

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

10

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS  MR FIRST MI A  
DAVID  
NICKNAME LAST SUFFIX  
Todd

OFFICE USE ONLY

Date Received  
TARRANT COUNTY ELECTIONS ADMINISTRATION

JAN 16 2024

RECEIVED

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

Change of Address

2040 C.R. 403 Beeville, Tx. 78102

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(361) 362-7018

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS  MR FIRST MI A  
DAVID  
NICKNAME LAST SUFFIX  
Todd

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

(Residence or Business)

2040 CR 403 Beeville Tx. 78102

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(361) 362-7018

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year

10 / 11 / 23 THROUGH 12 / 31 / 2023

11 ELECTION

ELECTION DATE

Month Day Year

3 / 5 / 2024

ELECTION TYPE

Primary  Runoff  Other Description  
 General  Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

PET #3 Commissioner

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 2**

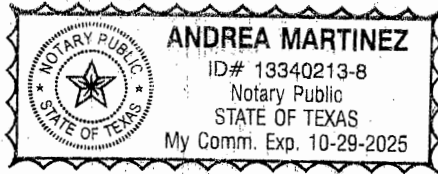
|                                   |   |  |
|-----------------------------------|---|--|
| 15 C/OH NAME<br><i>David Todd</i> |   | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS            | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <i>0</i>                            |
|                                   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ <i>0</i>                            |
| EXPENDITURE TOTALS                | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ <i>0</i>                            |
|                                   | 4. TOTAL POLITICAL EXPENDITURES   | \$ <i>5,200.07</i>                     |
| CONTRIBUTION BALANCE              | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ <i>1,000.00</i>                     |
| OUTSTANDING LOAN TOTALS           | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ <i>6,200.07</i>                     |

**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.

*David Todd*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP / SEAL

Sworn to and subscribed before me by David Alvie Todd this the 11<sup>th</sup> day of January

20 24, to certify which, witness my hand and seal of office.

Andrea Martinez Signature of officer administering oath  
Andrea Martinez Printed name of officer administering oath  
Notary Public Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ (month) \_\_\_\_\_ (year).

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|   |   |  |
|---|---|--|
| 19 FILER NAME<br><i>David Todd</i>        |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ <del>0</del>                        |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ <del>0</del>                        |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ <del>0</del>                        |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 6,200.00                            |
| 5.  | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS              | \$ <del>0</del>                        |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ <del>0</del>                        |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ <del>0</del>                        |
| 8.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ 5200.00                             |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ <del>0</del>                        |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ <del>0</del>                        |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ <del>0</del>                        |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <del>0</del>                        |

**LOANS**

**SCHEDULE E**

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

|  |   |   |
|--|---|---|
| The Instruction Guide explains how to complete this form.                        |   | 1 Total pages Schedule E:<br><u>1</u>   |
| 2 FILER NAME<br><u>DAVID Todd</u>  |   | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS  |   | \$  |
| 5 Date of loan   | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><u>DAVID Todd</u> | 9 Loan Amount (\$)<br><u>1,000<sup>00</sup></u>   |
| 6 Is lender a financial institution?<br><br>Y <input checked="" type="radio"/> N | 8 Lender address; City; State; Zip Code<br><u>2040 CR 403 Beeville TX 78102</u>               | 10 Interest rate<br><u>0</u>  |
|  |   | 11 Maturity date  |
| 12 Principal occupation / Job title (See Instructions)                           |   | 13 Employer (See Instructions)  |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none         |   | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable          | 17 Name of guarantor<br><u>DAVID Todd</u>   | 19 Amount Guaranteed (\$)<br><u>1,000<sup>00</sup></u>  |
|  | 18 Guarantor address; City; State; Zip Code<br><u>2040 CR 403 Beeville TX 78102</u>           |   |
| 20 Principal Occupation (See Instructions)                                       |   | 21 Employer (See Instructions)  |
| Date of loan<br><u>Oct. 29-23</u><br><u>to Dec 19-23</u>                         | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br><u>DAVID Todd</u>   | Loan Amount (\$)<br><u>\$5,200<sup>00</sup></u>   |
| Is lender a financial institution?<br><br>Y <input checked="" type="radio"/> N   | Lender address; City; State; Zip Code<br><u>2040 CR. 403 Beeville, TX. 78102</u>              | Interest rate<br><u>0</u>   |
|  |   | Maturity date<br><u>0</u>   |
| Principal occupation / Job title (See Instructions)                              |   | Employer (See Instructions)   |
| Description of Collateral<br><input checked="" type="checkbox"/> none            |   | <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)               |
| GUARANTOR INFORMATION<br><br><input type="checkbox"/> not applicable             | Name of guarantor<br><u>DAVID Todd</u>  | Amount Guaranteed (\$)<br><u>\$5,200<sup>00</sup></u>   |
|  | Guarantor address; City; State; Zip Code<br><u>2040 CR. 403 Beeville TX. 78102</u>            |   |
| 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.

