

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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME			FIRST MICHAEL LAST BATTAGLINO MI N SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 5001 CYPRESS AVE APT / SUITE #: CITY: WICHITA FALLS, TX 76308-2904			STATE: ZIP CODE		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 400-5223	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR NICKNAME			FIRST MICHAEL LAST BOYLE MI W SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: 2817 ELMWOOD AVE, WICHITA FALLS, TX 76308			STATE: ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 867-2924	EXTENSION			
9 REPORT TYPE	<input 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 checked="" 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 9	Day 29	Year 23	Month 10	Day 29	Year 23
11 ELECTION	ELECTION DATE Month Day Year 11 7 23			ELECTION TYPE Primary <input checked="" type="checkbox"/> General Runoff Special Other Description		
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) City council District 4		
14 NOTICE FROM POLITICAL COMMITTEE(S) 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 GENERAL SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		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 Mr. Michael N. Battaglino	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) \$ 50.00
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 4,550.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 83.74
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 3,484.30
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,478.75
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, 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 Michael N Battaglino, and my date of birth is _____.
My address is 5001 Cypress Ave, Wichita Falls, TX 76308, USA.
(street) (city) (state) (zip code) (country)
Executed in Wichita County, State of Texas, on the 30 day of October, 20 23.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Mr. Michael Battaglino	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4,500.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,400.56
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,700.00
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.**

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME Michael N Battaglino			3 Filer ID (Ethics Commission Filers)
4 Date 10/03/2023	5 Full name of contributor David Coleman	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 250.00
	6 Contributor address; [REDACTED]	City: _____ State: _____ Zip Code [REDACTED], Wichita Falls, TX 76308	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 10/06/2023	Full name of contributor J. I. Ginnings	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 200.00
	Contributor address; [REDACTED]	City: _____ State: _____ Zip Code [REDACTED] Wichita Falls, TX 76301	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/06/2023	Full name of contributor James Peter Heiman	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
	Contributor address; [REDACTED]	City: _____ State: _____ Zip Code [REDACTED], Wichita Falls, TX 76302	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/13/2023	Full name of contributor Wilson Swanson	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
	Contributor address; [REDACTED]	City: _____ State: _____ Zip Code [REDACTED], Wichita Falls, TX 76309	
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.			

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 FILER NAME Michael N Battaglino			3 Filer ID (Ethics Commission Filers)
4 Date 10/12/2023	5 Full name of contributor Cody Magana	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 10/13/2023	Full name of contributor Gary Mehan	out-of-state PAC (ID#:)	Amount of contribution (\$) 1,000.00
Contributor address;, Wichita Falls, TX 76308		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/14/2023	Full name of contributor Travis Sales	out-of-state PAC (ID#:)	Amount of contribution (\$) 100.00
Contributor address;, Wichita Falls, TX 76301		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/2023	Full name of contributor George William Clay IV	out-of-state PAC (ID#:)	Amount of contribution (\$) 500.00
Contributor address;, Wichita Falls, TX 76302		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.			

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 FILER NAME Michael N Battaglino			3 Filer ID (Ethics Commission Filers)
4 Date 10/22/2023	5 Full name of contributor Lacey Morgan	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 350.00
6 Contributor address; [REDACTED], Wichita Falls, TX 76301		City; State; Zip Code	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 10/22/2023	Full name of contributor Larry Ayres	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; [REDACTED], Wichita Falls, TX 76308		City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/26/2023	Full name of contributor Carla Rogers	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; [REDACTED], Iowa Park, TX 76367		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.			

**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 Michael N. Battaglino	3 Filer ID (Ethics Commission Filers)	
2			
4 Date 10/03/2023	5 Payee name Michael Battaglino		
6 Amount (\$) 881.16	7 Payee address; 5001 Cypress Ave, Wichita Falls, TX 76308	City: _____ State: _____ Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description First Graphic Services Inv #333480	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if 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 10/04/2023	Payee name Sawyer Printing		
Amount (\$) 131.85	Payee address; 2012 Kell W Blvd, Wichita Falls, TX 76301	City: _____	State: _____ Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Door hangers	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/13/2023	Payee name TNT Signs & Graphics		
Amount (\$) 1,255.70	Payee address; 6301 Southwest Pkwy, Wichita Falls, TX 76310	City: _____	State: _____ Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Banners	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> 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 Michael N. Battaglino	3 Filer ID (Ethics Commission Filers)
2		

4 Date 10/16/2023	5 Payee name Michael Battaglino
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6 Amount (\$) 500.00	7 Payee address; 5001 Cypress Ave, Wichita Falls, TX 76308	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description Lindmark Billboards
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/27/2023	Payee name Sawyer Printing
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Amount (\$) 131.85	Payee address; 2012 Kell W Blvd, Wichita Falls, TX 76301	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Rack Cards
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/29/2023	Payee name Michael Battaglino
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Amount (\$) 500.00	Payee address; 5001 Cypress Ave, Wichita Falls, TX 76308	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payments	Description Lindmark Billboards
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> 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

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	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
	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 F4:	2 FILER NAME 2 Michael N Battaglino	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 4 \$1,000.00		
5 Date 10/11/2023	6 Payee name Lindmark Billboards	
7 Amount (\$) 7 \$1,000.00	8 Payee address; PO Box 646015, Dallas, TX 75264-6015	City; State; Zip Code
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) 10 Advertising	(b) Description Billboards
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH 11 Junior League of Wichita Falls	Office sought	Office held
Date 10/16/2023	Payee name Junior League of Wichita Falls	
Amount (\$) 10 \$250.00	Payee address; 2302 Midwestern Pkwy, Wichita Falls, TX 76308	City; State; Zip Code
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) 10 Advertising	Description Christmas Magic
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought
Office held		

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	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
	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 F4:	2 FILER NAME Michael N Battaglino	3 Filer ID (Ethics Commission Filers)	
2			
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 450.00		\$	
5 Date 10/19/2023	6 Payee name Whooann Creative		
7 Amount (\$) 450.00	8 Payee address; 3 Bayberry Ct, Wichita Falls, TX 76310	City; State; Zip Code	
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) Advertising	(b) Description Campaign Marketing	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense		
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
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)	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense		
Candidate / Officeholder name		Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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:
3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MI Mr. Jeffrey L NICKNAME LAST SUFFIX Browning				OFFICE USE ONLY Date Received 10/25/2023 Date Hand Delivered or Date Postmarked 10/25/2023 Receipt # 10/25/2023 Amount \$ 10/25/2023 Date Processed 10/25/2023 Date 10/25/2023 By 10/25/2023 Date Imaged 10/25/2023	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX APT / SUITE #: CITY: STATE: ZIP CODE 6 Waverly Place Wichita Falls, TX 76301 Change of Address					
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (940) 781-1895					
6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MI Mrs Cierra M NICKNAME LAST SUFFIX Martin					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business) STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1600 Travis Street Wichita Falls, TX 76301					
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (940) 692-5025					
9 REPORT TYPE <input 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 checked="" 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 Month Day Year 1 / 1 / 23 THROUGH 10 / 31 / 23					
11 ELECTION ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description 11 / 7 / 23 ■ General Special					
12 OFFICE OFFICE HELD (if any)				13 OFFICE SOUGHT (if known)	
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					
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

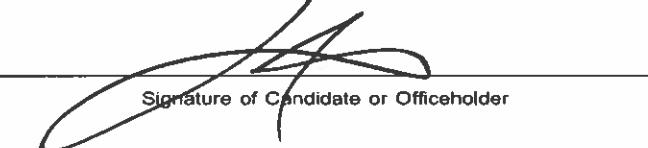
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Jeffrey L. Browning

16 Filer ID (Ethics Commission Filers)

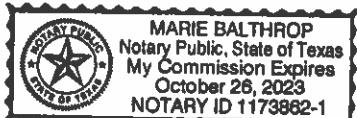
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,730.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,350.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,350.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jeffrey L. Browning this the 25th day of October.

