| CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT | | | FORM C/OH COVER SHEET PG 1 | |
|--|---|-----------------------------|--|---|
| The C/OH Instruction G | Guide explains how | to complete this form. | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE/ OFFICEHOLDER | MS : MR\$ MR | Petur | MI T | OFFICE USE ONLY |
| NAME | NICKNAME | LAST | SUFFIX | Date Ricewed |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PC BOX | APT / SUITE #: | CITY: STATE: ZIP CODE | DO CON |
| 5 CANDIDATE OFFICEHOLDER PHONE | AREA CODE (934) 2 | | EXTENSION | Date Händstellverad of Date Postmarked Receipt of Amount 5 |
| 6 CAMPAIGN TREASURER NAME | MS I MR MS I MS I | Robert Last | MI. SUFFIX | Date Processed Date Imaged |
| | | Moody | | |
| 7 CAMPAIGN TREASURER ADDRESS | 70 MAJV | (NO PO BOX PLEASE); APT / S | suite #; CITY; Cold Sprins To 773 | STATE: ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (834) 5 | PHONE NUMBER | EXTENSION | |
| 9 REPORT TYPE | January 15 | 30th day before | | 15th day after campaign treasurer appointment (Officeholder Only) |
| | July 15 | 8th day before el | ection Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month | Day Year | THROUGH 2 | Day Year / 5 / 24 |
| 11 ELECTION | ELECTION DA | Year Primary General | Runoff Description Special | ** |
| 12 OFFICE | OFFICE HELD (if any) | NA | 13 OFFICE SOUGHT (IF known | ate DCT3 (oustable |
| 14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE(S) | | | DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR | |
| 05 | COMMITTEE TYPE | COMMITTEE NAME | | |
| Additional Fages | GENERAL | COMMITTEE ADDRESS | | |
| - | SPECIFIC | COMMITTEE CAMPAIGN TR | EASURER NAME | |
| | | COMMITTEE CAMPAIGN TR | REASURER ADDRESS | |
| | | GO TO | PAGE 2 | |

| | E / OFFICEHOLDER N FINANCE REPORT | FORM C/OH COVER SHEET PG 2 |
|-------------------------------------|--|---|
| 15 C/OH NAME | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRON CALLY) | \$ |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 5007 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 315 % |
| CONTRIBUTION BALANCE | TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | TDAY \$ 1648.17 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE \$ |
| | Signature of Car Please complete either option below | ndidate or Officeholder |
| | before me by this thethich, witness my hand and seal of office. | day of |
| Signature of officer administeri | ng oath Printed name of officer administering oath | Title of officer admiristering oath |
| (2) Unsworn Declaration My name is | and my date of birth is | 2 . 7 2328 . U.S.4 ate) (zip code) (country) |

FORM C/OH SUBTOTALS - C/OH **COVER SHEET PG 3** 20 Filer ID (Ethics Commission Filers) 19 FILER NAME SUBTOTAL 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE AMOUNT 5006 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3 SCHEDULE B: PLEDGED CONTRIBUTIONS SCHEDULE E: LOANS \$ 4: SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 5. 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ \$ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CIOH \$ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER

