		FICEHOLDER NCE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	on Guide explains	how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDE NAME	MS/WRS/MR Mr.	FIRST Sam	Mí	OFFICE USE ONLY
TO SVIL	NICKNAME	LAST Houston	SUFFIX	Date Reserved
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	Cleveland	BOX: APT / SUITE # C 945 South , TX 77328	CITY; STATE; ZIP CODE	
OFFICEHOLDER PHONE	( 281 )	PHONE NUMBER 450-9007	EXTENSION	Date Hand dolly grad of Date Rostmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr. NICKNAME Ken	FIRST Elbert LAST Syphrett	MI K SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Built ess	50 River Cr		ITF#; CITY	STATE, ZIP CODE
CAMPAIGN TREASURER PHONE	( 281 )	PHONE NUMBER 593-0664	extension	
REPORT TYPE	Jenuary 1 July 15	30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
O PERIOD COVERED	Month 1	Day Year / 1 / 24	Моліһ	Day Year / 5 / 24
ELECTION	Monte Day	To be not	ELECTION TYPE  Runoff Other  Description  Special	
OFFICE	San Jacinto	•	13 OFFICE SOUGHT (If known) ble San Jacinto County	/ Sheriff
NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE ! OFF	CE OF POLITICAL CONTRIBUTIONS ACC	EPTED OR POLITICAL EXPENDITURES MADINY HAVE REEN MADE WITHOUT THE CANDIDATO REPORT THIS INFORMATION ONLY IF THE	BY POLITICAL COMMITTEES TO SUPPORT
		GO TO PA	AGE 2	

Forms provided by Texas Ethics Commission

www.ethics.state bx.us

Revised 8/17/2020

	DATE AIGN I	FINANCE REPORT C	OVER SHEET PO
16 C/OH NAM Sam Houston	E	16 F	iler ID (Ethics Commission File
17 CONTRIBUT	ION	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
		TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 15,600.0
EXPENDITU TOTALS	RE	TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
		. TOTAL POLITICAL EXPENDITURES	\$ 5,459.8
CONTRIBUT BALANCE		TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDI LOAN TOTAL		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
		Signature of Candidate	or Officeholder
<b>J</b> Affidavit		Signature of Candidate Please complete either option below:	e or Officeholder
NOTARY STAMP		Please complete either option below:	e or Officeholder
NOTARY STAMP	cribed before		
NOTARY STANIP	cribed before certify which,	Please complete either option below:  me by this the vilness my hand and seal of office.	_ day of
warn to and subsc 0, oc	cribed before certify which, ministering out	Please complete either option below:  me by this the vilness my hand and seal of office.	_ day of
NOTARY STANIP	cribed before certify which, ministering out	Please complete either option below:  me by this the  vitness my hand and seal of office.  Printed name of officer administering cath  OR	day of Title of officer administering or
NOTARY STAMP.  worn to and subsc  ocumulation of officer adm  Unsworn Declar  name is	cribed before certify which, ministering out	Please complete either option below:  me by this the  vitness my hand and seal of office.  Printed name of officer administering cath  OR	day of Title of officer administering or
NOTARY STAMP, your to and subscionature of officer educations.	cribed before certify which, ministering out	Please complete either option below:  me by	Title of officer administering on
NOTARY STANIP	cribed before certify which, ministering out	Please complete either option below:  me by	day of Title of officer administering or

S	UBTO	DTALS	- C/OH	COVER		M C/OH ET PG 3
	Houste			20 Filer ID (Ethics C	ommiss	ion Filers)
	HEDULE ME OF S	SUBTOTALS CHEDULE				SUBTOTAL
*,	sc	HEDULE A1	MONETARY POLITICAL CONTRIBUTIONS		\$	13,440.0
2.	sc	HEDULE A2:	NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	2,160.0
3.0	sc	HEDULE B:	PLEDGED CONTRIBUTIONS		\$	
4.	sc	HEDULE E:	OANS		\$	
5.	sc	HEDULE F1	POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	3,059.8
6.	sci	HEDULE F2:	UNPAID INCURRED OBLIGATIONS		\$	
7	sci	HEDULE F3:	PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$	
Θ.	sci	HEDULE F4:	EXPENDITURES MADE BY CREDIT CARD		\$	
£	SGF	EDULE G:	POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	os	\$	2,400.0
10.	зсн	EOULE H: F	SYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$	
1.	sch	EDULE I: NO	N-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	
2.	sch	EDULE K: 1	NTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE O FILER	ONS RETURNED	\$	