20 23, to certify which, witness my hand and seal of office.

Marie Balthrop
Signature of officer administering oath

Marie Balthrop
Printed name of officer administering oath

City Clerk / Notary
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	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,350.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6,350.00
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.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME Jeffrey L. Browning			3 Filer ID (Ethics Commission Filers)
4 Date 08/31/2023	5 Full name of contributor Kenneth Haney	out-of-state PAC (ID#_____)	7 Amount of contribution (\$) 50.00
	6 Contributor address; [REDACTED]	City: _____ State: _____ Zip Code WF, TX 76308	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/21/2023	Full name of contributor Jeffrey Haney	out-of-state PAC (ID#_____)	Amount of contribution (\$) 100.00
	Contributor address, [REDACTED]	City: _____ State: _____ Zip Code WF, TX 76308	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/22/2023	Full name of contributor Dewayne Bell	out-of-state PAC (ID#_____)	Amount of contribution (\$) 1,000.00
	Contributor address, [REDACTED]	City: _____ State: _____ Zip Code , WF, TX 76308	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/22/2023	Full name of contributor TREPAC/Texas REALTORS.	out-of-state PAC (ID#_____)	Amount of contribution (\$) 1,000.00
	Contributor address; [REDACTED]	City: _____ State: _____ Zip Code PO Box 2246, Austin, TX 78768	
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.			

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: 1
2 FILER NAME Jeffrey L. Browning			3 Filer ID (Ethics Commission Filers)
4 Date 08/07/2023	5 Full name of contributor John Stafford	6 Contributor address: [REDACTED] WF, TX 76301	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 08/07/2023	Full name of contributor Marylyn Stafford	out-of-state PAC (ID#) [REDACTED]	Amount of contribution (\$) 500.00
Contributor address: [REDACTED]		City: WF, TX 76301	City: State: Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/16/2023	Full name of contributor Jeff Browning	out-of-state PAC (ID#) [REDACTED]	Amount of contribution (\$) 2,000.00
Contributor address: [REDACTED]		City: WF, TX 76301	State: Zip Code
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/30/2023	Full name of contributor Robert Vinson	out-of-state PAC (ID#) [REDACTED]	Amount of contribution (\$) 200.00
Contributor address: [REDACTED]		City: WF, TX 76301	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.

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

Printing 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 Jeffrey L. Browning	3 Filer ID (Ethics Commission Filers)	
4 Date 08/16/2023	5 Payee name Action Printing		
6 Amount (\$) 2,960.00	7 Payee address; 2407 82nd St., Lubbock, TX 79423	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense Printing Expense	(b) Description Signs	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if 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 10/02/2023	Payee name Action Printing		
Amount (\$) 3,390.00	Payee address; 2407 82nd St., Lubbock, TX 79423	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Printing Expense	Description Mailers	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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: 5			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms NICKNAME			FIRST Cathy LAST Dodson	MI L SUFFIX			
	ADDRESS / PO BOX: 3503 Glenwood Ave. Wichita Falls, TX 76308				APT / SUITE #: CITY; STATE; ZIP CODE			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address								
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 595-3929		EXTENSION				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.			FIRST Jeffrey LAST Taylor	MI W SUFFIX			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; First National Bank, 3801 Fairway Blvd. Wichita Falls				STATE; TX	ZIP CODE 76310		
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 687-3160		EXTENSION				
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> July 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 9	Day / 29	Year / 23	Month 10	Day / 24	Year / 23	THROUGH	
11 ELECTION	ELECTION DATE Month 11 / Day / 7 / Year / 23			Primary <input checked="" type="checkbox"/> General	Runoff <input type="checkbox"/> Special	ELECTION TYPE Other Description		
12 OFFICE	OFFICE HELD (if any) None			13 OFFICE SOUGHT (if known) City Council District 3				
14 NOTICE FROM POLITICAL COMMITTEE(S) 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 GENERAL SPECIFIC	COMMITTEE NAME						
		COMMITTEE ADDRESS						
		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
Cathy Dodson

16 Filer ID (Ethics Commission Filers)
931814457

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 275.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,066.95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,450.00
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS		

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, 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 Cathy L. Dodson, and my date of birth is _____.
My address is 3503 Glenwood Ave., Wichita Falls, TX, 76308, USA.
(street) (city) (state) (zip code) (country)
Executed in Wichita County, State of Texas, on the 24th day of October, 2023.
(month) (year)

Cathy L. Dodson
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Cathy L. Dodson	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 250.00
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	\$
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2,066.95
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.

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 1
2 FILER NAME Cathy Dodson			3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2023	5 Full name of contributor Kevin Hunter	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <big>250.00</big>
	6 Contributor address; [REDACTED],	City; State; Zip Code Wichita Falls, TX 76302	
8 Principal occupation / Job title (See Instructions) Oil & Gas		9 Employer (See Instructions) Self	
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)	
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.			

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
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 G: 1	2 FILER NAME Cathy Dodson	3 Filer ID (Ethics Commission Filers)
4 Date 09/27/2023	5 Payee name Jessica Edwards	
6 Amount (\$) 1,500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 704 8th St.	City: Argyle State: TX Zip Code 76226
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expenses	(b) Description Campaign Management
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
Date 10/09/2023	Payee name Wichita Falls Truck Center, LLC	
Amount (\$) 291.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 2303 Old Jacksboro Hwy	City: Wichita Falls State: TX Zip Code 76302
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
Date	Payee name	
Amount (\$) <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Ms	FIRST BEVERLY	MI A	OFFICE USE ONLY			
	NICKNAME	LAST ELLIS	SUFFIX	Date Received			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO BOX 351 WICHITA FALLS, TX. 76307			RECEIVED IN CITY CLERK'S OFFICE 10/30/2023 Time			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 337-6246	EXTENSION	Date Handled/Initials Amount \$ By			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MS	FIRST BEVERLY	MI A	Date Processed Date Imaged			
NICKNAME	LAST ELLIS	SUFFIX					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: PO BOX 351 WICHITA FALLS, TX. 76307			STATE: ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 337-6246	EXTENSION				
9 REPORT TYPE	<input 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 checked="" 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 9	Day 29	Year / 23	Month 10	Day / 30	Year / 23	
11 ELECTION	ELECTION DATE Month 11 / Day 7 / Year / 23		ELECTION TYPE Primary Runoff Other Description ■ General Special				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) MAYOR			
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.						
Additional Pages	COMMITTEE TYPE GENERAL	COMMITTEE NAME BEVERLY TAYLOR ELLIS FOR MAYOR					
		COMMITTEE ADDRESS PO BOX 353 WICHITA FALLS, TX 76307					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME BEVERLY TAYLOR ELLIS					
		COMMITTEE CAMPAIGN TREASURER ADDRESS PO BOX 353 WICHITA FALLS, TX 76307					

