

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 Mr	FIRST Phillip	MI A.		
	NICKNAME	LAST Martin	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 2891 CR 3303 Greenville TX 75402				
	Date Received AT 1 o'clock 01 M JAN 17 2024 JEANNIE ASH Elections Administrator, Hunt County, TX By: JP				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (903)	PHONE NUMBER 453-5561	EXTENSION		
	Date Hand-delivered or Date Postmarked				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR 0	FIRST Dorothy	MI 51		
	NICKNAME	LAST Martin	SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2891 CR 3303 Greenville TX 75402				
	Receipt #				
8 CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 453-5561	EXTENSION		
	Amount \$				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)				
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year				
	09 / 28 / 2023			12 / 31 / 2023	
11 ELECTION	ELECTION DATE		ELECTION TYPE		
	Month Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description	<input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) Hunt Co Commissioner Dist 3		13 OFFICE SOUGHT (if known) Hunt Co Commissioner Dist 3		
	Date Processed				
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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			
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS				
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

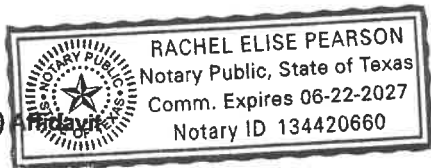
15 C/OH NAME Phillip A. Martin 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>—</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2440.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>—</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4935.78</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1504.22</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>4,000.00</u>

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.

Phillip A. Martin
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Phillip Martin this the 17 day of January, 2024, 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 _____

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____.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Phillip A. Martin</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>2440.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>—</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ <i>—</i>
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ <i>4,000.00</i>
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4935.78</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ <i>—</i>
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>—</i>
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>—</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ <i>—</i>
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>—</i>
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>—</i>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:

2

2 FILER NAME

Phillip A. Martin

3 Filer ID (Ethics Commission Filers)

4 Date

10-22-23

5 Full name of contributor

out-of-state PAC (ID#: _____)

Jerry J. Ransom

7 Amount of contribution (\$)

\$ 50000

6 Contributor address;

City;

State;

Zip Code

Box 8703

Greenville TX

75402

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

NA

Date

11-13-2023

Full name of contributor

out-of-state PAC (ID#: _____)

Holly Gotcher

Amount of contribution (\$)

\$ 50000

Contributor address;

City;

State;

Zip Code

2610 Stonewall Greenville TX 75402

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self employed

Date

11-14-2023

Full name of contributor

out-of-state PAC (ID#: _____)

Joe Lr Craig

Amount of contribution (\$)

\$ 500.00

Contributor address;

City;

State;

Zip Code

4676 CR 3416 Lone Oak TX 75453

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

NA

Date

11-5-2023

Full name of contributor

out-of-state PAC (ID#: _____)

Buddy Breedlove

Amount of contribution (\$)

\$ 40000

Contributor address;

City;

State;

Zip Code

8264 CR3415 Lone Oak TX 75453

Principal occupation / Job title (See Instructions)

Retired

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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 A1:

2

2 FILER NAME

Phillip A Martin

3 Filer ID (Ethics Commission Filers)

4 Date

12-11-2023

5 Full name of contributor

out-of-state PAC (ID#: _____)

Alan Wallen

7 Amount of contribution (\$)

\$400.00

6 Contributor address;

City;

State;

Zip Code

4501 FM 2947 Greenville TX 75402

8 Principal occupation / Job title (See Instructions)

Construction

9 Employer (See Instructions)

Self Employed

Date

12-11

Full name of contributor

out-of-state PAC (ID#: _____)

Robert Caruth

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

6700 Caruth Ranch Blvd Waco TX 76798

Principal occupation / Job title (See Instructions)

Retired - Business man

Employer (See Instructions)

→ self Employed

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

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.