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1; 2 The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Sam Houston 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of state PAC (IDW \_\_\_ Steven L Roberts 12/31/2023 1,000.00 6 Contributor address; City; State; Zip Code Bellaire, TX 77401 515 S. 3rd St. 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (IDII) Amount of contribution (\$) John W Dalton 01/11/2024 525.00 Contributor address; City; State; Zip Code 2302 Fannin, Ste 550 Houston, TX 77002 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (IU#\_ Amount of contribution (\$) Deanne Marie Schweitzer 01/13/2024 200.00 Contributor address; State; Zip Code Coldspring, TX 77331 7 Elm Cir. Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) Eastex Tool LLC 01/13/2024 100.00 Contributor address; City; State; Zip Code 255 Evergreen Heights Rd. Coldspring, TX 77331 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	TARY POLITICAL CONTRIBUTIONS  asted information is not applicable, DO NOT include this page in the	SCHEDULE A1 report.
Th	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2
2 FILER NAME Sam Hous		3 Filer ID (Elhics Commission Filers)
4 Date	5 Full name of contributor out of state PAC (ID#) Eastex Tool LLC	7 Amount of contribution (\$)
12/13/2023	6 Contributor address; City; State; Zip Code 255 Evergreen Heights Rd. Coldspring, TX 77331	460.00
8 Principal occ	pation / Job title (See Instructions) 9 Employer (See Instruc	ขึ่งกร)
Date	Full name of contributor out-of-state PAC (ID#:) William T Suttle	Amount of contribution (\$)
01/13/2024	Contributor address; City; State; Zip Code 1601 FM 945 Rd. N Coldspring, TX 77331	3,000.00
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	ione)
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
01/13/2024	Contributor address; City; State; Zip Code  1180 Bowen Loop Cleveland, TX 77328	2,325.00
Principal pecus	nation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (IOs )	Amount of contribution (\$)
01/13/2024	Contributor address; City; State; Zip Code	200.00
Principal occupa	255 Evergreen Heights Rd. Coldspring, TX 77331  etton / Job tittle (See Instructions)  Employer (See Instructions)	ons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	
11.15	xas Ethics Commission www.ethics.state.bx.us	Porning requirements.  Revised 8/17/20

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

If the reque	sted information is not applicable, DO NOT include this	s page in the report.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A2:
2 FILER NAME		3 Filor ID (Ethics Commission Filers)
Sam Hous	ton	
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIBUTION	\$ 2,160.00
6 Date	Full name of contributor	8 Amount of Contribution \$ In-kind contribution description
01/13/2024	<b>7</b> Contributor <b>address; City</b> ; State; Zip Co	For Auction 1 Fire shall be
10 Principal occur	pation / Job title (FOR NON-JUDICIAL)(See Instructions) 11 E	Check if travel outside of Texas, Complete Schedule T imployer (FOR NON-JUDICIAL)(See Instructions)
10 / mapar occur	Section Control Contro	manager (control of the control of t
12 Contributor's	rincipal occupation (FOR JUDICIAL) 13 C	Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	mployer/law filin (FOR JUDICIAL) 15 L	aw 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  IDR	Amount of In-kind contribution Contribution \$
01/13/2024	Contributor address; City; State; Zip Co	400.00 Fishing trip For Auction / Fundraiser
		Check if travel outside of Texas. Complete Schedule T.
Principal occupa	ation / Job title (FOR NON-JUDICIAL) (See Instructions)	mployer (FOR NON-JUDICIAL)(See Instructions)
Contributors or	inclpsi occupation (FOR JUDICIAL)	ontributor's job title (FOR JUDICIAL) (See Instructions)
Contributor s	nployer/lew firm (FOR JUDICIAL)	aw firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is	a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
If c	ATTACH ADDITIONAL COPIES OF THIS SCI	
	The control of the co	Pavisad 9/47/900

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A2:
2 FILER NAME Sam Hous			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 2,160.00
6 Dalle 01/13/2024	Full name of contributor   dut-of-state PAC (ID#;  Gordon Fisher  Contributor uddress; City; State;	Zip Code	8 Amount of Contribution \$ In-kind contribution description \$   1   1   1   1   1   1   1   1   1
10 Principal occur	pation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	or (FOR NON-JUDICIAL)(See Instructions)
2 Contributor's p	rincipal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL)(See Instructions)
4 Contributor's €r	mplayer/law firm (FOR JUDICIAL)	15 Lew firm	of contributor's spouse (if any) (FOR JUDICIAL)
6 If contributor is	a child, law fir ii of parent(s) (if any) (FOR JUDICIAL)		
Date 01/13/2024	Full name of contributor out-of-state PAC (ID#  Connie Chandler  Contributor address; City; State;	Zip Code	Amount of Contribution \$ In-kind contribution description \$ 1 - King comforter (\$50) For Auction / Fundralser  Check if travel outside of Texas. Complete Schedule T.
Principal occupa	etton / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	(FOR NON-JUDICIAL)(See Instructions)
Contributor's prin	nclpal occupation (FOR JUDICIAL)	Contribut	or's job title (FOR JUDICIAL) (See Instructions)
Contributor's or	ployer/law fir n (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a	a child, lew firm of parent(s) (if any) (FOR JUDICIAL)		