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME BEVERLY TAYLOR ELLIS		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)	\$ 1,598.23
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,598.23
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2,680.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,680.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 268.05
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00
OUTSTANDING LOAN TOTALS		

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, 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

The _____ day of _____, 20____.
(month) (year)
Beverley Ellis
Signature of Candidate/Officeholder (Declarant)

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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Kevin	MI N	OFFICE USE ONLY Date Received RECEIVED IN CITY CLERK'S OFFICE DATE: 10/27/23 TIME: 9:32 AM BY: Date Hand-delivered or Date Postmarked Receipt # <input type="text"/> Amount \$ <input type="text"/> Date Processed <input type="text"/> Date Imaged <input type="text"/>			
	NICKNAME LAST Hunter	SUFFIX					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: 1647 Hursh APT / SUITE #: CITY: Wichita Falls STATE: TX ZIP CODE 76302						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 781-1515	EXTENSION				
6 CAMPAIGN TREASURER NAME	MC / MRS / MR Mr	FIRST David	MI H				
	NICKNAME LAST Gray	SUFFIX					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): 1050 Jan Lee Dr CITY: Burk Burnett				STATE: TX ZIP CODE 76354		
8 CAMPAIGN TREASURER PHONE	AREA CODE (941)	PHONE NUMBER 807-1103	EXTENSION				
9 REPORT TYPE	<input 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 checked="" 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 9	Day 29	Year / 23	THROUGH	Month 10	Day 28	Year / 23
11 ELECTION	ELECTION DATE Month 11 / Day 7 / Year / 23		ELECTION TYPE Primary <input checked="" type="checkbox"/> General Runoff Special Other Description				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) City Council District 4			
14 NOTICE FROM POLITICAL COMMITTEE(S) 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 GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

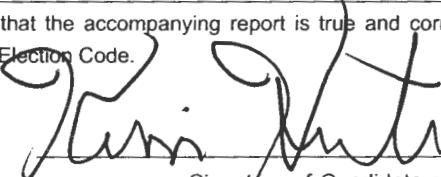
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Kevin Hunter

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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,635.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 490.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

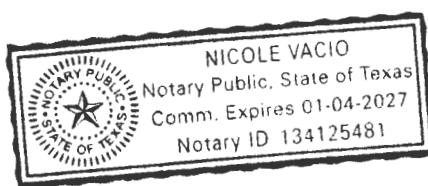
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Kevin Hunter this the 27th day of October, 20 23, to certify which, witness my hand and seal of office.

Nicole Vacio

Nicole Vacio

Notary

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 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Kevin N Hunter	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,400.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,635.75
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 1
2 FILER NAME Kevin N Hunter			3 Filer ID (Ethics Commission Filers)
4 Date 10/15/2023	5 Full name of contributor Merthel Dee King #15763	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 400.00
	6 Contributor address; [REDACTED]	City; State; Zip Code WF TX 76308	
8 Principal occupation / Job title (See Instructions) unknown		9 Employer (See Instructions)	
Date 10/15/2023	Full name of contributor Steve Holloway (cash)	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 300.00
	Contributor address; unknown	City; State; Zip Code	
Principal occupation / Job title (See Instructions) unknown		Employer (See Instructions)	
Date 10/17/2023	Full name of contributor Kevin Hunter #7960	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 700.00
	Contributor address; [REDACTED] [REDACTED]	City; State; Zip Code WF TX 76302	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self	
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.

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: 1	2 FILER NAME Kevin N Hunter		3 Filer ID (Ethics Commission Filers)	
4 Date 10/04/2023	5 Payee name Canyon Outdoor Advertising			
6 Amount (\$) 640.00	7 Payee address; P.O.Box 773		City; Canyon	State; Zip Code TX 79015
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Digital Billboard	
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if 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 10/06/2023	Payee name Canyon Outdoor Advertising			
Amount (\$) 640.00	Payee address; P.O. Box 773		City; Canyon	State; Zip Code TX 79015
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Digital Billboard	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
				Office held
Date 10/20/2023	Payee name Cumulus Media			
Amount (\$) 1,355.75	Payee address; 2 Jeannie Court		City; Wichita Falls	State; Zip Code TX 76308
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Radio Spots	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
				Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Mr. Stephen	MI T	OFFICE USE ONLY Date Received <i>RECEIVED IN CITY CLERK'S OFFICE DATE: 10/27/23 TIME: 1:07 PM</i>		
	NICKNAME Steve	LAST Jackson	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 1027 Crescent Lane Wichita Falls TX 76306					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 631-9910	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Maurice	MI J	Date Hand-delivered or Date Postmarked		
	NICKNAME Joe	LAST Gauthier	SUFFIX	Receipt #	Amount \$ BY:	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: 4809 Whirlwind Dr. Wichita Falls				STATE: TX ZIP CODE: 76310	
8 CAMPAIGN TREASURER PHONE	AREA CODE (505)	PHONE NUMBER 463-2884	EXTENSION			
9 REPORT TYPE	<input 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 checked="" 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 8	Day 1	Year / 23	Month 10	Day / 26	Year / 23
11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 23		ELECTION TYPE Primary Runoff Other Description ■ General Special _____			
12 OFFICE	OFFICE HELD (if any) City Council District 5			13 OFFICE SOUGHT (if known) City Council District 5		
14 NOTICE FROM POLITICAL COMMITTEE(S) 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 GENERAL SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

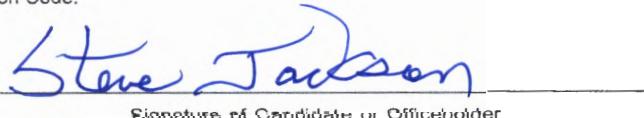
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

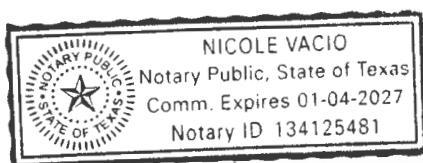
15 C/OH NAME Stephen T Jackson	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 2,440.00 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,440.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 2,229.36 4. TOTAL POLITICAL EXPENDITURES \$ 2,226.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 210.64
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Steve Jackson this the 27th day of October,

20 23 to certify which, witness my hand and seal of office.