| MONETARY POLITICAL CONTRIBUTIONS SCHEDULE | | | | |
|--|---|-------------------------|-----------------------------|--------------|
| if the reque | sted information is not applicable, DO NOT in | iclude this page in the | report. | |
| The | Instruction Guide explains how to complete this | s form. | 1 Total pages Schedule A1: | |
| 2 FILER NAME | SPARTA | | 3 Filer ID (Ethics Commissi | on Filers) |
| 4 Date | 5 Full name of contributor Dent-at-state PAG | C (ID# _*) | 7 Amount of contribution | (\$) |
| 45/21/24 | 6 Contributor address; City. | State; Zip Code | 500 50 | |
| 8 Principal occu | pation / Job title (See Instructions) | 9 Employer (See Instruc | tions) | |
| Date | Full name of contributor out-of-state PAG | C (ID#:) | Amount of contribution | (\$) |
| | Contributor address; City; | State; Zip Code | | |
| Principal occup | oation / Job title (See Instructions) | Employer (See Instruct | tions) | |
| Date | Full name of contributor | (D#:) | Amount of contribution | (\$) |
| | Contributor address; City; | | | |
| Principal occup | pation / Job title (See Instructions) | Employer (See Instruct | tions) | |
| Date | Full name of contributor cut-of-state PAC | C (D#) | Amount of contribution | (\$) |
| | Contributor address; City; | State; Zip Code | | |
| Principal occup | ation / Job title (See Instructions) | Employer (See Instruct | ions) | |
| | | | | |
| 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 requested in | formation 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 E Candidate/Officeholder/Politic Credit Card Faymen | Fees Office Ov Food/Beverage Expense Polling E: By Gift/Awards/Memorials Expense Printing E | xpense Travel Out Of District Nages/Contract Labor Other (enter a category not listed above) |
| 1 Total pages Schedule F1 | 2 FALER NAME Pular Sporta | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 1 - \2 - 2 - 4 6 Amount (\$) | 5 Payee name Montgomery County Patti | |
| 13000 | r ayou dedress, | City; State; Zip Code |
| 8 | (a) Category (See Calegories listed at the top of this schedule) | (b) Description |
| PURPOSE OF EXPENDITURE | Jigns | MASNetic Signs |
| | (C) Check if travel outside of Texas. Complete Schedule T. | Check if Austin TX officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Oh | Candidate / Officeholder name | Office sought Office held |
| Date 1 - 11 - 24 | Bryant Skye Desi | < ~7 < |
| Amouni (\$) | Payee address: 1 66 30 Manningtone La | Spalm Tr 77379 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description Compain 5 W//5 |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin, TX, officeholder living expense |
| Complete CNLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |
| Date | ⊃ayee 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, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Cardidate / Officeholder name | Office sought Office held |
| | ATTACH ADDITIONAL COPIES OF THIS: | SCHEDULE AS NEEDED |

| LOANS | | | | |
|---|---|---|---|--|
| If the requeste | ed information is not applicable, DO NC | T include this page in the re | port. | |
| The | Instruction Guide explains how to comp | lete this form. | 1 Total pages Schedule & | |
| 2 FILER NAME | | | 3 Filer D (Ethics Commission Filers) | |
| 4 TOTAL OF U | NITEMIZED LOANS | | \$ | |
| 5 Date of loan | | PAC (IDH) | 9 Loan Amount (\$) | |
| 6 Is lender a financial Institution? | 8 Lender address; City; | State; Zip Code | 10 Interest rate 11 Maturity date | |
| | ion / Job title (See Instructions) | 13 Employer (See Instructions) | | |
| 14 Description of Co | llateral | Check if personal fun account (See Instruct | ds were deposited into political tions) | |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor 18 Guarantor address; City; | State; Zip Code | 19 Amount Guaranteed (\$) | |
| 20 Principal Occupa | ation (See Instructions) | 21 Employer (See Instructions) | | |
| Date of loan | Name of lender | PAC (ID#) | Loan Amount (\$) | |
| Is lender a financial Institution? | Lender address; City; | State; Zip Code | Interest rate | |
| Y N | | | Maturity date | |
| Principal occupati | ion / Job title (See Instructions) | Employer (See Instructions) | | |
| Description of Collateral Check if personal funds were deposited into polacount (See Instructions) | | | | |
| GUARANTOR INFORMATION | Name of guarantor | | Amount Guaranteed (\$) | |
| Guarantor adcress City; State; Zip Code | | | | |
| Principal Occupation (See Instructions) Employer (See Instructions) | | | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements. | | | | |