## 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 A2: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sam Houston 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 2,160.00 Full name of contributor 5 Date ut-of-state PAC (ID# Amount of 9 In-kind contribution Contribution \$ description Lisa Kamholtz 1 - Meat grinder (\$75) 1 - Jewelry (\$20) For Auction / Fundrelser 95.00 01/13/2024 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 amployer/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) Full name of contributor | out-of-state PAC (ID#, Date Amount of In-kind contribution Contribution \$ Neil Miles 1 - Handmade Cross (\$30) 01/13/2024 30.00 For Auction / Fundraiser Contributor uddress; City; State: 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 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The	Instruction	Guide explains how to complete this for	m.	1 Total pages Schedule A2 4
2 FILER NAME	l			3 Filer ID (Ethics Commission Filers)
Sam Hous	ston			
TOTAL OF	UNITEMI	ZED IN-KIND POLITICAL CONTRI	BUTIONS	\$ 2,160.00
5 <sub>Date</sub> 01/13/2024		o contributor	Zip Code	8 Amount of Contribution \$ In-kind contribution description 480.00   1 Luppapo (\$100)   2 Off Baskets (\$390)   For Auddon/Fundraliser
				   Check if Insvel outside of Texas, Complete Scheduk
O Principal occu	nation / Job til	(FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
2 Cantributor's p	rincipal occup	ation (FOR JUDICIAL)	13 Contribu	rtor's job title (FOR JUDICIAL) (See Instructions)
\$ Contributor's u	mployer/law fi	rin (FOR JUDICIAL)	16 Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is	a child, law fi	m of parent(s) (if any) (FOR JUDICIAL)		
Date 01/13/2024		of contributor   out-of-state PAC (ID#   OUSTON   out-of-state PAC (ID#   out-	Zip Code	Amount of Contribution \$ In-kind contribution description 3 - Gift Baskets (\$160) For Auction / Fundraiser
				Check if travel outside of Texas. Complete Schedule
Principal occupa	allon / Job titl	) (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)
Contributor's pri	incipal occup	tion (FOR JUDICIAL)	Contribut	or's job title (FOR JUDICIAL) (See Instructions)
Contributor's en	nployer/law fil	m (FOR JUDICIAL)	Law firm	of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is	a child, law fil	rn of parent(s) (if any) (FOR JUDICIAL)		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

If the reque	sted info	orma	ion is not applicable, DO NOT incl	ude this pag	e in the re	eport.	
			EXPENDITURE CATEGOR	RIES FOR BO	K B(a)		
Advantising Expl Accounting/Barding Consulting Exponso Contributions/Consti Cand date/Officette Credit Cont Payment	ons Made By		Fees Of Food/Beverage Expense Pri Gift/Awards/Memorials Expense Pri	an Repayment/Relm fice Overhead/Renta tilling Expense inting Expense laries/Wages/Contra ow to comblete th	il Expense	Travel In District Travel Out Of Distri	ipment & Related Expense
1 Total pages Sch	acule F1:	2 FI	ER NAME			3 Filer ID (Ethic	es Commission Filers)
1		San	Houston			ì	·
4 Date 01/08/2024		D	yee name ne Star Signs / Texas Specialt	ties			
6 Amount (\$)		7 Pa	yee address;	(	City;	State;	Zip Code
2,516.	3 4 1	200	3ox 789 Igomery, TX 77356				
8		(a) C	ategory (See Categories listed at the top of this sched	lule) (b) Desc	cription		
PURPOSE OF EXPENDITUR	E	Pri	nting Expense	Signs			
		(c)	Check if travel outside of Texas Complete Schedul	le T.	Check if Austi	n, TX, olficehalder livin	g expense
9 Complete ONLY of expenditure to but		Ė	andidate / Officeholder name	Office	sought		Office held
Date	Ī	Pa	/ee name				
01/10/202	24	Mon	tgomery County Printers				
543.00	1	310	ee address;   Danville, Ste D   TX 77378	C	City;	State;	Zip Code
		Cal	Byory (See Categories index at the top of this schedul	e) Desc	ription		
PURPOSE OF EXPENDITURE		Prir	nting Expense	Signs,	postcar	ds, mailers	
			Check # travel outside of Texas Complete Schedule	т. (	Check if Austin	, TX, officeholder living	expense
Complete ONLY I de expenditure lo bone		Ca	andidate / Officeholder name	Office	sought		Office held
Date		Pay	eg name			2	
Amount (\$)		Paye	ee address;	Ci	ty;	State;	Zip Code
PURPOSE OF EXPENDITURE		Crite	egory (See Categories listed at the top of this schedule	) Descri	iption		
			Check if travel outside of Texas: Complete Schedule i	С	heck if Austin,	TX, officeholder living	expense
Complete ONLY di expenditure to bunel	irect fit C/OH	Сa	ndldate / Officeholder name	Office	sought		Office held
			ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULI	E AS NEED	DED	