Nicole Vacio
Signature of officer administering oath

Printed name of officer administering oath

Notary
Title of officer administering oath

(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 Stephen T Jackson	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,390.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,229.36
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 3
2 FILER NAME Stephen T Jackson			3 Filer ID (Ethics Commission Filers)
4 Date 08/02/2023	5 Full name of contributor Ed & Linda Lane	6 Contributor address; [REDACTED] Wichita Falls TX 76309	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 08/10/2023	Full name of contributor Joe Hill	out-of-state PAC (ID#: [REDACTED]) Contributor address; City; State; Zip Code [REDACTED] Henrietta TX 763	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/17/2023	Full name of contributor Mike Yandell	out-of-state PAC (ID#: [REDACTED]) Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76310	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/17/2023	Full name of contributor Stella Yandell	out-of-state PAC (ID#: [REDACTED]) Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76310	Amount of contribution (\$) 100.00
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.			

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: 3
2 FILER NAME Stephen T Jackson			3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2023	5 Full name of contributor Kevin Hunter	out-of-state PAC (ID#: _____) _____ 6 Contributor address; [REDACTED] Wichita Falls TX 76302	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 08/17/2023	Full name of contributor Maurice Gauthier	out-of-state PAC (ID#: _____) _____ Contributor address; [REDACTED] Wichita Falls TX 76310	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/19/2023	Full name of contributor Johnny McDowell	out-of-state PAC (ID#: _____) _____ Contributor address; [REDACTED] Wichita Falls TX 76301	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 08/25/2023	Full name of contributor Chad Carlton	out-of-state PAC (ID#: _____) _____ Contributor address; [REDACTED] Wichita Falls TX 76309	Amount of contribution (\$) 500.00
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.			

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: 3
2 FILER NAME Stephen T Jackson			3 Filer ID (Ethics Commission Filers)
4 Date 09/11/2023	5 Full name of contributor Patriot Strength	6 Contributor address; 4020 Rhea Rd. Suite 8-A Wichita Falls TX 76306	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)	
Date 09/18/2023	Full name of contributor Scott Nelson	out-of-state PAC (ID#: _____) Contributor address; [REDACTED] Wichita Falls TX 76306	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 09/18/2023	Full name of contributor American Thrift	out-of-state PAC (ID#: _____) Contributor address; [REDACTED] Wichita Falls TX 76301	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/05/2023	Full name of contributor Gary Ellis	out-of-state PAC (ID#: _____) Contributor address; [REDACTED] Wichita Falls TX 76305	Amount of contribution (\$) 100.00
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.			

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 Stephen T Jackson	3 Filer ID (Ethics Commission Filers)
4 Date 08/17/2023	5 Payee name Politicallawnsigns.com	
6 Amount (\$) 939.40	7 Payee address; 916 Byrd Ave	City; Neenah State; WI Zip Code 54956
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Lawn Signs
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Steve Jackson	Office sought City Council District 5 Office held City Council District 5
Date 08/10/2023	Payee name City Of Wichita Falls	
Amount (\$) 100.00	Payee address; PO Box 1431	City; Wichita Falls State; TX Zip Code 76307
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Filing Fee
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Steve Jackson	Office sought City Council District 5 Office held City Council District 5
Date 09/18/2023	Payee name Wichita Falls Truck Center	
Amount (\$) 715.29	Payee address; 2303 Old Jacksboro Hwy	City; Wichita Falls State; TX Zip Code 76302
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Banners
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Steve Jackson	Office sought City Council District 5 Office held City Council District 5

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	2 FILER NAME Stephen T Jackson	3 Filer ID (Ethics Commission Filers)	
4 Date 10/16/2023	5 Payee name Wichita Falls Truck Center		
6 Amount (\$) 384.08	7 Payee address; 2303 old Jacksboro Hwy.	City; Wichita Falls State; TX Zip Code 76302	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expence	(b) Description Banner & Door Hangers	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if 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 09/21/2023	Payee name Atwoods of Wichita Falls		
Amount (\$) 10.59	Payee address; 2047 Loop 11	City; Wichita Falls State; TX Zip Code 76306	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expence	Description T-Post	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/24/2023	Payee name THEGO2GIRL		
Amount (\$) 80.00	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expence	Description Interview	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Carol	MI	RECEIVED IN OFFICE USE ONLY Date Received 10/26/2023 Time 11:51 AM By [Signature]			
	NICKNAME	LAST Murray	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE 3203 Beech St. Wichita Falls, TX 76309			Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 995-2744	EXTENSION	Date Hand delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Jimmy	MI	Receipt # Date Processed By			
	NICKNAME	LAST Wayne	SUFFIX Pharries	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; 7 Mayfair Ter. Unit A Wichita Falls, TX 76308			STATE; ZIP CODE			
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 867-9955	EXTENSION				
9 REPORT TYPE	<input 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 checked="" 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 10	Day 11	Year / 23	Month 10	Day / 28	Year / 23	
11 ELECTION	ELECTION DATE Month 11 / Day 7 / Year / 23		ELECTION TYPE Primary Runoff ■ Other Description Mayoral				
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Mayor			
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.						
Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

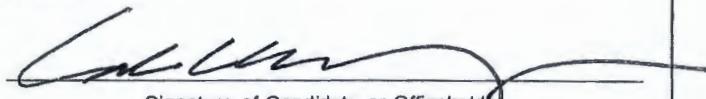
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

16 C/OH NAME Carol Murray	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) \$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,020.92
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 56.60
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 1367.35
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Carol Murray this the 26 day of October

20 23 to certify which, witness my hand and seal of office.

Kaylee Choate

Kaylee Choate

Notary

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_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME Carol Murray	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 950.0
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 70.92
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 6.6
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. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 50.0
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1
2 FILER NAME Carol Murray		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2023	5 Full name of contributor Douglas McCulloch, Bridge Creek Commons LLC 6 Contributor address; 4111 Southwest Parkway Ste. 600, Wichita Falls, TX 76308	7 Amount of contribution (\$) 700.0
8 Principal occupation / Job title (See Instructions) Real Estate Developer, Builder		9 Employer (See Instructions) Self
Date 10/12/2023	Full name of contributor James V. Caldwell Contributor address; [REDACTED] Wichita Falls, TX 76309	Amount of contribution (\$) 100.0
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/11/2023	Full name of contributor Suzanne Trelegan Contributor address; [REDACTED], Dallas, TX 75238	Amount of contribution (\$) 50.0
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 10/23/2023	Full name of contributor Janice Sons Contributor address; [REDACTED]	Amount of contribution (\$) 100.0
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.		

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 form.		1 Total pages Schedule A2: 1
2 FILER NAME Carol Murray		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 70.92
5 Date 10/14/2023	6 Full name of contributor Sherrie Childers 7 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76305	8 Amount of Contribution \$ 29.97 9 In-kind contribution description Refreshments for campaign event <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Consultant		11 Employer (FOR NON-JUDICIAL) (See Instructions) SJC Consulting
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 10/21/2023	Full name of contributor Sherrie Childers Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76305	Amount of Contribution \$ 40.95 In-kind contribution description Refreshments for campaign event <small>Check if travel outside of Texas. Complete Schedule T.</small>
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Consultant		Employer (FOR NON-JUDICIAL) (See Instructions) SJC Consulting
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.

