CANDIDATE / OFFICEHOLDER REPORT OF IN A DEBORT Waridel Montgomery Elections Administrator FORM C/OH - FR DESIGNATION OF FINAL REPORT "wither County, Texas The Instruction Guide explains how to complete this form. .. Complete only if "Report Type" on page 1 is marked "Final Report" .. 1 C/OH NAME 2 Filer ID (Ethics Commission Filers) Elward Weisis I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder FILER WHOIS NOT AN OFFICEHOLDER .. Complete A & B below only if you are not an officeholder. .. **CAMPAIGN FUNDS** Check only one: do not have unexpended contributions or unexpended interest or income earned from political contributions. I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204. В. ASSETS Check only one: l do not retain assets purchased with political contributions or interest or other income from political contributions. I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate 5 OFFICEHOLDER .. Complete this section only if you are an officeholder .. I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions. Signature of Officeholder

The C/OH Instruction Gui	ide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/(MR) FIRST	MI 	OFFICE USE ONLY
NAME	NICKNAME LAST	^{s∪} FiLED	Date Received OI IDI2025
4 CANDIDATE/ OFFICEHOLDER		CITY; STATE; ZIP CODE	eridel Montgomery ctions Administrator
MAILING ADDRESS	-/	Tulin Tr 790 SSW	sher County, Texas
Change of Address 5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	
OFFICEHOLDER	(804) 674-5324		Date Hand-delivered or Date Postmarked 01 10 2035
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed DI 10 A035
	Ed likison		Date Inhaged
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE#; CITY;	STATE; ZIP CODE
ADDRESS		14/14	Tx 79088
(Residence or Business)	AREA CODE PHONE NUMBER	EXTENSION	
TREASURER	AREA CODE PHONE NUMBER	EXTENSION	
PHONE	(806) 674 53	24/	
9 REPORT TYPE	January 15 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before el	ection Exceeded Modified Reporting Limit	Final Report (Allach C/OH- FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	7/3/24	THROUGH / /	15/25
11 ELECTION	ELECTION DATE	ELECTION TYPE Runoff Other	
	Month Day Year Primary	Description	
	/ / General		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (if known	
14 NOTICE FROM	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS	ACCEPTED OR POLITICAL EXPENDITURES M	ADE BY POLITICAL COMMITTEES TO SUPPORT
POLITICAL	THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU		
	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TR	EASURER NAME	
	COMMITTEE CAMPAIGN TE	REASURER ADDRESS	
		DA 05 0	100 100 100 100 100 100 100 100 100 100
	GO TO	PAGE 2	

15 C/OH NAME	*		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECT	NTEES OF LOANS, OR	s O		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)				
EXPENDITURE TOTALS	TOTAL LIMITEMIZED DOLLTICAL EXPENDITURE		\$ 0		
	4. TOTAL POLITICAL EXPENDIT	URES	\$ 0		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LA	S \$ Z		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING		of the \$		
	wear, or affirm, under penalty of perjury, the		rue and correct and includes all information		
		-	//		
		- dele	of		
		Signature of C	Candidate or Officeholder		
	Please comple	ete either option belo	Na.		
	i lease compi	ste ettilei option belo	. AA.		
		,			
(1) Affidavit					
(1) Amauric					
NOTARY STAMP/SEA					
NOTART STAWFTSEA	=				
Swom to and subscribed	before me by	this the	e day of		
			uay or		
20, to certify	which, witness my hand and seal of office.				
Signature of officer administe	ring oath Printed name of office	er administering oath	Title of officer administering oa		
		OR			
(2) Unsworn Declarati	on				
1					
My name is	said Weisir	and my date of birth	i .		
My address is		Talia	TV. 78018. Brish =		
, 344100010	(street)	COMMUNICATION CONTRACTOR AND ACTION OF THE PARTY OF THE P			
5.1		A STATE OF THE STA	(state) (zip code) (country)		
Executed in	County, State of Texas	on the 10 day of	(mar)		
		- Co	(year)		
		Signatura	didate/Officeholder (Declarant)		
		adiame of cano	minima (Decidiality		

