# 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 (E	thics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr	Phillip	2 12	Å.	OFFICE USE ONLY
17	NICKNAME	Martin		SUFFIX	AT 2 o'clock 20 M
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	CR 3303 6	neenville	TX ZIP CODE	JEANNIE ASH Elections Administrator, Hunt Sounty, TX
Change of Address					By: Vato
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	H53-556		TENSION	Date Hand-demarco Date Pealings and Receipt #
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  M// S  NICKNAME	Donothy LAST Martin	Tean	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / S  CR3303 Color		CITY; TX 154	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE ( 903)	PHONE NUMBER  456-179		ENSION	
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	02 Month	Day Year /25 / 2029	# THROUGH	Month /	Day Year / 18 / 2024
11 ELECTION	Month Day	Year Primary	Runoff Special	Other Description	
12 OFFICE	OFFICE HELD (if any)	5510ner Hunta	olet 3 C	ICE SOUGHT, (if known)	Hunt Con Pet3
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MA	ADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME			1
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRES	ss	
		<b>GO TO</b>	PAGE 2		

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Phil	lip A. Martin	10	6 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONT PLEDGES, LOANS, OR GUARANTEES CONTRIBUTIONS MADE ELECTRONIC,	OF LOANS, OR	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR C	S GUARANTEES OF LOANS)	\$ 1,000
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPEN		\$ —
	4. TOTAL POLITICAL EXPENDITURES		\$ 1383.60
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MA OF REPORTING PERIOD	INTAINED AS OF THE LAST [	SAY \$ 857,70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUL LAST DAY OF THE REPORTING PERIOD		HE \$ 4, over
	vear, or affirm, under penalty of perjury, that the adulting to be reported by me under Title 15, Election Co		nd correct and includes all information
		Phillip a.	Marter
	Table 1		
		Signature of Candi	date or Officeholder
	Please complete eit	ther option below:	
(1) Affidavit	The state of the s		
(1) Amazit	KATELYNN NICHOLE KNEIFL  Notary Public, State of Texas		
	Comm. Expires 11-16-2027		
NOTARY STAMP/SEAL	Notary ID 134649102		
Sworn to and subscribed b	pefore me by Phillip A. Martin		J Mail
011		this the	day of 1144
20 <u>Q4</u> , to certify w	hich, witness my hand and seal of office.		
Signature of officer administeri	ng oath Printed name of officer adminis	stering oath	Title of officer administering oath
	OR		<b>公司并不用的证据,却是他的证</b>
(2) Unsworn Declaration	n		
My name is		and my date of birth is	
		and my date of birth to	377
•	(street)	(city) (state	) (zip code) (country)
Executed in			
	County, State of, on the	(month)	, 20 (year)
	_	Signature of Candidate/	Officeholder (Declarant)

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	FILER NAME Philip a. Mautur  20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 800
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ —
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1383.60
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