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 Filers) | 2 Total pages filed: |
|---|--|---|---|--|
| 3 CANDIDATE / OFFICEHOLDER | MS / MRS / MR | FIRST PETER | мі J | OFFICE USE ONLY |
| NAME | NICKNAME | LAST SPARTA | SU=FIX | Date Received |
| | | SFARIA | | 344 IS |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 182 BRENDA LANE, CLEVELAND TX 77328 | | | |
| Charge of Address | | | | 75V 30 312 |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | (936) | 203-8725 | EXTENSION | Date Halld-sollvered or Date Posimerked |
| 6 CAMPAIGN | MS / MRS / MR | FIRST | MI | Receipt # Amount 6 |
| TREASURER | MR | ROBERT | | Date Processed |
| NAME | NICKNAME | LAST | SUFFIX | 4 |
| | | MOODY | | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | (NO PO BOX PLEASE); APT / SI LIA COVE CIRCLE | , COLDSPRING TX,773 | STATE; ZIP CODE |
| 8 CAMPAIGN | AREA CODE | PHONE NUMBER | EXTENSION | |
| TREASURER PHONE | (832) | 515-6104 | | |
| 9 REPORT TYPE | January 15 | 30th day before el | lection Runoff | 15th day after campaign treasurer appointment (Officeholder Only) |
| | July 15 | 8th day before ele | ction Exceeded Modified Reporting _imit | Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month | Day Year | Month | Day Year |
| COVERED | 12 | / 4 / 23 | THROUGH 12 | / 3F / 23 |
| 11 ELECTION | ELECTION DA | ATE | ELECTION TYPE | |
| | Month Day | Year Primary | Runoff Cther Eescription | |
| | 3 / 5 | 24 General | Special | |
| 12 OFFICE | OFFICE HELD (if any | | 13 OFFICE SOUGHT (if known) | |
| | N/A | | | TY PCT 3 CONSTABLE |
| 14 NOTICE FROM POLITICAL | THE CANDIDATE / OFFI | CEHOLDER. THESE EXPENDITURES | MAY HAVE BEEN MADE WITHOUT THE CAND | ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES. |
| COMMITTEE(S) | COMMITTEE TYPE | COMMITTEE NAME | | |
| Additional Fages | GENERAL | COMMITTEE ADDRESS | | |
| | SPECIFIC | COMMITTEE CAMPAIGN TREA | ASURER NAME | |
| | | COMMITTEE CAMPAIGN TRE | ASURER ADDRESS | |
| | | GO TO I | PAGE 2 | |
| | | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

| 15 C/OH NAME PETER SPARTA | | 16 Filer ID (Ethics Commission Filers) | | | |
|--|--|--|--|--|--|
| 17 CONTRIBUTION TOTALS | TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | | | |
| | TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,500.00 | | | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1036.83 | | | |
| CONTRIBUTION BALANCE | 5 TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | \$ 1036.83 STDAY \$ 1463,17 | | | |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD | F THE \$ | | | |
| Signature of Candidate or Officeholder Please complete either option below: | | | | | |
| NOTARY STAMP/SEAL | | | | | |
| Sworn to and subscribed | before me by this the | day of | | | |
| 20, to certify v | which, witness my hand and seal of office. | | | | |
| Signature of officer administer | ing oath Printed name of officer administering oath | Title of officer administering oath | | | |
| | OR. | | | | |
| (2) Unsworn Declaration | n | | | | |
| My name is PETER S | PARTA and my date of birth is | 09/02/1981 | | | |
| My address s 182 BRE | NDA LANE CLEVELAND TX | | | | |
| Executed in SAN JACI | NTO County, State of TEXAS , on the 15TH day of JANUA | | | | |