FILED

SUBTOTALS - C/OH

Maridel Montgomery
Elections Administrator
Swisher County Texas

19 FILER NAME 20 Filer ID (Ethics Cor	mmission	Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		JBTOTAL MOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0
4. SCHEDULE E: LOANS	\$	0
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	2
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Flers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS (MR MI OFFI CEUSEONLY **OFFICEHOLDER** NAME Date Received NICKNAME ZIP CODE FILED 4 CANDIDATE! STATE: ADDRESS / PO BOX; OFFICEHOLDER 19088 Maridel Montgomery MAILING Elections Administrator **ADDRESS** Swisher County, Texas Change of Address PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (506) 676-5324 PHONE Receipt # Amount \$ MI 6 CAMPAIGN TREASURER NAME NICKNAME SUFFIX STREET ADDRESS (NO PO BOX PLEASE): ZIP CODE STATE 7 CAMPAIGN Tulia TREASURER 7X **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN TREASURER PHONE (806) 676-5324 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH-FR) Reporting Limit 10 PERIOD COVERED 30 / 05/20 THROUGH ELECTION TYPE **ELECTION DATE** 11 ELECTION Other Runoff Month Day General Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S 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 GO TO PAGE 2

	in the first that the second of the second o	
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 ELECTRONICALLY)	\$ Ø
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 110.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA OF REPORTING PERIOD	\$ Ø
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ Ø
(1) Affidavit NOTARY STAMP/SEA	Please complete either option below:	ate or Officeholder
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administer	ering oath Printed name of officer administering oath	Title of officer administering oath
(2) Unsworn Declarati	A STATE OF THE STA	
My name is	and my date of birth is	(zip code) (country)
Executed in <u>2001510</u>	County, State of /exc5, on the 2 Nd day of This day of	, 20 30 V. (year) V.
	Signature and andidate if	Officebolder (Declarant)

19	FILERNAME 20 Filer ID (Ethics C	ommissi	on Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	Ø
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	Ø
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	Ø
4.	SCHEDULE E: LOANS	\$	Ø
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	Ø
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	Ø
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	Ø
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	[10.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	Ø
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s	Ø

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Loan Repayment/Reimbursement Office Overhead/Rental Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 6 Amount City; Zip Code political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE OF EXPENDITURE (c) Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Zip Code Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Pavee address: State Zip Code City; Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

					· · · · · · · · · · · · · · · · · · ·	
The C/OH Instruction 6	uide explains how	to complete this form.	1 Filer ID (Ethics Co	ommission Filers)	2 Total pages file	ed: 4
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR)	Edward		MI G	OFFICE	USE ONLY
NAME	NICKNAME	LAST		SUFFIX	Date Received	
A CANIDIDATE!	Ed	Weiser	CANCEL SECTION OF THE PROPERTY	F	ILEDOM 03	12024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;		city; state; Tulia TX	MOSS	Elections A	lontgome y Administrator ounty, Texas
5 CANDIDATE/ OFFICEHOLDER	AREA CODE	PHONE NUMBER	EXTENSIO	ON	Dale Hand-delivered	or Date Poslmarked
PHONE	(806)	676-5324			07/03/3	2024
6 CAMPAIGN TREASURER	MS / MRS / MR	Edward		MI E	Receipt #1	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	2024
	Es	Weiser			Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS	NO PO BOX PLEASE); APT / S		1	STATE;	ZIP CODE
ADDRESS			lu	lia	众	79088
(Residence or Business)						
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSIO	ON		
PHONE	(806) 6	16-5324				
9 REPORT TYPE	January 15	30th day before e	election Runo	off	15th day aft treasurer ap (Officeholde	
	July 15	8th day before ele	TANII .	eded Modified orling Limit	Final Report	(Altach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	3
00121120	02 /	26/2024	THROUGH	05/	18 200	14
11 ELECTION	ELECTION DA	re		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	05/28/	2024 General	Special	-		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	OUGHT (If known)	
			Cor	n Prec.	3	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEEN MADE W	ATHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S, KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			8	
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
	4	GO TO	PAGE 2			

15 C/OH NAME		1	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES,	TEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN LOANS, OR GUARANTEES OF LOANS, OR TIONS MADE ELECTRONICALLY)	\$ &
		LITICAL CONTRIBUTIONS AN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Ø
EXPENDITURE TOTALS	3. TOTAL UNIT	FEMIZED POLITICAL EXPENDITURE.	\$ %
C 200	4. TOTAL POI	LITICAL EXPENDITURES	\$ 254.51
CONTRIBUTION BALANCE		ITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST TING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	F 1970	NCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE REPORTING PERIOD	THE \$ Ø
(1) Affidavit NOTARY STAMP/SEA		Please complete either option below:	didate or Officeholder
Sworn to and subscribed	before me by	this the	day of,
	which, witness my hand a	and seal of office.	
20, to certify			
20, to certify Signature of officer administer (2) Unsworn Declaration	ring oath		Title of officer administering oath
20, to certify Signature of officer administer (2) Unsworn Declaration	ring oath	Printed name of officer administering oath	
20, to certify Signature of officer administer (2) Unsworn Declaration	on Whise	Printed name of officer administering oath OR and my date of birth is	
20, to certify Signature of officer administer (2) Unsworn Declaration My name is	on (street)	Printed name of officer administering oath and my date of birth is	Title of officer administering oath

