics Commission )	ilers)
		JLE SUBTOTALS F SCHEDIJLE		STOTAL
Ť.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ €	<del>)</del>
2	7.77	SCHEDULE AS MON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	3 4	>
3		SCHEDULE B PLEAGED CONTRIBUTIONS	\$ -	9
4.		SCHEDULE E LOANS	\$ -	9
)_		SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBE	UTIONS &	3
š,	<u></u>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ €	7
ć.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS S -	9-
		SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD	\$ -	9
		SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s 2,1	544
		SCHEDULE HE PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	ESS OF C/OH	7-
		SCHEDULE 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	SMOITU	
	١١	SUMEDULE A. INTEREST, ORGUITS GAINS REFUNDS, AND GONTRIBUTIONS ( TO FILER	CETURNED 3	

#### SCHEDULE G

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

	EXPENDITURE CATEG	GORJES FOR BOX 8(a)		
Advertising Expanse Accounting/Banking Consulting Expanse Contributions/Donations Made Candidate/Officeholdor/Politi Crodit Card Payment		Loan Repayment/Roimbursoment Office Overhead/Rental Expense Polling Expense Profing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraisin Fransportation Equips Travel in District Travel Out Of District Other (enter a catagor	ment & Related Expense
1 Total pages Schecule G	2 FILER NAME	1	3 Filer ID (Ethics	Commission Filers)
5	Carson Co.	mbs		
4 Date 11-16-23	Dewayne Wright - Rep. 7 Payse address:	ublican Party Chare		
6 Ainount (\$)			State	Zip Gode
Reimbursement from political contributions intended	201 TX-150 €	Coldsp	ring Tx	77331
8 PURPOSE	(a) Category (See Categories listed at the top of this sch	hedule) (b) Description		
OF EXPENDITURE	Fees	Ballot	Fee	
EAT CHOTTONE	(c) Check if traivel autside of Texas. Complete Sche		, TX officeholder living ex	cponse
S  Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office saught		Office held
Date	Payee name			
12-4-23	Signs on the Chea	a D		
Amount (\$)		Oily,	State	Zip Code
Rembursament from political commutations intended	11525 A Stonehollow R	Dr. Austm	Ty	78758
PURPOSE	Category (See Categories listed at the top of this sch	nedule) Description		
OF EXPENDITURE	Printing Expense	Yard S	i. Lune	
EXPENDITURE	Cherk if travel outside of Texas. Complete Sche-		TX, afficeholder (iving ex	/AAnsa
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/O	і <b>н</b>		11	Sillos Fold
Date	Payoe name			
12-4-23	Signs on the C	heap		
Amount (5)	Payee address;	City;	State;	Zip Code
Reimbursament from political contributions interided	11525 A Stonehollow Do	ci Austin	Tx	78758
PURPOSE	Category (See Categories listed at the top of this sche	edule) Description		
OF EXPENDITURE	Printing Expense	Vaca	×	
EXPENDITURE	Chack I travel outside of Texas. Complete Sched	kila T Check if Austin	officeholder living axp	
	Candidate / Officeholder name	Office sought		Office held
omplets <u>ONLY</u> if direct xpend ture to benefit C/OH				ZIIIOZ ROIG
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NEEDE	ED .	