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | ER SPARTA | 20 Filer ID (Ethics Co | mmis | sion Filers) |
|-----|--|------------------------|------|--------------------|
| | HEDULE SUBTOTALS ME OF SCHEDULE | | | SUBTOTAL AMOUNT |
| 1- | SCHEDULE AT: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 2,500.00 |
| 2. | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | |
| 3, | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | |
| 4. | SCHEDULE E: LOANS | | | |
| 5. | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | | 14 L3.173 |
| 6. | SCHEDULE F2: UNPAID 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 | | | |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | | |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | | |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| if the reque | sted information is not applicable, | , DO NOT IF | iciude this page in the | героп. |
|--|--|------------------|-------------------------|---------------------------------------|
| The | Instruction Guide explains how to | complete this | s form. | 1 Total pages Schedule A1 |
| 2 FILER NAME PETER S | PARTA | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date | 5 Full name of contributor MORRIS LINDER | out-of-state PA | C (ID#:) | 7 Amount of contribution (\$) |
| 12/06/2023 | 6 Contributor address; 1634 LYNNVIEW DR,HOU | - | State; Zip Code | 1,500.00 |
| 8 Principal occu | pation / Job title (See Instructions) | | 9 Employer (See Instruc | tions) |
| Date 12/21/2023 | Full name of contributor RUSSELL JOWELL Contributor address; 550 EDWARDS LANE | | State; Zip Code | Amount of contribution (\$) |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruct | eons) |
| Date 12/30/2023 | Full name of contributor TOM HOTT Contributor address; 599 TONY TAP RD CL | City; | State; Zip Code | Amount of contribution (\$) 500.00 |
| Principal occup | ation / Job title (See Instructions) | | Employer (See Instruct | ons) |
| Date | Full name of contributor Contributor address; | out-of-state PAC | State; Zip Code | Amount of contribution (\$) |
| Principal occupation / Job title (See Instructions) Employer (See Instructions) | | | | |
| | ATTACH ADDITION | AL COPIES (| OF THIS SCHEDULE AS N | FFDFD |
| | If contributor is out-of-state PAC, ple | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Acvertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donetions Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Severage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Lacor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

| Credit Card Payment | The Instruction Guide explains how to | complete this form. | Other (emer a category not listed above) |
|--|---|-----------------------------------|--|
| 1 Total pages Schedule F1 | 2 FILER NAME PETER SPARTA | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 12/06/2023 | 5 Payee name GOOD PROMOTIONS | | 1 |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| 164.90 | 803 E HOUSTON STREET, CLEVE | LAND, TEXAS 7 | 77327 |
| 8 PURPOSE | (a) Callegory (See Categories listed at the top of this schedule) | (b) Descript on CAMPAIGEN | CARDS |
| OF EXPENDITURE | | | |
| | (c) Check if travel outside of Texas, Complete Schedule T. | Chack if Austi | in, TX. officeholder living expense |
| 9 Complete ONLY if direct expenditure to benefit C/Ol | Candidate / Officeholder name | Office sought SJC PCT 3 CONSTA | Office held |
| Date | Payee name | | |
| 12/09/2023 | WALMART | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 27.58 | 831 HWY 59 S CLEVELAND TEXAS | 3 77327 | |
| | Category (See Calegories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | | ZIP TIES FOR | RISIGNS |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austir | n, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 12/18/2023 | LONESTAR SIGNS | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| 844.35 | 21973 EVA STREET MONTGOMER | Y TX 77356 | |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | | SIGNS | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if Austin | , TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEE | DED |

| | TMENT OF A CAMPAIGN TREASUREINDIDATE | FORM C7 |
|---|---|---|
| | See CTA Instruction Guide for detailed instructions. | 1 Total pages filed: |
| 2 CANDIDATE NAME | MS/MRS/MR FIRST MI MR. Petar Joseph NICKNAME LAST SUFFIX | OFFICE USE ONLY |
| 3 CANDIDATE MAILING ADDRESS | Spartu ADDRESS IPO BOX: APTISUTE #: CITY; STATE: ZIP CODE 1322) FM 1725 ROAD Clareland TV 77328 | DEC 04 2 JACINTO TION ADMIN |
| 4 CANDIDATE PHONE | AREA CODE PHONE NUMBER EXTENSION (9312) 203-8725 | Dale Hand-delivered or Fostmarked Recolors Amount |
| 5 OFFICE HELD (if any) | | Dale Processed |
| 6 OFFICE SOUGHT (If known) | SAN Jacinto County PCT 3 Constable | |
| CAMPAIGN TREASURER NAME | MR. Robert MI NICKNAME | LAST SUFFIX |
| CAMPAIGN TREASURER STREET ADDRESS (residence or business) | TO magnolia cove circle Coldson | STATE, ZIP CODE |
| CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 515-6104 | |
| CANDIDATE SIGNATURE | I am aware of the Nepotism Law, Chapter 573 of the Texa | s Government Code |
| | I am aware of my responsibility to file timely reports as re | quired by title 15 of |
| | I am aware of the restrictions in title 15 of the Election Cod from corporations and labor organizations. | e on contributions |
| | Signature of Candidate | 4-2023 Date Signed |
| | | Contains - Silver |