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

If the requ	ested i	nform	ation is not applicable, DO NOT incl	lude this page in the n	eport.
Advertising Experi Accounting/Experi Consulting Experi Contributions/Don Candidate/Office Credit Card Payment	es ations Mad	le By itical Cor	Fees O Food/Beverage Expense P GIN/Awards/Memorials Expense P	can Repayment/Reimbursement ffice Overhead/Rental Expense offing Expense rinting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Retated Expens Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages So	hodale G		ar NAME		3 Filer ID (Ethics Commission Filers)
4 Date 01/13/202	4		ayaa name Sam Houston		
6 Amount (\$) 1,900.00 Reimburson political continued		6	ayee address; 301 FM 945 South leveland, TX 77328	City;	State Zip Code
8 PURPOSE OF EXPENDITUR	ŧĒ.	So	togory (See Categories listed at the top of this schedulicitation/Fundraising Expense	2 - Rifles For Auction / Fundrais	er
) Camplete <u>ONLY</u> if a expenditure to bend	irect	(c)	Cherkif travel outside of Texas, Complete Schedule Candidate / Officeholder name	Office sought	, fX, officeholder living expense Office hold
Date 01/13/2024		757	you name am Houston		
Amount (\$) C0.00 Reimbursem political confr		63	ee address; 01 FM 945 South eveland, TX 77328	City;	State; Zip Code
PURPOSE OF EXPENDITUR		A-20	bagory (See Categories listed at the top of this schedul citation/Fundraising Expense	e) Description 1 - Signature guitar For Auction / Fundraiser	
			Check it travel outside of Texas. Complete Schedule	T. Check f Austin,	TX, officeholder living expense
Complete <u>QNLY</u> expenditure to b		1	andidate / Officeholder name	Office sought	Office held
Date		Pay	ee name		
Amount (\$)  Raimbursemer political contribunded		Pay	өн address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE		C <sub>1</sub>	egory (See Catagories listed at the top of this schodule)	Description	
'			Check if travel outside of Texas, Complete Schedule T,	Check if Austin, 1	FX, officeholder living expanse
mplete <u>ONLY</u> if cir penditure to benefit		5	andidate / Officeholder name	Office sought	Office held
	- 0		ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEED!	ED .
ms provided by T	exas Eth	ics Cor	nmission www.ethics.state	e.tx.us	Revised 8/17/202

	The second secon	FICEHOLDER NCE REPORT	•	FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains h	ow to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed.
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR	FIRST Sam	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST Houston	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address		· ·	CITY; STATE; ZIF CODE	
5 CANDIDATE/ OFFICEHOLDER PHONE	(281 )	PHONE NUMBER 450-9007	EXTENSION	Date Hand Julivared or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / ARS / MR Mr. NICK-LAME Ken	FIRST Elbert LAST Syphrett	MI K SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or By siness)	50 River Cre Cleveland,		UITE #: CITY:	STATE, ZIP CODE
8 CAMPAIGN TREASURER PHONE	( 281 )	рноме мимвек 593-0664	EXTENSION	
9 REPORTTYPE	January 15	30th day before e		15th day after campaign treasurer appointment (Officetroider Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Reporting _imit Month	Day Year
		/ 4 23	тнкоидн 12	31 23
I ELECTION	Month Day	- Rilaimo	ELECTION TYPE  Runoff Cthar Cescription Special	
2 OFFICE	San Jacinto		13 OFFICE SOUGHT (4 known); able San Jacinto Coun	tv Sheriff
NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOT	ICE OF POLITICAL CONTRIBUTIONS A	CCEPTED OF BOLDICAL EXPENDITIONS AND	DE BY POLITICAL COMMITTEES TO SUPPORT
Additional Fages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAT		
		GO TO P	PAGE 2	

	AIGNI	OFFICEHOLDER INANCE REPORT	FORM C/OH COVER SHEET PG 2
15 C/OH NAM Sam Houston			6 Filer ID (Ethics Commission Filers)
17 CONTRIBUT	TION 1	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 17,525.00
EXPENDITU TOTALS	IRE 3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE,	\$
	4.	TOTAL POLITICAL EXPENDITURES	\$ 15,842.00
CONTRIBUT BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$
OUTSTANDI LOAN TOTAL		TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$
18 SIGNATURE		or affirm, under penalty of perjury, that the accompanying report is true at the penalty of perjury, that the accompanying report is true at the penalty of	klate or Officeholder
() Affidavit		Please complete either option below:	
NOTARY STAMP	cribed before		day of
NOTARY STAMP	cribed before certify which, w	me by this the	day of Tille of officer administering oath
NOTARY STAMP worn to and subset  O	cribed before certify which, w	me by this the ulness my hand and seal of office.	
NOTARY STAMP worn to and subsc	cribed before certify which, w	me by this the niness my hand and seal of office.  Printed name of officer administering path  OR	Tille of officer administering oath
NOTARY STAMP worn to and subsc  or instruction of officer adm  Unsworn Declar  name is	cribed before certify which, w	me by this the niness my hand and seal of office.  Printed name of officer administering path  OR	
NOTARY STAMP worn to and subsc  inature of officer adm  Unsworn Decla	cribed before certify which, w	This the	Tille of officer administering oath  10-17-1954  77378 Sections of G
NOTARY STAMP worn to and subsc contains to a	cribed before certify which, w	This the	Title of officer administering oath  / 5 - / 7 - / 9 5 4  _ 77323   Section > Co. (zip code) (country)  _ 20 24 (year)

	page in the report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2
R NAME 1 Houston	3 Filer ID (Ethics Commission Filers
John W. Dalton  6 Contributor address: City; State: Zig 2302 Fannin, Ste 550 Houston, TX	7 Amount of contribution (\$) 5,000.00
Aparocoupation / Job tille (See Instructions)  9 Employer	(See Instructions)
Full name of contributor out-of-state PAC (IDM)	Алюunt of contribution (\$)
Contributor address; City; State; Zip 1634 Lynnview Dr. Houston, TX 7	2,000.00
pal occupation / Job title (See Instructions) Employer	(See Instructions)
Full rising of contributor out-of-state PAC (ID#	Amount of contribution (\$)  2,000.00  7502
	(See Instructions)
Full name of contributor out-of-state PAC (ICH)	Amount of contribution (\$)
PO Box 1713 Cleveland, TX 77	1,000.00
	See Instructions)