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: 1
2 FILER NAME <i>Phillip A. Martin</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>10-02-2023</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Phillip A. Martin</i>	9 Loan Amount (\$) <i>\$ 4,000.00</i>
6 Is lender a financial institution? Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code <i>2891 CR3303 Granville TX 75402</i>	10 Interest rate 0
		11 Maturity date 0
12 Principal occupation / Job title (See Instructions) <i>Commissioner</i>		13 Employer (See Instructions) <i>Hartco.</i>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME Phillip A. Martin	3 Filer ID (Ethics Commission Filers)
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4 Date 10-4-2023	5 Payee name None OAK News Letter
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6 Amount (\$) \$1025 <i>OK 12535</i>	7 Payee address: Box 61 Lone Oak, TX 75453	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Intend to Run Son office	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10-12-2023	Payee name Lake Printing Company Inc
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Amount (\$) \$18157 <i>OK 12546</i>	Payee address: 2314 Lee St Greenville TX 75401	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertisements - Printing Cards	
	<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
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Date 10-23-2023	Payee name Designer Graphics
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Amount (\$) 2,080.08 <i>OK (12553)</i>	Payee address: 12404 Hwy 155 S. Tyler, TX 75703	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense Printing Signs yard 4x4 wire	
	<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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 F1:	2 FILER NAME <i>Phillip A. Martin</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-29-2023</i>	5 Payee name <i>The Home Depot</i>	
6 Amount (\$) <i>\$ 263.30</i>	7 Payee address; City; State; Zip Code <i>7101 Centapoint LN Greenville TX 75402</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Rehab - wood for signs</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>NA</i>	Office sought Office held
Date <i>11-1-2023</i>	Payee name <i>Lone OAK News letter</i>	
Amount (\$) <i>\$ 65.00</i>	Payee address; City; State; Zip Code <i>6673 Hwy 693. Lone OAK, TX 75453</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertisement</i>	Description <i>Add-</i>
	<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
Date <i>11-3-2023</i>	Payee name <i>Designer Graphics</i>	
Amount (\$) <i>\$ 169.14</i>	Payee address; City; State; Zip Code <i>12404 Hwy 155 S, Tyler TX 75703</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Wire To Hold sign</i>
	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Phillip A. Martin</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>11-11-2023</i>	5 Payee name <i>Republican Party Primary Ballot Filing Fee</i>
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6 Amount (\$) <i>\$ 750.00</i> <i>CK 12061</i>	7 Payee address: <i>Comptell</i>	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <i>Filing Fee For GOP</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Phillip A. Martin</i>	Office sought	Office held
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Date <i>11-11-2023</i>	Payee name <i>The Home Depot</i>
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Amount (\$) <i>\$ 86.35</i> <i>127510K</i>	Payee address: <i>1101 Center Point LN Greenville TN 37842</i>	City:	State:	Zip Code:
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9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Sign Ties stapler gun - staples</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	Office sought	Office held
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Date <i>11-15-2023</i>	Payee name <i>E Radio Network</i>
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Amount (\$) <i>\$ 840.00</i> <i>SK12960</i>	Payee address: <i>Wolf City Drive Greenville TN</i>	City:	State:	Zip Code:
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10 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Radio - ad. 93.5 FM</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	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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 F1:	2 FILER NAME <i>Phillip A. Martin</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>12-5-2023</i>	5 Payee name <i>Lone Oak 19829 Letter</i>	
6 Amount (\$) <i>\$ 35.00</i>	7 Payee address: <i>6673 Hwy 699, Lone Oak TX 75453</i>	City: State: Zip Code:
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule): <i>Ad's retirement</i>	(b) Description
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>12-21-2023</i>	Payee name <i>Lakes Printing</i>	
Amount (\$) <i>\$ 365.34</i>	Payee address: <i># 2314 Lee St Granville TX 75440</i>	City: State: Zip Code:
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule): <i>Candidate Cash</i>	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
Date	Payee name	
Amount (\$)	Payee address:	City: State: Zip Code:
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