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA

| REPORTING DEGLACION | | |
|---|---|---|
| 11 CANDIDATE NAME | | |
| 12 MODIFIED REPORTING DECLARATION | COMPLETE THIS SECT CHOOSING MODIF | ION ONLY IF YOU ARE FIED REPORTING |
| | •• This declaration must be filed the first election to which | no later than the 30th day before the declaration applies. •• |
| | •• The modified reporting option is (An election cycle includes a primary elec- | valid for one election cycle only. ** tion, a general election, and any related runoffs.) |
| | •• Candidates for the office of may NOT choose r | f state chair of a political party modified reporting. |
| | I do not intend to accept more than \$ make more than \$1,010 in political ex in connection with any future election understand that if either one of those required to file pre-election reports report. | on within the election cycle. I e Ilmits is exceeded, I will be |
| | | |
| | | |
| | Year of election(s) or election cycle to which declaration applies | Signature of Candidate |

This appointment is effective on the date it is filled with the appropriate filling authority.

TEC Filers may send this form to the TEC electronically at treas 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

| A Commission of Parameters | TTE / OFFICEHOLDER ON FINANCE REPORT | FORM C/OH COVER SHEET PG 1 |
|--|---|--|
| The C/OH Instruction | Guide explains how to complete this form. 1 Filer ID (Ellics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE/ OFFICEHOLDER NAME | MS MRS JUR PERST | OFFICE USE ONLY |
| | MICHAME LAST SUFFIX | Date Ruceivice |
| 4 CANDIDATE / OFFICEHOLDER: MAILING ADDRESS | ADDRESS / PO BOX: APT / SUITE #; CITY: STATE, ZIP CICDE 182 Beenda LATE Cleve but TY 77328 | TANCE OF THE PROPERTY OF THE P |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (936) 203-8715 | Date Hund Selffared or Dajo Postmarked |
| 6 CAMPAIGN TREASURER | ME. Pobert | Receipt Amount |
| NAME | MODINAME LAST SUFFIX | Date Processes |
| 7 CAMPAIGN FREASURER ADDRESS (Residence or Business) | STREET ADDRESS IND PO BOX PLEASE); APT / SUITE # CITY: | STATE: ZIP CODE TE 77331 |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (832) 515-610-4 | |
| 9 REPORT TYPE | January 15 30th day before election Runoff | 15th day after campaign treasurer appointment (Officeholder Only) |
| | July 15 Sth day before election Exceeded Modified Reporting Limit | Final Report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Day Year Month 2 30 24 THROUGH 2 | Day Year 24/24 |
| 11 ELECTION | ELECTION DATE Month Day Year Primary Runof Dilier Description 3 / 5 / 24 General Special | |
| 2 OFFICE | OFFICE HELD (if any) NIA 13 OFFICE SOUGHT (if known) 5 J C PCT 3 | Constable |
| 4 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAD THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDID CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS IMPORTATION ONLY IF THE | E BY POLITICAL COMMITTEES TO SUPPORT |
| OOMMITTEL.(3) | COMMITTEE TYPE COMMITTEE NAME | |
| Additional Pages | GENERA_ COMMITTEE ADDRESS | |
| | SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME | |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| | GO TO PAGE 2 | |

| | E/OFFICEHOLDER FINANCE REPORT | С | FORM C/ | |
|--------------------------------|--|---------------------|---------------------------------|--|
| 15 C/OH NAME | | 16 Fil | iler ID (Ethics Commission File | |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS CONTRIBUTIONS MADE ELECTRONICALLY) | | s | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANT | TEES OF LOANS; | \$ | |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | | S | |
| | 4. TOTAL POLITICAL EXPENDITURES | | \$ 1, 1, 25.0 | |
| CONTRIBUTION BALANCE | I DO TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY I | | | |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDIN LAST DAY OF THE REPORTING PERIOD | ING LOANS AS CF THE | | |
| l) Affidavít | Please complete either o | ption below: | | |
| NOTARY STAMP/SEAL | | | | |
| worn to and subscribed b | fore me by | this the | day of | |
| O, to certify w | ich, witness my hand and seal of office. | | | |
| nature of officer administerin | oath Printed name of officer administering oat | th | Title of officer administering | |
|) Unsworn Declaration | OR | 7. 7. 7. 5. | | |
| | 5 1. | | 9.2.81 | |
| address is 182 Br | Sparts | date of birth is | 7748 876-11 | |
| ecuted in Saw Jalan | | | (zip code) _ (country) | |
| ecuted in SHP | County, State of Team on the 25th | day of Feb. | 202+ (year) | |
| ecuted in SHP But to | · | day of (month) | 202+ (year) | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