9 FILERNAME 20 Filer ID (Ethics Co			sion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	Ø
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	Ø
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	Ø
4. SCHEDULE E: LOANS		\$	Ø
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	ITRIBUTIONS	\$	ø
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	Ø
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$	Ø
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	Ø
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$	254.51 7
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	Ø
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$	Ø
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$	Ø

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGOR	NES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made: Candidate/Officeholded/Politic Credit Card Payment	Fees Cofficerage Expense Polical Committee Legal Services Sale	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gifl/Awards/Memorials Expense Printing Expense				
1 Total pages Schedule G:	2 FILER NAME Edunad Weiser		3 Filer ID (Ethics Commission Filers)			
4 Date 17-112-122-1	5 Payee name					
6 Amount (\$) 1121.26 Reimbursement from political contributions intended	7 Payee address; 5600 Bell St Suite 105	city: Amar; Ili	State; Zip Code 7 7X 79,09			
8 PURPOSE	(a) Calegory (See Categories listed at the top of this schedul	e) (b) Description				
OF EXPENDITURE	Advertising Expense (c) Check if travel outside of Texas. Complete Schedule	T.	gn5 TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
05/10/2024	UPS Store					
Amount (\$) Figure 13. J5 Reimbursement from political contributions intended	Payee address: 5600 Bell St Suite 105	city: Amas:11	State: Zip Code 7 79109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	- Flyer	Flyer handout			
	Check if travel outside of Texas. Complete Schedule		TX. officeholder living expense Office held			
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office field			
Date	Payee name					
05/13/2024	Swisher County News					
Amount (\$) /OO Of Reimbursement from political contributions intended	Payee address: V	Tulia	State; Zip Code TX 1908			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	Description Newspap	er Ad			
	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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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The C/OH Instruction G	uide explains how to co	mplete this form.	1 Filer ID (Ethic	cs Commission Filers)	2 Total pages file	3
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR) NICKNAME	Edward LAST Weiser		MI E SUFFIX	Date Received FILEDO	USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	city; stati		Electio	el Montgomer ns Administra er County, Tex
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PH (806) 676-	ONE NUMBER	EXTE	NSION	Date Hand-delivered	2024
6 CAMPAIGN TREASURER NAME	MS / MRS /(MR) NICKNAME	FIRST Edward LAST Weiser		MI E SUFFIX	Date Processed O 1 03 Date Image8	2024
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO	BOX PLEASE); APT / S		with	STATE,	ZIP CODE 19088
8 CAMPAIGN TREASURER PHONE	AREA CODE PH	ione number	EXTE	NSION		
9 REPORT TYPE	January 15	30th day before ele	ection 1	Runoff Exceeded Modified Reporting Limit	treasurer ap (Officeholde	
10 PERIOD COVERED	Month O2 /0:	Day Year 5 /2024	THROUGH	Month O_{Q}	Day Year / 35 / 20/	24
11 ELECTION	ELECTION DATE Month Day 03/05/20	Year Primary General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFIC	DM Prec	3	*
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF THE CANDIDATE / OFFICEHOLD CONSENT. CANDIDATES AND COMMITTEE TYPE COM	ER. THESE EXPENDITURE	S MAY HAVE BEEN MA	DE WITHOUT THE CAN	DIDATE'S OR OFFICEHOL	DER'S, KNOWLEDGE OR
Additional Pages	SPECIFIC COM	MITTEE ADDRESS MITTEE CAMPAIGN TRE			•	
			PAGE 2			

			CONTRACTOR OF THE CONTRACTOR O		
15 C/OH NAME	ard weis	all		16 Filer	ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL U	search and the search of the s		AN	\$ 0
		OLITICAL CONTRIBUT HAN PLEDGES, LOANS,	IONS OR GUARANTEES OF LOAN	s)	\$ Ø
EXPENDITURE TOTALS	3. TOTAL UI	NITEMIZED POLITICAL EX	(PENDITURE.		\$ Ø
M 21. 3 P2/376/2015	4. TOTALP	OLITICAL EXPENDITU	RES		\$ 0
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTION RTING PERIOD	S MAINTAINED AS OF THE L	AST DAY	\$ Ø
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF AL Y OF THE REPORTING PE	L OUTSTANDING LOANS AS ERIOD	OF THE	\$ Ø
(1) Affidavit NOTARY STAMP/SEA Sworn to and subscribed	before me by		Sign é tui e either option belo		_ day of
20, to certify		id and seal of office.			
Signature of officer administe	ering oath	Printed name of officer a			Title of officer administering oath
		OI.			
(2) Unsworn Declaration My name is	and Wrise	et) —	and my date of birth City) on the Lle day of Le	(state)	19086, Swisher. (zip code) (country)
			Signature of Can	10	(year).