### SCHEDULE G

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ii iiio roquosida ii		clude this page in the rep	ort.
	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
	Event Expense Finits Food/Boverrige Expense Git/Awards/Memorials Expense Legal Services	Loan Repayment/Reimbursament Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expanse Travel In District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule G:			3 Filer ID (Ethics Commission Filers)
Date			
12-7-23	Mc Coy's Burldray Su	oety	
Amount (\$)  85, 84  Reimbursement from political contributions intended	/ Payee address;	City;	State: Zip Code  Zip Code  77327
PURPOSE	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	
OF EXPENDITURE	Advertising Expense		for Signs
ļ — — — — — — — — — — — — — — — — — — —			X, afficeholder living expense
plete <u>ONLY</u> if direct enditure to benefit C/OH	Odrididato / Officeriolder Harrie	Office soughi	Office held
Date	Payee name		
12-7-23	Walmed		
Amount (\$)	Payee address;	City-	State; Zip Code
Reimbursement from political contributions intended	831 US-59	Cleveland	
PURPOSE	Category (See Categories listed at the top of this sched	dule) Description	
OF	Event France	FI. 1. A	
A CHOITORE			
A STATE OF THE STA	Candidate / Officeholder name		Office held
	1		Опсе нед
ate	Payee name		2 2 2
12-7-23		r of Commerce	
modifi (\$)	Payee address;	City,	State; Zip Code
Reimbursement from political contributions intended	31 Butler St.	Coldspring	Tx 77331
PURPOSE	Category (See Categories fisted at the top of this schedu	le) Description	
OF (PENDITURE	Event Expense	Parade Fe	و
	Check if travel outside of Texas. Complete Schedule	T. Check if Austin, TX.	officeholder living expense
lete <u>ONLY</u> if direct diture to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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1 Tota pages Schedule G:	2 FILER NAME	The state of the s		
5	Carson Combs		3 Filer ID (Ethics	s Commission Filers)
4 pale 12-7-23	A mazon			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
35,38 Reimbursement from political contributions intended	410 Terry Ave N	Seatle	Wa	98109
8 PURPOSE	(&) Category (See Categories listed at the top of this schedul	(b) Description		
OF EXPENDITURE	Advertising Expense	Sign Sta	.hes	
	(c) Check if travel outside of Toxan, Complete Schedule	T. Check if Austin,	TX, officeholder living a	xpanse
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Рауве палте			<del>-</del>
12-9-23	Walmart			
Amount (\$) 74	Payee address;	City;	State;	Zip Code
Reimbursoment from political contributions intended	831 US-59	Clevela	and Tx	77327
PURPOSE	Category (See Categories listed at the top of this schoduk	a) Description		
OF EXPENDITURE	Event Expense	Float	Accessoring	
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Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Dato	Payee name			
12-14-23	Amazon			
Amount (S)	Payee address;	City;	Stale;	Zip Code
Retinbursement from political contributions intended	410 Terry Are N	Seatte	Wa	98109
PURPOSE	Category (See Categories Rated at the top of this schedule)	Description		
OF EXPENDITURE	Advertising Expense	Sayn S	Stakes	
<u> </u>	Check if travel outside of Texas. Complete Schedule T.	and it is a subject to	X officeholder living exp	pense
penditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDE	D	

#### SCHEDULE G

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

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	EXPENDITURE CATEGORIES FOR BOX 8(a)							
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	otal pages Schedule G	2 FILER NA	P	mbs		3 Filer ID (Ethica	s Cammissian Filers)	
	Date 12-14-23		ns on the Chea	Q				
e ,	Amount (S) 435, 95 Reimbursament from political contributions intended	7 Payee add	A Stonehollow	Dei	Gily; Austin	State;	Zip Code 78758	
8 E	PURPOSE OF XPENDITURE	Pein	(See Catagories listed at the lop of this si Ing Expense hock if travel outside of Texas. Complete Scr		(b) Description  Year & S	9		
	lete <u>ONLY</u> if direct	Candida	te / Officeholder name		Office sough	TX, officeholder living e	Office held	
D	ate 12-19-23	Payee nam	e Lowe's					
\$	ReInstrusement from political contributions intended	2 2 6 0 1	D Eastex Fuy		City; Kingwoo	State,	Zip Code 77339	
Ε.	PURPOSE OF (PENDITURE	Adver	See Calegories listed at the lop of this so  Expense  Expense  ack if travel-excide of Taxas Complete Sch			X officeholder (Tving e	(Dense	
	mplete <u>ONLY</u> if direct benditure to benefit C/OI		e / Officeholder name		Office sought		Office held	
D	12-19-23	Payee name	Office Max					
An	Reimbursement from political contributions intended	Payee addre			CRY	State;	Zip Code 7 7338	
1	PURPOSE OF PENDITURE	Print.	ee Categories listed at the top of this sch 'ng Expense ch it travel outside at Texas. Complete School		Description Test - Par			
	ete ONLY if direct liture to benefit C/OH		) / Officeholder name		Office sought		oense Office held	
		ATTAC	ADDITIONAL COPIES OF	THIS SC	HEDULE AS NEEDED	)		