Date  5 Full name of contributor  Contributor address;  City:  State: Zip Code  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address;  City:  State: Zip Code  Principal occupation / Job title (See Instructions)  Date  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address;  City:  State: Zip Code  Contributor address:  City:  State: Zip Code  Amount of contribution (\$)  Amount of contribution (\$)  Employer (See Instructions)  Building Man  Date  Full name of contributor  Contributor address:  City:  State: Zip Code  Amount of contribution (\$)  Contributor address:  City:  State: Zip Code  Amount of contribution (\$)	Date 5 Full name of contributor				1 Total pages Schedule A1:
Date  5 Full name of contributor  Contributor address:  City:  State: Zip Code  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address:  City:  State: Zip Code  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Contributor address:  City:  State: Zip Code  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Buddle Will  Date  Full name of contributor  Contributor address:  City:  State:  Zip Code  Amount of contribution (\$)  Employer (See Instructions)  Buddle Will  Contributor address:  City:  State:  Zip Code  Amount of contribution (\$)  Contributor address:  City:  State:  Zip Code  Amount of contribution (\$)	Date    Stell name of contributor   out-of-state PAC (IDS:   TAMOUNT of contribution (\$)	The I	nstruction Guide explains how to complete	this form.	
Date 5 Full name of contributor	Date  5 Full name of contributor   out-of-state PAC (ID#:   7 Amount of contribution (\$)  2 12 24   6 Contributor address;   City;   State;   Zip Code   TOO_GO  Principal occupation / Job title (See Instructions)   9 Employer (See Instructions)  Date   Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)   Employer (See Instructions)  Business   Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)  Principal occupation / Job title (See Instructions)   Employer (See Instructions)  Business   Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)  Date   Full name of contributor   out-of-state PAC (ID#:   Amount of contribution (\$)  Contributor address;   City;   State;   Zip Code   Amount of contribution (\$)	FILER NAME	Phillip A. Martin	1	3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions)  Date  Full name of contributor:   out-of-state PAC (ID#:   Amount of contribution (\$)  May 12   Colemn Muchael TV	Principal occupation / Job title (See Instructions)  Date  Full name of contributory   out-of-state PAC (ID#:	Date	E Full name of contributor	e PAC (ID#:	7 Amount of contribution (\$)
Date    Full name of contributor	Date    Full name of contributor;	3-12-24	6 Contributor address; City;	State; Zip Code	\$ 700,00
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Date    Full name of contributor/	Date  Full name of contributor/	5		8	
Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Business was  Date  Full name of contributor  Contributor address; City; State; Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address; City; State; Zip Code	Contributor address; City: State: Zip Code  Principal occupation / Job title (See Instructions)  Business wan  Date  Full name of contributor  Contributor address; City: State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)  Date  Full name of contributor  Out-of-state PAC (ID#:	Date	Full name of contributor/		Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Budinal Substitution  Date  Full name of contributor  Contributor address;  City;  State; Zip Code  Employer (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Amount of contribution (\$)  Contributor address;  City;  State; Zip Code  Contributor address;  City;  State; Zip Code	Principal occupation / Job title (See Instructions)  Busine Suppose (See Instructions)  Busine Suppose (See Instructions)  Busine Suppose (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)  Date Full name of contributor  out-of-state PAC (ID#: Amount of contribution (\$)  Contributor address; City; State; Zip Code	May 12	Contributor address; City;	State; Zip Code	
Principal occupation / Job title (See Instructions)    Date	Principal occupation / Job title (See Instructions)  Budinary  Bud	2024	806 Sa have Pri	remuille TX 7540	
Date  Full name of contributor  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#:	Date  Full name of contributor  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#:	Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
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#:	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		Buginessmen	self end	y
Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor	Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Date  Full name of contributor	Date	Full name of contributor	ate PAC (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  Contributor address; City; State; Zip Code	Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)  Contributor address; City; State; Zip Code		Contributor address; City;	State; Zip Code	
Contributor address; City; State; Zip Code	Contributor address; City; State; Zip Code	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Contributor address; City; State; Zip Code	Contributor address; City; State; Zip Code	Date	Full name of contributor	tate PAC (ID#:)	Amount of contribution (\$)
Fundament (Care Instructions)	Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Principal occupation / Job title (See Instructions)		Principal occu	upation / Job title (See Instructions)	Employer (See Instru	ctions)

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

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

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

The Instruction Guide explains how to complete this for	m. 1 Total pages Schedule A2:
2 FILER NAME Phillip A- Martin	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$
5 Date 6 Full name of contributor out-of-state PAC (ID#:	Zip Code  8 Amount of Sinching contribution description descriptio
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 employer/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)	
Date  Full name of contributor	Amount of Contribution \$ In-kind contribution description
	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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