## MONETARY POLITICAL CONTRIBUTIONS

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2
2 FILER NAM Sam Hous		3 Filer ID (Ethlos Commission Filers
4 Date 12/07/2023	6 Full name of contributor out-of-state PAC (ID#	1 500 00
Principal occ	geation / Job title (See Instructions) 9 Employer (Se	ee Instructions)
Date 12/04/2023	Full name of contributor out-of-state PAC (IDA	volvania di commissioni (4)
2/04/2020	Contributor address; City; State; Zip Co	0.000.00
Principal occu	pation / Job title (See Instructions) Employer (Se	e Instructions)
Date 2/07/2023	Full name of contributor out-of-state PAC (IDIT	525.00
Principal occup	eation / Job title (See Instructions) Employer (See	
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
2/29/2023	Contributor address; City: State; Zip Cod 550 Edwards Ln. Willis, TX 77378	
Principal öccu (p	ation / Job title (See Instructions) Employer (See	e Instructions)

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the req	uested	inforn	nation is not applicable, DO NOT include	de this page in the r	eport.
			EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising E Accounting/Punki Consulting Expan Control tions/Oor Conditions/Office Credit Card Payment	ng se sabons Ma sholder/Po		Fees Office Food/Beverage Expense Pollin Citt/Awards/Memorials Expense Printi	Repayment/Reimbursement Overhead/Reintal Expense g Expense ng Expense es/Wages/Contract Labor 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 S	checule	- "	FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date		6	Риуев патте		
12/12/202	3	Lo	one Star Signs / Texas Specialtie	s	
6 Amount (\$)		7	Payee address;	City;	State; Zlp Code
1,515	.50		Box 789 Ingomery, TX 77356		
8		(a)	Calegory (See Categories listed at the top of this schedula	) (b) Description	
PURPOS OF EXPENDITO		Р	rinting Expense	Signs	
		(c)	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, afficeholder living expense
9 Complete <u>ONLY</u> expenditure to t			Candidate / Officeholder name	Office sought	Office held
Date		P	ayee name		
12/15/20	23	Lo	ne Star Signs / Texas Specialties	6	
Amount (\$)		Р	ayee address;	City;	State; Zip Code
8,308.	19	201	Box 789 Igomery, TX 77356		
PURPOSE OF EXPENDITU			nting Expense	Signs, postcar	ds, mailers
			Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, olficeholder living expense
Complete ONLY expenditure to be		DН	landidate / Officeholder name	Office sought	Office held
Date		Р	nyee name		
12/18/20	23	Lor	e Star Signs / Texas Specialties		
Amount (\$)		Pé	yee address;	City;	State; Zip Code
2,175.8	3	1	3ox 789 tgomery, TX 77356		
PURPOSE OF EXPENDITUR	Ę	1 1	legory (See Calegories listed at the top of this schedule)	Description Signs	
			Chack if travel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY f expenditure to be		1.5	Candidate / Officeholder name	Office sought	Office held
	**		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	DED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

If the requ	jested i	nform	ation is not applicable, DO NOT incl	ude this page in the i	report.
Advertising Ex	house		EXPENDITURE CATEGOR  Event Expense Lox	in Repayment/Reimbursement	Solicitation/Fundralsing Expense
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1 Total pages 30	ledule F	. I marke	LER NAME 1 Houston		3 Filer ID (Ethics Commission Filers)
4 Date 12/29/2023	3		ayee name ne Star Signs / Texas Specialt	ies	1/
6 Amount (\$) 3,355.	75	7 P PO	iyee address; Box 489 tgomery, TX 77356	City	State; Zip Code
8 PURPOSE OF EXPENDITU		452970	ategory (See Categories listed at the top of this schedunting Expense	(b) Description Signs	
		(c)	Check if travel outside of Texas, Complete Schedule	T. Check if Aust	in, TX, officeholder living expense
9 Complete QNLY expenditure to b			Candidate / Officeholder name	Office sought	Office held
Date 12/20/20	23	1 1	rit Hand Line, LLC		
Amount (\$) 487.13		POB	yee address; iox 329 gomery, TX 77356	City;	State: Zip Code
PURPOSE OF EXPENDITUR	E		tegory (See Calegories listed at the top of this schedule; ting Expense	Description Signs	
			Check if travel outside of Texas. Complete Schedule T.	Check if Austin	ı, TX officeholder living expense
Complete ONLY of expenditure to be		C	andidate / Officeholder name	Office sought	Office held
Date		Pay	/ <del>00</del> па <b>г</b> пе		
Amcunt (\$)		Paye	ee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE		Cate	PGOTY (See Categories listed at the lop of this schedule)	Description	
			Check ftravel outside of Texas, Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY / dexpenditure to be ne	lirect fit C/OH	Ca	ndidate / Officeholder name	Office sought	Office held
			ATTACH ADDITIONAL COPIES OF THE	S SCHEDULE AS NEED	ED
ns provided by Tex	as Ethics	Comn	nission www.ethics.state.tx	r.us	Revised 8/17/2020