If the requested information is not applicable, DO NOT include this page in the report.								
	EXPENDITURE CATEGORIE	ES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Co-ceuting Expense Contributions/Donations Ma Candidate/Officoholder/Pa Credit Card Payment	Event Expense Loan I Fees Office Food/Boverage Expense Politing de By Gift/Awards/Memortals Expense Printin	Repayment/Reimburstiment Overhead/Rental Expense g Expense ng Expense na/Wages/Contract_abor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense				
1 Total pages Schedule	G: 2 FILER NAME		3 Filer ID (Ethics	s Camrnissian Filers)				
5	Carson Combs	5	(2)	00111111331011 (11013)				
4 Date 12-20-23	6 Payeename Office May							
6 Amount (S)	7 Payee address;	City;	State	Zip Code				
244.65 Roinkursement/from political contributions intended	20412 US-59	Humb	1/.	77338				
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description						
OF EXPENDITURE	Printing Expense	Pamphi	ets					
	(c) Check of travel outside of Texas Complete Schedule T.		TX, officeholder living e	xpense				
D Complete <u>QNLY</u> if direct expenditure to benefit C/Or	Candidate / Officeholder name	Office sought		Office held				
Date 12-21-23	Payee name							
Amount (\$)	Payoo addross;	City;	State,	Zip Code				
Reimbursement from political contributions intended	22600 Eastex Fuy	King wood	tx	77339				
PURPOSE	Category (See Categories listed at the top of this schodule)	Description						
OF EXPENDITURE	Advertising Expense	Sign Acc	escring					
	Check if travel autistic of Texas Complete Schedule T.		X, officeholder living ex	pensa				
Complete QNLY if direct expenditure to benefit C/		Office sought		Office held				
Dete	Payee name							
12-28-23	Tractor Supply							
Amount (\$)	Payee address;	City	State;	Zip Code				
Reimbursement from political contributions intended	23741 US-59	Porter	Tx	77365				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description						
OF EXPENDITURE	Advertising Expense	T-Post						
	Check if travel outside of Taxas, Complete Schedule T.	Check if Austin, TX	l, afficeholder living exp	ense				
mplete <u>ONLY</u> if direct penditure to benefit C/OH	Candidate / Officeholder name	Office sought	Ç	Office held				
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED						

APPOINTM BY A CAN	IENT OF A CAMPAIGN TREA	SURER FORM CTA
Se	e CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE NAME	MS/MRS (MR)  FIRST  COSON  NICK NAME  LAST  COMBS	MI OFFICE USE ONLY  Filer ID 6  Date Receiver
3 CANDIDATE MAILING ADDRESS	address / POBOX; APT / SUITE #; CITY: STATE 341 Ware Cleveland T	
4 CANDIDATE PHONE	(832) 266 –8875	SION Receipt# Amounts  Date Processor
5 OFFICE HELD (if any)	N/A	Date Imaged
6 OFFICE SOUGHT (if known)	County Commissioner Pct.	3
7 CAMPAIGN TREASURER NAME	MSIN(RS(MR)) FIRST MI NICKNA  Carson S	ME LAST SUFFIX COMBS
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS APT/SUITE & CITY  341 Ware Cleve	state zip code
9 CAMPAIGN TREASURER PHONE	(832) 266 8875	ION
O CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 57 I am aware of my responsibility to file timely the Election Code. I am aware of the restrictions in title 15 of the from corporations and labor organizations.  Signature of Candidate	reports as required by title 15 of
	GO TO PAGE 2	

	E MODIFIED FORM CT. B DECLARATION PG
1 CANDIDATE NAME	Carson S. Combs
2 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 Signature of Cardidate which declaration applies
Th	is 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

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains hov	w to complete this form.	1 Filer ID (Ethics Commission Filars)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR	FIRST CONTSOM	MI S	OFFICE USE ONLY
IAVIAIT	NICKNAME	Combs	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	341 Wa	X; APT / SUITE #;	city: STATE: ZIP DODE leveland Tx, 77328	THE STATE OF THE S
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (832) )	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS   MR	FIRST Carson LAST	MI S SUFFIX	Receipt # Amount 5
		Combs	SUFFIX	Date imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE). APT 2 S	Cleveland	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (832) 2	PHONE NUMBER	EXTENSION	1 1 77340
9 REPORT TYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD CCVERED	Month	Day Year	Reporting Limit  Month	Day Year
	02	106/2024	THROUGH 02/	26/2024
11 ELECTION	Month Cay	Year Primary	Runoff Other Description	
12 OFFICE	OFFICE HELD (if any)	) 	13 OFFICE SOUGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CAMDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE REEN MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
33111111122437	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO	PAGE 2	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