FILER NAME 20 Filer ID (Ethics Co.			Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			JBTOTAL MOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	ϕ
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	Ø
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	Ø
4. SCHEDULE E: LOANS		\$	ø
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$	Ø
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	ø
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$	ø
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	ø
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	0 *
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	Ø
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	$ \emptyset $
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$	ϕ

The C/OH Instruction G	Suide explains how to complete this form.	1 Filer ID (Bhics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MRS FIRST Edward	MI E	OFFICEUSEONLY
IVAIVIE	NICKNAME LAST	SUFFIX	Date Received
	Ed Weiser		FILED_07/03/2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRES S/PO BOX; APT/SUITE #;	aty; state; zip code Talia TX 19088	Maridel Montgomery Elections Administrator Swisher County, Texas
	CIONE NUMBER		
5 CANDIDATE/ OFFICEHOLDER PHONE	(806) 676-5324	EXTENSION	Date Hand-delivered or Date Postmarked 07.03.0004
6 CAMPAIGN TREASURER NAME	MS/MRS/MRS/MRS FIRST Edward	MI E	Receipt # Amount S Date Processed
NAIVIE	NICKNAME LAST	SUFFIX	07 03 2024
	Ed Weiser		Date Imaged L
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE: ZIP CODE
TREASURER ADDRESS		Tulia	TX 19088
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	(806) 676-5324	EXTENSION	
9 REPORTTYPE	January 15 📝 30th day before	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before el	lection Exceeded Modified Reporting Limit	Final Report (Altach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
3372.	61/01/2024	THROUGH O2	04 /2024
11 ELECTION	ELECTION DATE	ELECTION TYPE	
II ELECTION	Primary	20-15	
	World Day 100	Description	
	03/05/2024 General	d Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know)	
		Com Prec. 3	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURI CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU	ES MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S, KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TR	REASURER NAME	
	COMMITTEE CAMPAIGN TO	REASURER ADDRESS	
	GO TO	PAGE 2	

	to the state of th	
15 C/OH NAME	16 FI	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ Q
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ Q
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \Q
	4. TOTAL POLITICAL EXPENDITURES	\$ 621.11
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \ _{\(\infty\)}
18 SIGNATURE 1	swear, or affirm, under penalty of perjury, that the accompanying report is true and	correct and includes all information
	quired to be reported by me under Title 15, Election Code.	on est and modes an mornation
	1/1/2	
	g Moust +	
	Signature of Candidate	e or Officeholder
		25
	Please complete either option below:	
		(4)
(4) 055 5		
(1) Affidavit		
		-
NOTARY STAMP/SEA	NL	
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administration	ering oath Printed name of officer administering oath	Title of officer administering oath
Detailed to the	(V. 20B)	STATE THE STATE OF
(2) Unsworn Declarat		1
	and 112 incom	
Parameter and Cause of the St. T. CANS-1970	and weiser and my date of birth is	0
My address is		19088. Swisher.
2. 1	(street) (city) (state)	(zip code) (country)
Executed in Sulish	es County, State of Texas , on the 5 _ day of Februar	4 .20 24.
	(month)	/ (year)
	- Showle	
	Signature of Condidate/Of	Finaholdes (Declarant)

19 FILER NAME	20 Filer ID (Ethics Com	missio	n Filers)
Edward Weiser			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$	Ø
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	Ø
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	Ø
4. SCHEDULE E: LOANS		\$	ø
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$	Ø
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	ø
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$	Ø
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	Ø
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$ (621.11
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF CIOH	\$	Ø
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$	Ø
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI	ONS RETURNED	S	Ø