BY A CA	MENT OF A CAMPAIGN TREASURE	FORM C
	See CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE	M\$ / MRS / MR FIRST MI	
1	MR Sa	OFFICE USE ONLY
	NICKHAME LAST SUFFIX	Fict ID 4
	Houston	Coto Received
3 CANDIDATE	ADDRESS / PO BOX; APT / SUITE 8: CITY:	- 1 To 2 E
ADDRESS	4301 Fm 945 South Cleveland TY	
	77328	LESS
4 CANDIDATE	AREA COOS CHONE WHEN	Usio Hand Jolh Fred or Postmarked
PHONE	EXTENSION	Receipt a Amount \$
	(281) 450-9007	Dajo Processaba
5 OFFICE HELD	SAN JACINTO POTS	- 35
(if any)	Constable	Oale Imaged (A)
6 OFFICE SOUGHT	SAN Jovinto County	
(II known)	Shee: f	
7 CAMPAIGN TREASURER	NSAIRSAIR FIRST III MICKNAUE	UST SUFFIX
NAME		
	MR Elbert Kenneth "KEN" Syphout	44
TREASURER	MR Elbert Kenneth "KEN" Syphout	STATE ZIP CODE
STREET ADDRESS		
(residence or business)		
CAMPAIGN	SO RIVLE CREEK Rd Clevelard To 7732	8
TREASURER PHONE	EXTENSION	
	(281) 593-0664	
CANDIDATE SIGNATURE		
SIGNATURE	I am aware of the Nepotiam Law, Chapter 573 of the Tex	as Government
1 1	lari aware of my sees	do Covernment Code,
1 1	I am aware of my responsibility to file timely reports as the Election Code.	equired by title 15 of
		1
1 1	I am aware of the restrictions in title 15 of the Election Co from corporations and labor organizations.	de on contributions
	Ci	
	Signature of Candidate	12/4/23
1		

CANDIDATE REPORTING	MODIFIED FOR DECLARATION	PG
CANDIDATE NAME		
2 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING	
	<ul> <li>This declaration must be filed no later than the 30th day before the first election to which the declaration applies.</li> </ul>	гө
	•• The modified reporting option is valid for one election cycle on (An election cycle includes a primary election, a general election, and any related runoffs.)	ly. 40
	Candidates for the office of state chair of a political party may NOT choose modified reporting.	i
	I do not intend to accept more than \$1,010 in political contributions make more than \$1,010 in political expenditures (excluding filing fee 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.	or s)
	Year of election(s) or election cycle to  Which declaration applies	
This	s appointment is effective on the date it is filled with the appropriate filling authority.	
TEC F	lers may send this form to the TEC electronically at <u>treasappoint@ethics.state.tx.us</u> 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 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. 3 CANDIDATE/ MS/MRS/MR OFFICE USE ONLY OFFICEHOLDER Sam Mr. NAME ...... Date Received NICKNAME LAST SUFFIX Houston 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY: OFFICEHOLDER 6301 FM 945 South MAILING Cleveland, TX 77328 **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 6 CANDIDATE/ Date Hand delivered or Unto Postmarked OFFICEHOLDER (281) 450-9007 PHONE Receipt # Aniquet 2 MS / MRS / MR FIRST 6 CAMPAIGN TREASURER Elbert Mr. K Date Passed NAME NICKNAME LAST SUFFIX Syphrett Ken STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #, CITY; 7 CAMPAIGN STATE; ZIP CODE TREASURER 50 River Creek Rd. ADDRESS Cleveland, TX 77328 (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN EXTENSION TREASURER PHONE (281) 593-0664 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Month Day COVERED 2 26 / 24 24 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Other Description General Special / 5 3 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE San Jacinto County Pct. 3 Constable San Jacinto County Sheriff THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICENOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICENOLDER'S KNOWLEDGE OR COMSENT. CANDIDATES AND OFFICENOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

Forms provided by Texas Ethics Commission

GO TO PAGE 2

Revised 8/17/2020

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) Sam Houston 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN S **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) **TOTAL POLITICAL CONTRIBUTIONS** 3,700.00 (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. TOTALS **TOTAL POLITICAL EXPENDITURES** \$ 11,727.05 CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5 \$ BALANCE OF REPORTING PERIOD CONTRACTOR OF THE OUTSTANDING 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 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 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 oath Printed name of officer administering oath Title of officer administering oath (2) Unsworn Declaration and my date of birth is \_\_\_\_\_ 0.17.1954 My name is \_\_ My address is \_\_ 6301 Fm 945 leveland TX 77323 USA (street) (city) (state) (zip code) (country) Executed in Szn Szcinco County, State of Texts on the 26 da of 2024 Feb (year)

Signature of Candidate/Officeholder (Declarant)

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

	FILER NAME am Houstor		20 Filer ID (Ethics Co	aimm	sion Filers)
21	SCHEDULE SU NAME OF SCH				SUBTOTAL AMOUNT
1.	sch	EDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,700.00
2,	scн	EDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCH	EDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	sсн	EDULE E: LOANS		\$	
5.	sch	EDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	ITRIBUTIONS	\$	11,724.05
6.	sch	EDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7,	sсн	EDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$	
8.	sch	EDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHE	DULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	
10.	sсн	DULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF CIOH	\$	
1.	SCHE	DULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	7000
2.	SCHE	DULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	5	