16 C/OH NAME	275	on Combs	16 Filer I	D (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1:	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ı	\$ &	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 8	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE		\$ 6	
	4.	TOTAL POLITICAL EXPENDITURES		\$ 1,145 52	
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	T DAY	\$ 0	
OUTSTANDING LOAN TOTALS	6:	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$ 0	
18 SIGNATURE I sw requ	/ear, o	affirm, under penalty of perjury, that the accompanying report is true be reported by me under Title 15, Election Code.	and corre	ect and includes all information	
	Signature of Candidate or Officeholder				
		Please complete either option below	r:		
(1) Affidavit					
NOTARY STAMP / SEAL					
Sworn to and subscribed b				day of	
20, to certify w	hich, w	tness my hand and seal of office.			
Signature of officer administering	g oath	Printed name of officer administering oath	Т	itle of officer administering oath	
THE RESERVE OF THE PARTY OF THE		OR			
(2) Unsworn Declaration	1				
My name is	27	Cembs and my date of birth is _	02/	23/1988	
My address is 341	وليا	se Rd. Cleveland T	x	7328. USA.	
Executed in San Jacin	nto	a contract of the second	ate) (zi	p code) (country) 20 2 4 (Year)	
		Signature of Candida	te/Officeho	older (Declarant)	

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER NAME		20 Filer ID (Ethics Co	mmissi	on Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT
1,	SCHEDULE A1:	MONETARY POLITICAL CONTRIBUTIONS		\$	0
2.	SCHEDULE A2:	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	Ø
3,	SCHEDULE B: F	LEDGED CONTRIBUTIONS		S	Ü
4.	SCHEDULE E: I	OANS		\$	D
5,	SCHEDULE F1	POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$	0
6.	SCHEDULE F2:	UNPAID INCURRED OBLIGATIONS		s	6
7,,	SCHEDULE F3:	PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$	0
8.	SCHEDULE F4:	EXPENDITURES MADE BY CREDIT CARD		5	8
9.	SCHEDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	1,14552
10.	SCHEDULE H:	PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	0
11,	SCHEDULE I: NO	N-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	0
12.	SCHEDULE K:	NTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT O FILER	IONS RETURNED	\$	8

### 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/Denation Candidate/Officehold Credit Card Payment		Comri	Fees C Food/Beverage Expense F Git/Awards/Memorials Expense F	coan Repayment/Reimbursement Office Overhead/Rental Expense Folling Expense Initing Expense Islanies/Wages/Contract Labor Itow to complete this form.	Solicitation/Fundraisis Transportation Equip Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Sched	tule G 2	FIL	Carson Com	bs	3 Filer ID (Ethics	Commission Filers)
4 Date 2-12-2-		Pay	ec name USPS			
6 Amount (\$) Combusement Political contributintended	tfrom		3 E. Houston St	city; Clevela	state:	zip Code 77327
8 PURPOSE OF EXPENDITURE		- 1	Geory (See Categories listed at the top of this sched	e Postage		
	- 10	c)	Check intraverouside of rexas Complete Schedu	le I. Check if Austin,	TX, officeholder living ex	pense
9 Complete ONLY if dire expenditure to benefit		C	Candidate / Officeholder name	Office sought		Office held
Date		Pay	9e name			
2-12-24			Vista Print			
Amount (\$) 477, 24		Pay	ee address;	City:	State	Zip Code
Reimbursement political centribu intended		4	15 Wynn St.	Waltham	ΜΑ	02451
DUBBOOK		Cat	egory (See Categories listed at the top of this sched	ule) Description		
PURPOSE	3.1	4	\ \ \	A & 1		
EXPENDITURE		-	ornting Expense	Mailer		
			Check if travel sutside of Texas Complete Schedu	eT. Check # Austin	TX, officeholder living ex	70000
Complete <u>ONLY</u> if a expenditure to be no			andidate / Officeholder name	Office sought		Office held
Date		Paye	ee name			
Amount (\$)		Pay	ee address;	City;	State,	Zip Code
Reimbursement f political contribut intended						
PURPOSE OF EXPENDITURE		Cat	egory (See Categories listed at the top of this schedu	ule) Description		
			Check if travel outside of Texas, Complete Scheduk	T. Check if Austin,	TX, officeholder living ex	релѕе
Complete <u>ONLY</u> f dire expenditure to benefit to		¢	andidale / Officeholder name	Office sought		Office held
		/	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDE	ED .	
and the second state of the contract of	on Ethion	^	X0000000000000			