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	Printing Expense	Travel in District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
Credit Card Payment	Legal Services		Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Carol Murray	3 Filer ID (Ethics Commission Filers)	
4 Date 10/13/2023	5 Payee name Anedot		
6 Amount (\$) 2.3	7 Payee address; 1920 McKinney Ave 7th floor, Dallas, TX 75201	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Banking	(b) Description Online contribution fee	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if 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 10/23/2023	Payee name Anedot		
Amount (\$) 4.3	Payee address; 1920 McKinney Ave 7th floor, Dallas, TX 75201	City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Description Online contribution fee	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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 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	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 G: 1	2 FILER NAME Carol Murray	3 Filer ID (Ethics Commission Filers)
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4 Date 10/20/2023	5 Payee name Astone Photography
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6 Amount (\$) 50.0	7 Payee address; 20 Margie St. Wichita Falls, TX 76308	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing	(b) Description Graphic Design Work
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(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9	Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
------------------------	--	-------------

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

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
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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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Samuel	MI S	OFFICE USE ONLY		
	NICKNAME Sam	LAST Pak	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2918 Kyle Cove Wichita Falls TX 76308			Date Hand-delivered Date Postmarked 10/30/2023 By: <u>JK</u>		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 867-9396	EXTENSION	Receipt # <u>1413</u> Amount \$		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr	FIRST Warren	MI	Date Processed		
	NICKNAME Ayers	LAST	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 1404 Tanglewood Dr Wichita Falls TX 76309					
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 781-7322	EXTENSION			
9 REPORT TYPE	<input 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 checked="" 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 10	Day 10	Year / 23	Month 10	Day / 30	Year / 23
11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 23		ELECTION TYPE Primary Runoff Other Description General Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) City Council District 4		
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.					
Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		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	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	<p>1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</p> <p>2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)</p>
EXPENDITURE TOTALS	<p>3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.</p> <p>4. TOTAL POLITICAL EXPENDITURES</p>
CONTRIBUTION BALANCE	<p>5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD</p>
OUTSTANDING LOAN TOTALS	<p>6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD</p>

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, 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 Samuel Pak and my date of birth is 12/12/1988

My address is 2918 Kyle Cove Wichita Falls TX 76308 USA

(street)

(city) (state) (zip code) (country)

My address is _____
(street) _____ (city) _____ (state) _____ (zip code) _____ (country) _____

Estimated in Wichita County, State of Texas on the 30th day of October 2023

Executed in Winnipeg County, State or Province, on the 20 day of October, 20
(month) (year)

John De

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 5,285.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,109.92
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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 FILER NAME Samuel Pak			3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2023	5 Full name of contributor Wayne Fudge	out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions) <i>Retired</i>		9 Employer (See Instructions)	
Date 10/20/2023	Full name of contributor Matthew Michaels	out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) <i>Attty.</i>		Employer (See Instructions)	
Date 10/19/2023	Full name of contributor Bob Hampton	out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) <i>Treasurer</i>		Employer (See Instructions) <i>Wichita County</i>	
Date 10/20/2023	Full name of contributor Robert Barrow	out-of-state PAC (ID# _____) Contributor address: _____ City: _____ State: _____ Zip Code: _____	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>beth</i>	
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.

<p>The Instruction Guide explains how to complete this form.</p>			1 Total pages Schedule A1:
2 FILER NAME Samuel Pak			3 Filer ID (Ethics Commission Filers)
4 Date 10/20/2023	5 Full name of contributor John Gillespie	out-of-state PAC (ID#:)	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions) District Attorney		9 Employer (See Instructions) Wichita County	
Date 10/24/2023	Full name of contributor Hoegger Communications	out-of-state PAC (ID#:) Contributor address; City; State; Zip Code 901 Indiana Ave Wichita Falls TX 76301	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Owner of advertising firm		Employer (See Instructions) Hoegger Communications	
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.			

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 Samuel Pak		3 Filer ID (Ethics Commission Filers)
4 Date 10/17/2023	5 Payee name Hotter N Hell		
6 Amount (\$) 200.00	7 Payee address; 104 Scott St	City; Wichita Falls TX	State; 76307 Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Ride lead car	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought
Date 10/30/2023	Payee name Facebook		
Amount (\$) 160.00	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Boost Videos	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office held
Date 10/24/2023	Payee name BroCro Creative		
Amount (\$) 2,055.00	Payee address; 607 East Scott Ave	City; Wichita Falls TX	State; Zip Code 76301
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Mail out	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

Campaign Account

75038166	Sampa	Date on check	Date Deposited	Credits	Check #	Debit	Check #	To/ From	Notes
		4/24/2023	4/25/2023	\$25.00	381			Samuel Pak	Contribution
		6/14/2023	6/16/2023	\$300.00	3580			Warren Ayers	Contribution
		6/28/2023	6/28/2023			\$35.35		Hardland Clarke	Order book of checks
		6/6/2023	7/7/2023	\$200.00	7591			Jim Jennings	Contribution
		7/24/2023	7/26/2023			\$20.00	1002	Michael Bauman	Sound Equipment rental
		7/24/2023	8/2/2023			\$100.00	1001	City of WF	Filing fee
		8/2/2023	8/2/2023	\$10.00	cash			Warren Ayers	Contribution
		7/25/2023	8/2/2023	\$100.00	1021			Hon. Janice Sons	Contribution
		8/2/2023	8/2/2023	\$100.00	cash			Mark Brewer	Contribution
		7/28/2023	8/2/2023	\$300.00	387			Samuel Pak	Contribution
		8/7/2023	8/7/2023			\$15.11	Card	Lowes	Purchase of poles
		8/7/2023	8/7/2023			\$814.25	1004	BroCro Creative	Signs and Buttons
		8/2/2023	8/14/2023	\$50.00	3845			Wayne Pharies	Contribution
		9/5/2023	9/5/2023			\$4.17	Card	Go Daddy	Domain name
		9/13/2023	9/13/2023			\$54.33	Card	Go Daddy	Website
		9/8/2023	9/13/2023	\$400.00	4192			Pam Hughes Pak	Contribution
		9/12/2023	9/13/2023	\$500.00	392			Joshua Michaels	Contribution via Venmo (check by Samuel Pak)
		9/11/2023	9/13/2023	\$1,000.00	3461			Smith Walker	Contribution
		9/13/2023	9/13/2023	\$250.00	6056			Dr. Louis Wilson	Contribution
		9/19/2023	9/19/2023			\$76.76	Card	Tractor Supply	Post Materials
		9/19/2023	9/19/2023			\$54.11	Card	Tractor Supply	Post Materials
		9/19/2023	9/19/2023			\$16.23	Card	Tractor Supply	Post Materials
		9/22/2023	9/22/2023			\$3.24	Card	Harbor Freight	Post Materials
		9/22/2023	9/22/2023			\$10.25	Card	Walmart	Tape for signs
		9/21/2023	9/25/2023			\$1,374.78	1005	BroCro Creative	Signs
		8/30/2023	9/28/2023	\$100.00	3231			Gary McLendon	Contribution
		10/3/2023	10/3/2023			\$40.62	Card	Tractor Supply	Post Materials
		10/3/2023	10/3/2023			\$0.86	Card	Tractor Supply	Post Materials
		9/29/2023	10/3/2023	\$500.00				Danny Shine	Contribution
		9/16/2023	10/4/2023	\$500.00				Tim Foley	Contribution (\$500 venmo took fee of \$9.60)
		10/4/2023	10/4/2023			\$9.60		Venmo	fees
		10/6/2023	10/6/2023			\$36.95	Card	Sticky Brand	Campaign Stickers
		10/6/2023	10/6/2023			\$7.57	card	Go Daddy	Website fee
		10/10/2023	10/10/2023			\$20.74	Card	Tractor Supply	Post Materials