### MONETARY POLITICAL CONTRIBUTIONS

-	TARREST AND		1 Total pages Schedule A1
Ine	Instruction Guide explains how to complete this	form.	1 lotal pages Schedule A1 2
2 FILER NAME Sam Houst	on		3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC	(ID#)	7 Amount of contribution (\$)
01/10/2024	Contributor address; City; 1401 19th St. Huntsville	State; Zip Code e, TX 77340	1,000.00
8 Principal occup	1 11 00 15 1 1	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)
02/02/2024	Contributor address; City;	State; Zip Code ring, TX 77331	200.00
Principal occupa	ation / Job title (See Instructions)	Employer (See :nstructi	ons)
Date	Full name of contributor out-of-state PAC (II	10#)	Amount of contribution (\$)
01/06/2024	•	State: Zip Code and, TX 77328	2,500.00
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruction	one)
Date	Full name of contributor out-of-state PAC (III	D##	Amount of contribution (\$)
ľ	Contributor address; City;	State; Zip Code	
Principal occupat	tion / Job title (See Instructions)	Employer (See Instruction	ns)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEI	EDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expension Accounting/Banking Consulting Expense Contributions/Donations Mad Candidate/Officeholder/Poil CreditCard Payment		Event Expense Fees Food/Boverage Expense GM/Awuds/Memorials Expense Legal Services	Office Ox Polling Ex Printing E		Travel In District Travel Out Of Dist	aipment & Related Expense
Clourcaidrayiigii		The instruction Guide explain	s how to d	complete this form.		
1 Total pages Schedule F	Sam Hou				3 Filer ID (Ethi	cs Commission Filers)
4 Date						
02/02/2024	6 Payee n					
6 Amount (\$)		mery County Printers				
11,724.05	310 N Dai Willis, TX	nville, Ste D		City;	State;	Zip Code
8	(a) Categor	y (See Categories fisted at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertis	sing Expense		Printing, maili	ng	
	(c)	Check if travel outside of Texas. Complete So	chedule T	Check if Austi	n, TX, officeholder livir	g expense
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Payee na	пе				
Amount (\$)	Payee ad	dress;		City:	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Cabegories listed at the top of this sci	hedule)	Description		
	(	heck if travel outside of Texas. Complete Sch	edule T.	Check if Austin	TX, afficeholder living	Bxpense
Complete <u>QNLY</u> if direct expenditure to benefit C/OI		e / Officeholder name		Office sought		Office held
Date	Payee nar	ne				
Amount (\$)	Payee add	ress;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (S	see Categories listed at the top of this scho	edule)	Description	<u> </u>	
	Ch	eck if travel outside of Texas. Complete Sche	dule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH		/ Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES (	OF THIS S	CHEDULE AS NEE	DED	

CANDIDAT CAMPAIGI	TE / OFFICEHOLDER N FINANCE REPORT FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uide explains how to complete this form.  1 Filer 1D (Ethics Commission Filers)  2 Total pages (Iled:
CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)  FIRST  MI  OFFICE USE ONLY  Date Received
CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  6301 FM 9455  Clovelzact Tx  7-73:28  AREA CODE PHONE NUMBER EXTENSION
G CANDIDATE/ OFFICEHOLDER PHONE G CAMPAIGN TREASURER NAME	AREA CODE PHONE NUMBER  (281) 450 - 4007  MS / MRS (MIN) FIRST MI Rocolpl # Amount \$  NICKNAME LAST SUFFIX  Date Imaged  Date Imaged
CAMPAIGN TREASURER ADDRESS (Residence or Businesa)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE: ZIP CODE  SUR: Jew Clear & Rul  Clear at and TV 77325
CAMPAIGN TREASURER PHONE	(832) 315 2377
REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)  July 15 8th day before election Exceeded \$500 limit Final Report (Attach C/OH - FR)  Month Day Year Month Day Year
O PERIOD COVERED	7/1/15 THROUGH 12/31/15
1 ELECTION	ELECTION DATE  Month Day Year Primary Runoff Other Description  General Special
12 OFFICE	OFFICE HELD. (If any)  13 OFFICE SOUGHT (If known)
	GO TO PAGE 2

CANDIDAT	E / OFFIC	EHOLDER E REPORT	FORM C/OH COVER SHEET PG 2
4 C/OH NAME	Szml		Filer ID (Ethics Commission Filers)
6 NOTICE FROM POLITICAL COMMITTEE(S)		OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITU IDATE ( OFFICENCILIER. ) HOSE EXPENDITURES MAY HAVE DEEN MADE WITH INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS L URES.	
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE AUGRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	TOTAL PLENG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAI ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ 0
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	* 0
	4. TOTAL	POLITICAL EXPENDITURES	\$ 375 3
CONTRIBUTION BALANCE	5. TOTAL OF RE	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST I	9AY \$ ()
OUTSTANDING LOAN TOTALS	6. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T BAY OF THE REPORTING PERIOD	* ( )
18 AFFIDAVIT		i swear, or all, in, under penalty of p	nguy, that the accompanying report is
A STATE OF THE STA	FRANKIE I CHAVIS ny Prade : detecnt i y Commercian Estat	true and contect and includes all info under Title 19 Election Code.	multion required to be reported by ma
70.00	October 24, 2019	- limb	bound
10 11	57.2486	(• Signature of Cand	didate or Officeholder
AFEX NO LARY STA	WP/SCALABOVE	by the said Sam Houston to certify which witness my hand and seal of office.	this lho 14 1/1
Sworn to and subs	cribed before me.	, to certify which, witness my hand and seal of office.	
Lunki	- Char.		Title of officer administering oal
Signature of officer	administering oath	Printed name of officer administering oath	Title of cinical administrating early