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F4:<br><i>6</i>                        | <b>2</b> FILER NAME<br><i>David Todd</i>   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  | \$   |
| <b>5</b> Date<br><i>10-27-23</i>                                     | <b>6</b> Payee name<br><i>PAINT WORKS</i>  |  |
| <b>7</b> Amount (\$)<br><i>4,291<sup>03</sup></i>                    | <b>8</b> Payee address; City; State; Zip Code<br><i>2312 S TOURIST DR EDINBURG TX 78539</i>  |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Advertising Exp.</i>   | <b>(b)</b> Description<br><i>SIGNS</i>       |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <span style="float:right"><u>Office sought</u> Office held</span><br><i>David Todd commissioner Per. #3</i>                            |  |
| Date<br><i>11-10-23</i>  | Payee name<br><i>TRACTOR SUPPLY</i>  |  |
| Amount (\$)<br><i>136<sup>90</sup></i>                               | Payee address; City; State; Zip Code<br><i>2500 N. ST. MARYS Beeville TX 78102</i>   |  |
| TYPE OF EXPENDITURE  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><i>Advertising Exp.</i>  | Description<br><i>T Post</i>                 |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name <span style="float:right"><u>Office sought</u> Office held</span><br><i>David Todd commissioner Per. #3</i>                            |  |

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule F4:<br><i>6</i>                      | 2 FILER NAME<br><i>DAVID TODD</i>   | 3 Filer ID (Ethics Commission Filers)               |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD |   | \$  |
| 5 Date<br><i>11-21-23</i>                                   | 6 Payee name<br><i>MCCOY'S</i>  |   |
| 7 Amount (\$)<br><i>\$20.08</i>                             | 8 Payee address;<br><i>170 E. FM351</i>   | City; State; Zip Code<br><i>Beeville, Tx. 78102</i> |
| 9 TYPE OF EXPENDITURE                                       | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |   |
| 10 PURPOSE OF EXPENDITURE                                   | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising Exp.</i>   | (b) Description<br><i>wasbeast screens</i>          |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| 11 Complete ONLY if direct expenditure to benefit C/OH      | Candidate / Officeholder name<br><i>David Todd</i>  | Office held<br><i>Commissioner Pet. #3</i>          |
| Date<br><i>11-24-23</i>                                     | Payee name<br><i>TRACT OR SUPPLY</i>  |   |
| Amount (\$)<br><i>\$54.99</i>                               | Payee address;<br><i>2500 N. ST MARYS</i>   | City; State; Zip Code<br><i>Beeville, Tx. 78102</i> |
| TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |   |
| PURPOSE OF EXPENDITURE                                      | Category (See Categories listed at the top of this schedule)<br><i>Advertising Exp.</i>   | Description<br><i>T Post</i>                        |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas, Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |   |
| Complete ONLY if direct expenditure to benefit C/OH         | Candidate / Officeholder name<br><i>David Todd</i>  | Office held<br><i>Commissioner Pet. #3</i>          |

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# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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## EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| <b>1</b> Total pages Schedule F4:<br><i>6</i>   | <b>2</b> FILER NAME<br><i>DAVID TODD</i>   | <b>3</b> Filer ID (Ethics Commission Filers)        |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD  |  | \$  |
| <b>5</b> Date<br><i>11-16-23</i>  | <b>6</b> Payee name<br><i>HARBOR FREIGHT</i>   |   |
| <b>7</b> Amount (\$)<br><i>\$57.90</i>  | <b>8</b> Payee address;<br><i>3605 N. NAVARRO</i>  | City; State; Zip Code<br><i>VICTORIA TX. 77901</i>  |
| <b>9</b> TYPE OF EXPENDITURE  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |   |
| <b>10</b> PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)   | (b) Description                                     |
|   | <i>Advertising Exp. Zip Ties</i>   |   |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |   |
| <b>11</b> Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name <i>DAVID TODD</i> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Office sought</span> Office held <i>Commissioner Pct #3</i> |   |
| Date<br><i>11-16-23</i>   | Payee name<br><i>TRACTOR SUPPLY</i>  |   |
| Amount (\$)<br><i>\$72.14</i>   | Payee address;<br><i>2500 N. ST MARYS</i>  | City; State; Zip Code<br><i>Beeville, TX. 78102</i> |
| <b>TYPE OF EXPENDITURE</b>  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |   |
| <b>PURPOSE OF EXPENDITURE</b>   | Category (See Categories listed at the top of this schedule)   | Description   |
|   | <i>Advertising Exp. T Post</i>   |   |
| (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |  |   |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name <i>DAVID TODD</i> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">Office sought</span> Office held <i>Commissioner Pct #3</i> |   |