Reported

9/21/2023	10/17/2023		\$200.00	2006	Hotter N' Hell 100	Advertising
10/20/2023	10/20/2023		\$25.00	Card	Facebook	Advertising
10/20/2023	10/20/2023		\$85.00		Facebook	Advertising
		\$200.00	394		Wayne Fudge	Contribution
10/20/2023		\$200.00	394		Matthew Michaels	Contribution
10/21/2023		\$50.00	394		Bob Hampton	Contribution
10/22/2023		\$50.00	17298		R & D Barrow	
10/20/2023		\$250.00	1357		John Gillespie	
10/22/2023		\$200.00			Hoegger Communications	Contribution
10/25/2023	10/24/2023		314	\$2,055.00	1007	BroCro Creative
10/30/2023	10/30/2023			\$50.00	Card	Facebook
						Advertising

Total Deposits \$5,285.00	Total Expenses \$5,109.92	Remaining Balance \$175.08
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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:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received			
	Mr	Scott					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	NICKNAME	LAST	SUFFIX	RECEIVED CITY CLERK'S OFFICE 10/30/2023 3:15 PM By [Signature]			
5 CANDIDATE/ OFFICEHOLDER PHONE	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE: ZIP CODE			
	408B Morningside Dr Wichita Falls, TX 76301						
6 CAMPAIGN TREASURER NAME	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand Delivered or Date Postmarked			
	(217)	617-8046					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	MS / MRS / MR	FIRST	MI	Receipt [Initials] Amount \$			
	Mrs	Angels		Date			
8 CAMPAIGN TREASURER PHONE	NICKNAME	LAST	SUFFIX	Date Processed			
				Date Imaged			
9 REPORT TYPE	<input 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 checked="" 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	Month	Day	Year	
	10 / 5 / 23			10 / 29 / 23			
11 ELECTION	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	Runoff	Other Description	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				Mayor			
14 NOTICE FROM POLITICAL COMMITTEE(S) 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 GENERAL SPECIFIC	COMMITTEE NAME					
		COMMITTEE ADDRESS					
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

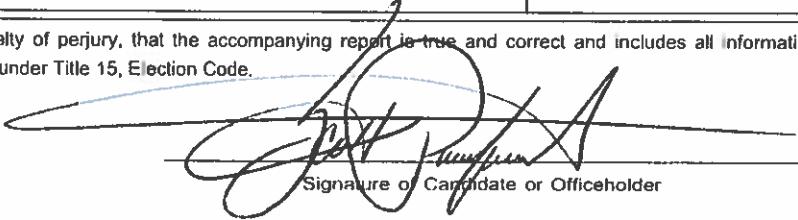
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Scott Poenitzsch	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) \$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 800.00
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 617.38
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$	
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$	

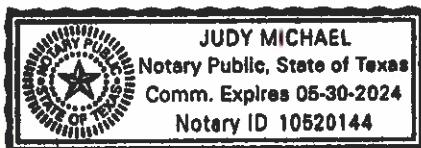
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Scott Poenitzsch this the 30th day of October, 20 23, to certify which, witness my hand and seal of office.

Judy Michael

Judy Michael

Notary Public

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 Scott Poenitzsch	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 800.00
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	\$ 617.38
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.

<p>The Instruction Guide explains how to complete this form.</p>		
2 FILER NAME Scott Poenitzsch		1 Total pages Schedule A1: 2
4 Date 10/16/2023	5 Full name of contributor Kevin Hunter 6 Contributor address; [REDACTED] Wichita Falls, TX 76302	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/19/2023	Full name of contributor Robert Diltz Contributor address; [REDACTED] Wichita Falls, TX 76308	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor [REDACTED] Contributor address; [REDACTED]	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor [REDACTED] Contributor address; [REDACTED]	Amount of contribution (\$)
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.		

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/Wards/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	2 FILER NAME Scott Poentzsch	3 Filer ID (Ethics Commission Filers)	
4 Date 10/16/2023	5 Payee name Go Daddy		
6 Amount (\$) 12.17	7 Payee address: 2155 E Go Daddy Way	City: Tempe, AZ Zip Code 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Website	(b) Description Website	
	(c) Check if travel outside of Texas. Complete Schedule T. 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 10/21/2023	Payee name Empire Wraps		
Amount (\$) 25.00	Payee address; 417 Indiana Ave	City: Wichita Falls	State: TX Zip Code 76301
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Polling Signs	
	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
Date 10/24/2023	Payee name 48 Hour Print	48HourPrint.com	
Amount (\$) 430.21	Payee address; 8000 Haskell Ave.	City: Van Nuys,	State: CA Zip Code 91406
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Door Hanger signs	
	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			

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	2 FILER NAME Scott Poenitzsch	3 Filer ID (Ethics Commission Filers)	
4 Date 10/27/2023	5 Payee name Empire Wraps		
6 Amount (\$) 150.00	7 Payee address; 417 Indiana Ave	City; State; Zip Code Wichita Falls, TX 76301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Services	(b) Description Polling Signs	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if 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		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Timothy	MI D	OFFICE USE ONLY		
	NICKNAME Tim	LAST Short	SUFFIX	Date Received	Received in City Clerk's Office Date: 10/30/2023 Time: 13:20	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1732 Woodridge			Wichita Falls TX 76310		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 636-7306	EXTENSION			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Robert	MI W	Date Hand-delivered or Date Postmarked		
	NICKNAME Bob	LAST Payton	SUFFIX	Receipt #	Amount \$	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 4015 Kingsbury Drive			CITY; Wichita Falls	STATE; ZIP CODE TX 76309	
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 782-6090	EXTENSION			
9 REPORT TYPE	January 15	30th day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	<input checked="" type="checkbox"/> 8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 10	Day 8	Year / 23	Month 10	Day / 30	Year / 23
11 ELECTION	ELECTION DATE Month 11 / Day 7 / Year / 23		ELECTION TYPE Primary <input checked="" type="checkbox"/> General Runoff Special Other Description			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) Mayor, City of Wichita Falls		
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.					
Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

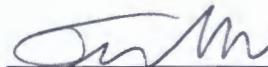
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

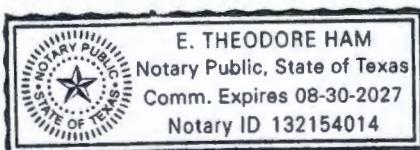
15 C/OH NAME Tim Short	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$
EXPENDITURE TOTALS	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 10,163.55
CONTRIBUTION BALANCE	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$
OUTSTANDING LOAN TOTALS	4. TOTAL POLITICAL EXPENDITURES \$ 10,126.50
	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 2,133.44
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Tim Short this the 30 day of October,
20 23, to certify which, witness my hand and seal of office.