Adverting Expense Conflictation Adverting Expense Conflictation Adverting Expense Logal Senters Conflictation Adverting Expense Travel In Disposition Adverting Expense Travel In Disposition The Instruction Guide adverting Expense Travel In Disposition Conflictation Adverting Expense Travel In Disposition Travel In Disposition Conflictation Conflictation Files Adverting Expense Travel In Disposition The Instruction Guide adverting Expense Conflictation Conflictation Files Adverting Expense Travel In Disposition Travel In Dispos		EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 3-15-2024 5 Payes name 4 Suppose Schedule F1: 2 Filer NAME 5 Payes name 5 Suppose Schedule F1: 2 Filer NAME 5 Payes name 6 Suppose Schedule F1: 2 Filer NAME 5 Payes siddress: 3-15-2024 5 State: 3-5424	Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Office Overhead/Rental Expense Polling Expense Printing Expense	Transportation Equipment & Related Expense Travel In District Travel Out Of District
4 Date 3-15-302H 5 Payee millip A. Martin 3-15-302H 5 Payee millip A. Martin 3-15-302H 5 Payee millip A. Martin 6 Apount (8) 7 Payee Siddress; 8 City: State: Zip Code The state of this schedule (b) Description 8 PURPOSE OF EXPENDITURE (6) Creat frew outdoor fives. Complete Schedule T. Dessign (6) Cardegory (See Categories linked at the told of this schedule) 9 Complete QNIX if direct expenditure to benefit C/OH  Date 5-7-202H Funcunt (8) Payee name 5-7-202H Funcunt (9) Category (See Categories linked at the told of this schedule) Furpose OF EXPENDITURE  Category (See Categories linked at the told of this schedule) Category (See Categories linked at the told of this schedule) Funcunt (9) Category (See Categories linked at the told of this schedule) Furpose OF EXPENDITURE  Category (See Categories linked at the told of this schedule) Candidate / Office holder name  Complete QNIX if direct expenditure to benefit C/OH  Candidate / Office holder name  Complete QNIX if direct expenditure to benefit C/OH  Category (See Categories linked at the told of this schedule)  Candidate / Office holder name  Complete QNIX if direct EXPENDITURE  Category (See Categories linked at the told of this schedule)  Category (See Categories linked at the told of this schedule)  Payee name  S - / L. What  Category (See Categories linked at the told of this schedule)  Payee address;  Category (See Categories linked at the told of this schedule)  Payee address;  Category (See Categories linked at the told of this schedule)  Payee address;  Category (See Categories linked at the told of this schedule)  Category (See Categories linked at the told of this schedule)  Category (See Categories linked at the told of this schedule)  Category (See Categories linked at the told of this schedule)  Category (See Categories linked at the told of this schedule)  Category (See Categories linked at the told of this schedule)  Category (See Categories linked at the told of this schedule)  Category (See Categories linked at the told of this schedule)  Catego		The Instruction Guide explains	how to complete this form.	
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9 Complete ONX if direct expenditure to benefit C/OH  Date 5-7-2024  Payee name  KIXT - FM  Gandidate / Officeholder name  Office sought  Office held  Payee address;  City; State: Zip Code  Works Cuty Dribe Greater City: State: Zip Code  Purpose of Expenditure  Category (See Categories listed at the top of this schedule)  Date  Camplete ONX if direct expenditure to benefit C/OH  Payee name  Candidate / Officeholder name  Office sought  Office held  Payee name  John Office held  Payee name  Category (See Categories listed at the top of this achedule)  Date  Category (See Categories listed at the top of this achedule)  Date  Category (See Categories listed at the top of this achedule)  Date  Category (See Categories listed at the top of this achedule)  Category (See Categories listed at the top of this achedule)  Description  Description  Category (See Categories listed at the top of this achedule)  Category (See Categories listed at the top of this achedule)  Category (See Categories listed at the top of this achedule)  Category (See Categories listed at the top of this achedule)  Category (See Categories listed at the top of this achedule)  Complete ONLY if direct  Candidate / Officeholder name  Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	OF	Advertising Expansi	Campa	aign Singa 4x4
Date 5-7-2024  Payee name  KINT - FM  GRANDOUNT (\$)  Payee address:  City: State: Zip Code  Wolfe Cuty Dribe Greenville K  Category (See Categories listed at the top of this schedule)  PURPOSE EXPENDITURE  Candidate / Officeholder name  Complete QNIX if direct expenditure to benefit C/OH  Payee and Payee address:  Candidate / Officeholder name  Candidate / Officeholder name  Complete QNIX if direct expenditure to benefit C/OH  Payee and Payee address:  City: State: Zip Code  City: State: Zip Code  City: State: Zip Code  Date  Fayee name  Amount (\$)  Payee address:  City: State: Zip Code  Category (See Categories listed at the top of this schedule)  Purpose  Office Sought  Category (See Categories listed at the top of this schedule)  Purpose  Office Sought  Check if Austin, TX, officeholder living expense  Complete QNIX if direct  Candidate / Officeholder name  Complete QNIX if direct  Candidate / Officeholder name  Office Sought  Office held		(c) Check if travel outside of Texas. Complete Sci	nedule T. Check if Aus	tin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH  Date  Payee name  Lone OAK News Leffer  Amount (\$)  Payee address;  City; State; Zip Code  Category (See Categories listed at the top of this schedule)  Purpose OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate / Office hold	OF		'	Radio
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Amount (\$)  Payee address;  City; State; Zip Code  Box 6 Lone OAK  TX 15433  Category (See Categories listed at the top of this schedule)  PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate / Officeholder name  City; State; Zip Code  Description  Description  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)			Office sought	Office held
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PURPOSE OF EXPENDITURE  Check if travel outside of Texas. Complete Schedule T.  Complete ONLY if direct  Candidate / Officeholder name  Complete ONLY if direct  Candidate / Officeholder name	Amount (\$)	· ·		
Complete ONLY if direct  Candidate / Officeholder name  Office sought  Office held	OF			News Lella
Complete ONLY if direct California Trainer		Check if travel outside of Texas. Complete Sc	hedule T. Check if Aus	tin, TX, officeholder living expense
			Office sought	Office held