### 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 \$ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 1 Î SCHEDULE AZ: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. \$ SCHEDULE B: PLEDGED CONTRIBUTIONS 3. \$ SCHEDULE E: LOANS 4. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 5. \$ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 6. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ 7 SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD â. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS ۵, SCHEDULG H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10, SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ tt. SCHEDULE K; INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advortising Exponso Accounting/Banking Consulling Exponse Contributions/Conations Made By Candidate/Officeholdar/Political Committee

Event Expense Foos Food/Beverage Exponse Gfft/Nwards/Mamorials Expense Logal Servicos Lonn Depayment/ Inimhursoment Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel on District Travel Out Of District Other (enter a category not listed above)

	Candidate/Officeholder/Politic redli Card Payment	The Instruction Guide explains how to	a complete this form,	Chief (antal a catago y normada acusto)
1	Total pages Schedule G:	I San I Howkon		3 Filer II) (Fibles Commission Filers)
4	Dato 11416	Can Jaanto Com	ty Repub	lican Party
6	Amount (8)	7 Payee address: City; State; Zip Codo 201 State Itwy 150	Suite J	
	[Y] Combination of the polymer of th	Cold-pris 7	1331 (b) Description =	1 00/° - 5
8	PURPOSE OF EXPENDITURE	(a) Category (See Garagorius livied at the top of this schedule)	Chack litrave outside	of local controls schodule T. C. T.C.
9	Complete <u>ONLY</u> if direct expenditure to benofit G/C	Candidate / Officeholder name OH	Office sought	Office held
	Date	Payeename		
	Amount (\$)	Payee address: Clty; Slate; Zip Code		
	Relimbul soment from political dominions intended		Lux a xu	
	PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)		of Tokas, Complete Schedu's T. of/icahalider living expense
	Complete ONLY if direct expanditive to benefit C/C	Candidate / Officeholder name OH	Office sought	Office hold
	Dalo	Рауве пата		
	Amount (\$)	Payee address; Clty; State; Zip Code		
	Reimbursomont from collulad contributions intended			
	PURPOSE OF EXPENDITURE	Category (Soo Categories listed at the top of this schodula)		ro! Texas, Complete Schedule F <sub>e</sub> r , afficultolder (living expensu
	Complete QNLY is direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held
		ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

Se	e CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE	MS / MRS (MR ) FIRST MI	OFFICE USE ONLY
NAME	SAM	Acel #
	NICKNAME LAST SUFFIX	- 4
	- Houston	Date Recolved
CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
MAILING		
ADDRESS	6301 FM 945 South	
	6301 FM 945 South Cleveland TX 77328	
CANDIDATE	AREA CODE PHONE NUMBER EXTENSION	Date Hand-delijvered or Postmarked
PHÓNE	(281) 450-9007	Date Processed.
	(40.) 750 9007	70
OFFICE HELD (If any)	Honorable Constable	Date Imaged
OFFICE SOUGHT (If known)	Honorable Constable	
CAMPAIGN TREASURER	MS/MREMIR) FIRST MI NICKNAME  E/bert Kenneth Sup	LAST SUFFIX
NAME	Elbert Kenneth Sup	hrett
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
NAME		ZIP CODE
CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
CAMPAIGN TREASURER STREET ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE;	ZIP CODE
CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#, CITY: STATE;	ZIP CODE
CAMPAIGN TREASURER STREET ADDRESS residence or business)  CAMPAIGN TREASURER PHONE	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE;  89 River Creak 17d. Claveland  AREA CODE PHONE NUMBER EXTENSION  (231) 622. 4312	ZIP CODE
CAMPAIGN TREASURER STREET ADDRESS residence or business)  CAMPAIGN TREASURER PHONE  CANDIDATE	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#, CITY; STATE;  89 Rover Creek 12d. Claveland  AREA CODE PHONE NUMBER EXTENSION	zip CODE  Tw 77378  exas Government Code.
CAMPAIGN TREASURER STREET ADDRESS (residence or business)  CAMPAIGN TREASURER PHONE  CANDIDATE	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE#; CITY; STATE;  89 Round Creek 12d. Cleveland  AREA CODE PHONE NUMBER EXTENSION  (231) 622. 4312  Lam aware of the Nepotism Law, Chapter 573 of the Telland aware of my responsibility to file timely reports a	exas Government Code.
CAMPAIGN TREASURER STREET ADDRESS residence or business)  CAMPAIGN TREASURER PHONE  CANDIDATE	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY: STATE;  BY RIVER Creek IZd. Cleveland  AREA CODE PHONE NUMBER EXTENSION  (231) 6 22 4 3 1 2  Lam aware of the Nepotism Law, Chapter 573 of the Telloction Code.  Lam aware of the restrictions in title 15 of the Election Code.	exas Government Code.

## 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 \$500 in political contributions or make more than \$500 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. 2015-2016 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.