Tim Short
Signature of officer administering oath

Theodore Ham
Printed name of officer administering oath

Deputy City Clerk
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**

Tim Short

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,163.55
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6.40
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,126.50
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 36,014.98
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0.00
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

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: 5
2 FILER NAME Tim Short			3 Filer ID (Ethics Commission Filers)
4 Date 10/13/2023	5 Full name of contributor R. M. Fidelie	6 Contributor address; [REDACTED] Wichita Falls TX 76309	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)	
Date 10/13/2023	Full name of contributor Woodrow W. Gossom Jr.	out-of-state PAC (ID#: [REDACTED]) Contributor address; [REDACTED] [REDACTED]	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/13/2023	Full name of contributor Anonymous	out-of-state PAC (ID#: [REDACTED]) Contributor address; [REDACTED] [REDACTED]	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Businessperson		Employer (See Instructions)	
Date 10/14/2023	Full name of contributor Kenny Bryant	out-of-state PAC (ID#: [REDACTED]) Contributor address; [REDACTED] [REDACTED]	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Businessperson		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: 5
2 FILER NAME Tim Short			3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2023	5 Full name of contributor George Clay IV	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 2,500.00
	6 Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76301	
8 Principal occupation / Job title (See Instructions) Businessperson		9 Employer (See Instructions)	
Date 10/19/2023	Full name of contributor Stan Kimbell	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76308	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/19/2023	Full name of contributor Mr. & Mrs. Joe Johnson	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1,000.00
	Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76308	
Principal occupation / Job title (See Instructions) Homemaker		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: 5
2 FILER NAME Tim Short			3 Filer ID (Ethics Commission Filers)
4 Date 10/23/2023	5 Full name of contributor Brian Hooker	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 500.00
6 Contributor address; [REDACTED]		City; State; Zip Code Wichita Falls TX 76310	
8 Principal occupation / Job title (See Instructions) Small Businessperson		9 Employer (See Instructions)	
Date 10/25/2023	Full name of contributor RJ Wachsman Homes	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; 2405 Kemp Blvd Wichita Falls, TX 76309		City; State; Zip Code	
Principal occupation / Job title (See Instructions) Small Businessman		Employer (See Instructions)	
Date 10/27/2023	Full name of contributor Clinton Tittsworth	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; [REDACTED]		City; State; Zip Code Wichita Falls TX 76310	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)	
Date 10/27/2023	Full name of contributor Cyndi Schenk	out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; [REDACTED]		City; State; Zip Code Wichita Falls TX 76308	
Principal occupation / Job title (See Instructions) Small Businessperson		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: 5
2 FILER NAME Tim Short			3 Filer ID (Ethics Commission Filers)
4 Date 10/27/2023	5 Full name of contributor Joseph and Taylor Wachsman	6 Contributor address; [REDACTED] Wichita Falls TX 76310	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions) Small Businessperson		9 Employer (See Instructions)	
Date 10/27/2023	Full name of contributor Anonymous	out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/28/2023	Full name of contributor Joseph Ross	out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76308	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)	
Date 01/27/2023	Full name of contributor Daniel Waggoner	out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] [REDACTED] Hillsboro TX 76645	Amount of contribution (\$) 21.15
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions)	
<p>*Amending to correct 6/30/2023 report. Donor paid electronic processing fees.</p> <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

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: 5
2 FILER NAME Tim Short			3 Filer ID (Ethics Commission Filers)
4 Date 02/05/2023	5 Full name of contributor Ronald Albus	out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 2.40
	6 Contributor address; [REDACTED]	City; State; Zip Code Wichita Falls TX 76308	
8 Principal occupation / Job title (See Instructions) Small Businessperson		9 Employer (See Instructions) *Amending to correct 6/30/2023 report. Donor paid electronic processing fees.	
Date	Full name of contributor Contributor address;	out-of-state PAC (ID#: City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor Contributor address;	out-of-state PAC (ID#: City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Unknown		Employer (See Instructions)	
Date	Full name of contributor Contributor address;	out-of-state PAC (ID#: City; State; Zip Code	Amount of contribution (\$)
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.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A2: 1													
2 FILER NAME Tim Short				3 Filer ID (Ethics Commission Filers)													
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 6.40													
5 Date 10/27/2023	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert & Lori Payton			8 Amount of Contribution \$ 6.40	9 In-kind contribution description Software Subscription												
	7 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls TX 76309			<small>Check if travel outside of Texas. Complete Schedule T.</small>													
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Consultant			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)																	
<table border="1"> <tr> <td> Date Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code </td> <td> Amount of Contribution \$ In-kind contribution description </td> </tr> <tr> <td colspan="2"> <small>Check if travel outside of Texas. Complete Schedule T.</small> </td> </tr> <tr> <td> Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) </td> <td> Employer (FOR NON-JUDICIAL)(See Instructions) </td> </tr> <tr> <td> Contributor's principal occupation (FOR JUDICIAL) </td> <td> Contributor's job title (FOR JUDICIAL)(See Instructions) </td> </tr> <tr> <td> Contributor's employer/law firm (FOR JUDICIAL) </td> <td> Law firm of contributor's spouse (if any) (FOR JUDICIAL) </td> </tr> <tr> <td colspan="2"> If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) </td> </tr> </table>						Date Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description	<small>Check if travel outside of Texas. Complete Schedule T.</small>		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)	
Date Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$ In-kind contribution description																
<small>Check if travel outside of Texas. Complete Schedule T.</small>																	
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.