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Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F4:<br><i>6</i>                        | <b>2</b> FILER NAME<br><i>DAVID TODD</i>   | <b>3</b> Filer ID (Ethics Commission Filers)   |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |  | \$   |
| <b>5</b> Date<br><i>12-1-23</i>                                      | <b>6</b> Payee name<br><i>HARBER FBEIGHT</i>   |  |
| <b>7</b> Amount (\$)<br><i>\$ 46.52</i>                              | <b>8</b> Payee address;<br><i>3605 N. MAVRARD</i>  | City; State; Zip Code<br><i>Victoria TX. 77901</i>   |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Advertising Exp.</i>   | <b>(b)</b> Description<br><i>Zip Ties</i>  |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><i>DAVID TODD</i>   | <input checked="" type="checkbox"/> Office sought <input type="checkbox"/> Office held<br><i>commissioner Pct #3</i> |
| Date<br><i>12-8-23</i>   | Payee name<br><i>TRACTOR SUPPLY</i>  |  |
| Amount (\$)<br><i>\$ 29.95</i>                                       | Payee address;<br><i>2500 N. ST. MARYS</i>   | City; State; Zip Code<br><i>Beville TX. 78102</i>  |
| <b>TYPE OF EXPENDITURE</b>   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political   |  |
| <b>PURPOSE OF EXPENDITURE</b>  | Category (See Categories listed at the top of this schedule)<br><i>Advertising Exp.</i>  | Description<br><i>T Post</i>   |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name<br><i>DAVID TODD</i>   | <input checked="" type="checkbox"/> Office sought <input type="checkbox"/> Office held<br><i>commissioner Pct #3</i> |

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# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F4:<br><i>6</i>                        | <b>2</b> FILER NAME<br><i>David Todd</i>  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD   |   | \$   |
| <b>5</b> Date<br><i>12-15-23</i>                                     | <b>6</b> Payee name<br><i>TRACTOR SUPPLY</i>  |  |
| <b>7</b> Amount (\$)<br><i>\$59.90</i>                               | <b>8</b> Payee address; City; State; Zip Code<br><i>2500 N. ST. MARYS Beeville, TX. 78102</i>   |  |
| <b>9</b> TYPE OF EXPENDITURE   | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>10</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br><i>Advertising Exp.</i>  | <b>(b)</b> Description<br><i>T Post</i>      |
|  | <b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense              |  |
| <b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name <span style="float:right">Office sought <u>Office held</u></span><br><i>David Todd</i> <span style="float:right"><i>commissioner Pct. #3</i></span> |  |
| Date<br><i>12-16-23</i>  | Payee name<br><i>TRACTOR SUPPLY</i>   |  |
| Amount (\$)<br><i>\$100.66</i>                                       | Payee address; City; State; Zip Code<br><i>2500 N. ST. MARYS Beeville, TX. 78102</i>  |  |
| TYPE OF EXPENDITURE  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| PURPOSE OF EXPENDITURE   | Category (See Categories listed at the top of this schedule)<br><i>Advertising Exp.</i>   | Description<br><i>T Post</i>                 |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense                         |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH           | Candidate / Officeholder name <span style="float:right">Office sought <u>Office held</u></span><br><i>David Todd</i> <span style="float:right"><i>commissioner Pct. #3</i></span> |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

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

### EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

|  |                                   |                                       |
|--|-----------------------------------|---------------------------------------|
| 1 Total pages Schedule F4:<br><i>6</i> | 2 FILER NAME<br><i>David Todd</i> | 3 Filer ID (Ethics Commission Filers) |
|--|-----------------------------------|---------------------------------------|

|   |    |
|---|----|
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | \$ |
|---|----|

|                           |                             |
|---------------------------|-----------------------------|
| 5 Date<br><i>12-19-23</i> | 6 Payee name<br><i>USPS</i> |
|---------------------------|-----------------------------|

|  |   |
|--|---|
| 7 Amount (\$)<br><i>\$330<sup>00</sup></i> | 8 Payee address; City; State; Zip Code<br><i>111 N. ST. MARYS Beeville, TX. 78102</i> |
|--|---|

|                       |  |
|-----------------------|--|
| 9 TYPE OF EXPENDITURE | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|-----------------------|--|

|                           |   |  |
|---------------------------|---|--|
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br><i>Advertising Exp.</i>   | (b) Description<br><i>Postage mail out</i> |
|                           | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense |  |

|  |  |  |             |
|--|--|--|-------------|
| 11 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name<br><i>David Todd</i> | Office sought<br><i>Commissioner Pct. #3</i> | Office held |
|--|--|--|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                                      |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

|                     |   |
|---------------------|---|
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political |
|---------------------|---|

|                        |   |             |
|------------------------|---|-------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule)  | Description |
|                        | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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