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGORI	ES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement Overhead/Rental Expense g Expense ngExpense les/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 Schedule G:	2 FILER NAME Edward Weiser		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name WS STORE		
6 Amount (\$) 498,71	7 Payoe address; 5600 Bell St Shite 105	City;	State; Zip Code
Reimbursement from political contributions intended	Amar: 110, 72 79109		
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
EXPENDITURE	HOUNTSING EXPENSE (c) Check if travel outside of Texas. Complete Schedule T.	Vara S Check F Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
01/26/2024	UPS Store		
Amount (\$) 22. 40 Reimbursement from political contributions intended	Payee address: 5600 Bell St Suite 105	City; Amari	State; Zip Code 10 TX 19/09
PURPOSE	Category (See Categories listed at the top of this schedule)	r1 1	1 4
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.		MA DCAT TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
02/19/2024	Swisher County News		
Amount (\$) \$\\\$/00 Reimbursement from political contributions intended	Payee address: 0	city: Tulia	State; Zip Code 7X 79088
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T.	News pa	iper ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	TX. officeholder living expense Office held

ATTACHADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics C	ommission Filers)	2 Total pages filed: 3
3 CANDIDATE / OFFICEHOLDER NAME	MSIMRS/MB	FIRST E)w~10		MI E	OFFICE USE ONLY
	NICKNAME F	Weis of		SUFFIX	PILED 1/11/2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	0		Tulia Tx	ZIP CODE	Richelle Culifer Elections Administra Swisher County, Tex
Change of Address			_		
5 CANDIDATE/ OFFICEHOLDER PHONE	(ROIP)	1076-532	EXTENSI	ON	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS(MP)	FIRST		MI E-	Receipt # Amount \$
	NICKNAME	Weis er		SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE#; CITY;		STATE; ZIP CODE 1x 740 85
8 CAMPAIGN TREASURER PHONE	AREA CODE (SOφ)	PHONE NUMBER 676-836	extension of the second of the	ON	
9 REPORT TYPE	January 15	30th day before e		off	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	CHOIL	eeded Modified orting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year
OOVERED	9,	/26/23	THROUGH	121	31/23
11 ELECTION	ELECTION DA Month Day	TE Year Primary	Runoff	Other Description	
	3/5	24 General	Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	SOUGHT (If known	u- Prec. 3
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE	MITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPOR DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE O THEY RECEIVE NOTICE OF SUCH EXPENDITURES
33	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
**************************************		GO TO	PAGE 2		

15 C/OH NAME	1 / -	16 Filer ID (Ethics Commission Filers)
Edward	Weise	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 6
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
	uired to be reported by me under Title 15, Election Code.	and sorrost and modess an anomalism
		·
	- Mary 1	
	- Signature or Can	didate or Office holder
		14 m
1		
	Please complete either option below	
	r lease complete entier option below	
(4) A 60 1 - 14		
(1) Affidavit		
NOTARY STAMP/SEAL		
NOTALL CHAMITOLISE		
Sworn to and subscribed	before me by this the	day of
20 , to certify	which, witness my hand and seal of office.	
	enconfusion in such a consistent de la confusion de la conf	
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	, , , , , , , , , , , , , , , , , , , ,	The of officer duffinistering out
	OR	
(2) Unsworn Declaration	on	
El.	and my date of birth is	
0.27		
My address is	- /ulia /	4 79088, US
		ate) (zip code) (country)
Executed in _ Swish	County, State of 79 X 95, on the // day of 390	mary, 20 2024
	(month)	(year)
	Signature of Candida	ate/Officeholder (Dedarant)
	Signature of Calidaa	no onocholaci (Devalatily

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 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 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD
NAME OF SCHEDULE 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 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 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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 \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$
4. SCHEDULE E: LOANS \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$
SOLESCETO, POROTIAGE OF INVESTIGATION OF THE CONTRIBUTIONS OF THE CONTRI
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 \$

APPOINTMENT OF A CAMPAIGN TREASURER FORM CTA BY A CANDIDATE PG 1 1 Total pages filed: See CTA Instruction Guide for detailed instructions. OFFICE USE ONLY CANDIDATE NAME Filer ID# SUFFIX F | Pate Riceived 09-26-2023 Richelle Culifer **Elections** Administrator CANDIDATE Bwieher County, Texas MAILING Tx 79088 Tulia **ADDRESS** Date Hand-delivered or Postmarked 09-76-2023 AREA CODE **EXTENSION** CANDIDATE PHONE NUMBER PHONE (806) 676-5324 Date Processed **OFFICE** HELD (if any) **OFFICE** SOUGHT (if known) CAMPAIGN TREASURER NAME CAMPAIGN TREASURER STREET **ADDRESS** (residence or business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER PHONE 676-5324 10 CANDIDATE SIGNATURE I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and laborations.

www.ethics.state.tx.us

Signature of Candidate

- 11 CANDIDATE NAME
- 12 MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

- •• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
 - •• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••

I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

Year of election(s) or election cycle to which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission
P.O. Box 12070

Austin, TX 78711-2070

must file this form with the local filin

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