| | ofernation is not continued to DO NOT in all of | la Alata | SOMEDOLE 1 1 |
|---|--|---|---|
| ii ii equestea ii | nformation is not applicable, DO NOT includ | | eport. |
| Advertising Expense Azzoniting/Banking Consulting Expense Contributions/Donozuris/Mede Candidate/Officiaholder/Polisi Credi/CardPaymen | By Gift/Awards/Memorials Expense Printin | Repayment/Reimbursement Overhead/Rental Expense) Expense g Expense ts/Wages/Contract Lubor | 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 F1 | 1 2 FRERWAME | to complete this form. | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2-6-24 | 5 Payee name | | |
| 6 Amount (\$) | 5 Payee name Lowesthe Signs 7 Payee address; 21973 Eva Steet | City; | State; Zip Code Try 77356 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) | | |
| EXPENDITURE | Signs | 5.3 | 1~5 |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austlr | n TX officeholder living expense |
| Complete ON Y if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| Crate | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| 3, 0.5.0 () = 2.5.0 () = 2.5.0 () | Check if travel outside of Texas, Complete Schedule T. | Check if Austin, | TX officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Amount (5) | Payee address; | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Callegory (See Categories listed at the top of this schedule) | Description | |
| | Chack if travel outside of Texas Complete Schedule T. | Check if Austra | TX, officeholder living expense |
| Complete <u>CNLY</u> if direct expenditure to penelit C/OH | Candidate / Officeholder name | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS | SCHEDULE AS NEED | FD |
| | | | |

| LOANS If the requeste | ed information is not applicable, DO N | IOT include this page in the re | eport. | schedule E |
|---|--|---|------------------|------------------------------|
| The Instruction Guide explains how to complete this form. | | | | pages Schedule E |
| 2 FILER NAME | | | 3 Filer | D (Ethics Commission Filers) |
| 4 TOTAL OF UN | NITEMIZED LOANS | | \$ | |
| 5 Date of loan | 7 Name of lender out-of-state PAC (ID#) | | 9 Loan | Amount (\$) |
| 6 Is lender a financial Institution? | 8 Lender address; City; State; Zip Code | | 10 Interest rate | |
| Y N | | | 11 Matu | rity date |
| 12 Principal occupation | on / Job title (See Instructions) | 13 Employer (See Instructions) | | |
| 14 Description of Coll | ateral | Check if personal fun | ids were de | posited into political |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor 18 Guarantor address: City; | × | | unt Guara n teed (\$) |
| not applicable | | State; Zip Code | | |
| 20 Principal Occupati | ion (See Instructions) | 21 Employer (See Instructions) | | |
| Date of loan | Name of lender | e PAC (IOt) | Loan | Amount (\$) |
| Is lender a financial (nstitution? | Lender address; City; | State; Zip Code | | st rate |
| YN | | | Maturi | ity date |
| Principal occupation | n / Job title (See Instructions) | Employer (See Instructions) | | |
| Description of Collar | teral | Check if personal functional account (See Instruction | | osited into political |
| GUARANTOR INFORMATION | Name of guarantor | 1 | Amour | nt Guaranteed (\$) |
| not applicable | Guarantor address; City; | State; Zip Code | | |
| Principal Occupation | n (See Instructions) | Employer (See Instructions) | | |
| lf len | ATTACH ADDITIONAL COP der is out-of-state PAC, please see Ins | IES OF THIS SCHEDULE AS NEE | | |