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	2 FILER NAME Tim Short	3 Filer ID (Ethics Commission Filers)	
4 Date 10/18/2023	5 Payee name Hoegger Communications		
6 Amount (\$) 4,495.00	7 Payee address; 901 Indiana Ave., Suite 100	City; Wichita Falls State; TX Zip Code 76301	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Advertising	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if 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 10/24/2023	Payee name Hoegger Communications		
Amount (\$) 5,000.00	Payee address; 901 Indiana Ave., Suite 100	City; Wichita Falls	State; TX Zip Code 76301
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign materials and services	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/27/2023	Payee name R.J. Wachsman Homes		
Amount (\$) 500.00	Payee address; 2405 Kemp Blvd.	City; Wichita Falls	State; TX Zip Code 76309
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Contribution Refund	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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	2 FILER NAME Tim Short	3 Filer ID (Ethics Commission Filers)	
4 Date 10/28/2023	5 Payee name Anedot		
6 Amount (\$) 131.50	7 Payee address; 1340 Poydras Street, Suite 1770	City; New Orleans LA 79112 State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description Electronic contribution processing fees 10/8/2023 - 10/28/2023	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if 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		
Amount (\$)	Payee address;	City;	State; Zip Code
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> 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	
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

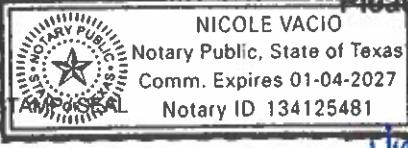
Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME 1 Tim Short	3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$	
5 Date 10/27/2023	6 Payee name Mike Stevens		
7 Amount (\$) 12,277.00	8 Payee address: 6923 Indiana Ave, Box 292	City: Lubbock TX 79413 State: Zip Code	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Campaign Materials and services	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 10/27/2023	Payee name Hoegger Communications		
Amount (\$) 23,737.98	Payee address: 901 Indiana Ave., Suite 100	City: Wichita Falls TX 76301	State: Zip Code
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political Non-Political		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	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			

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers)		2 Total pages filed: 14		OFFICE USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR Mr.	FIRST Timothy	MI D.	Date Received <i>BY THUR DATE: 6/12/24</i>		
		NICKNAME Tim	LAST Short	SUFFIX	CITY CLERK'S OFFICE RECEIVED IN TIME: 2:03 PM		
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> 8th day before election		<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only)			
5 ORIGINAL PERIOD COVERED		Month 10	Day / 08	Year / 23	Month 10	Day / 30	Year / 23
6 EXPLANATION OF CORRECTION See attached explanation of correction.							
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check ONLY if applicable:							
<input type="checkbox"/> Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. <input type="checkbox"/> Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.							
<i>[Signature]</i> Signature of Candidate/Officeholder							
Please complete either option below:							
(1) Affidavit							
Sworn to and subscribed before me by		this the <u>15th</u> day of <u>June</u> ,					
20 <u>24</u> , to certify which, witness my hand and seal of office.		<u>Nicole Vacio</u> Notary					
Signature of officer administering oath		Printed name 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)
Executed in _____ County, State of _____				on the _____ day of _____		20 _____	(year)
Signature of Candidate/Officeholder (Declarant)							
Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections							

Form COR-C/OH

Attachment

- (1) Cover Sheet, Page 1:
 - a. Box 9: Changed dates of the reporting period;
- (2) Cover Sheet, Page 2, Box 16:
 - a. Line 2: Amount updated based on changes to Schedule A1 as noted below, amount updated to include itemized entries on Schedule A2,
 - b. Line 4: Amount updated based on changes to Schedule F1 as noted below, amount updated to include itemized entries on Schedule F2, and
 - c. Line 5: Amount updated due to change in dates of the reporting period;
- (3) Page 3: Box 20:
 - a. Line 1: Amount updated based on changes to Schedule A1 as noted below, and
 - b. Line 5: Amount updated based on changes to Schedule F1 as noted below;
- (4) Schedule A1: Moved 10/2/23 contribution from 30 day before election report;
- (5) Schedule A2: Deleted unitemized contribution (duplicate entry);
- (6) Schedule F1: Changed date of expenditure and updated dates in description of same expenditure, moved two expenditures from 30 day before the election report, changed category of one expenditure, changed description of one expenditure; and
- (7) Schedule F2: Added category and description of one expenditure, changed date of one expenditure.

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	2 Total pages filed: 12			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr. Timothy			MI D.	OFFICE USE ONLY			
	NICKNAME Tim			LAST Short	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 1732 Woodridge			ZIP CODE	Date Hand-delivered or Date Postmarked			
	Wichita Falls, TX 76310				Receipt #			
					Amount			
					Date Processed			
				Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. Robert			MI W				
	NICKNAME Bob			LAST Payton	SUFFIX			
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 4015 Kingsbury Drive			APT / SUITE #;	CITY; Wichita Falls	STATE; TX	ZIP CODE 76309	
7 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 782-6090	EXTENSION					
8 REPORT TYPE	<input 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 checked="" type="checkbox"/>	8th day before election	<input type="checkbox"/>	Exceeded modified reporting limit	<input type="checkbox"/>	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month 09/29/2023	Day	Year	THROUGH	Month 10/28/2023	Day	Year	
10 ELECTION	ELECTION DATE Month Day Year 11/07/2023		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT (if known) Mayor, City of Wichita Falls				

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

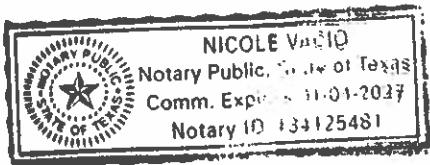
**FORM C/OH
COVER SHEET PG 2**

2 of 12

13 C / OH NAME	Short, Timothy D. (Mr.)		14 Filer ID																
15 NOTICE FROM POLITICAL COMMITTEE(S)	<p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p>																		
<table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td colspan="2">COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td colspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>				<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS			<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				COMMITTEE CAMPAIGN TREASURER ADDRESS	
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME																	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS																	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																	
		COMMITTEE CAMPAIGN TREASURER ADDRESS																	
16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0.00																
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 10,419.95																
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00																
	4. TOTAL POLITICAL EXPENDITURES		\$ 50,356.48																
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 2,514.49																
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		\$ 0.00																

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Tim Short, this the 18th day of June, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering

Printed name of officer administering

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

3 of 12

18 FILER NAME Short, Timothy D. (Mr.)	19 Filer ID
20 SCHEDULE SUBTOTALS	
NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,413.55
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6.40
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 14,341.50
6. <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 36,014.98
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/12</p>
<p>2 FILER NAME Short, Timothy D. (Mr.)</p>		<p>3 Filer ID</p>
<p>4 Date 09/29/2023</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Albus, Ronald</p> <p>6 Contributor address; City; State; Zip Code [REDACTED]</p> <p>Wichita Falls, TX 76308</p>	<p>7 Amount of Contribution (\$) \$2.40</p>
<p>8 Principal occupation / Job title (See Instructions) Small Businessperson</p>		<p>9 Employer (See Instructions) See memo page</p>
<p>Date 10/13/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anonymous</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of Contribution (\$) \$100.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 10/27/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Anonymous</p> <p>Contributor address; City; State; Zip Code</p>	<p>Amount of Contribution (\$) \$40.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 10/14/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bryant, Kenny</p> <p>Contributor address; City; State; Zip Code [REDACTED]</p> <p>Wichita Falls, TX 76301</p>	<p>Amount of Contribution (\$) \$100.00</p>
<p>Principal occupation / Job title (See Instructions) Businessperson</p>		<p>Employer (See Instructions)</p>
<p>Date 10/18/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Clay IV, George</p> <p>Contributor address; City; State; Zip Code [REDACTED]</p> <p>Wichita Falls, TX 76301</p>	<p>Amount of Contribution (\$) \$2,500.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 2/4 Rpt: 5/12</p>
<p>2 FILER NAME Short, Timothy D. (Mr.)</p>		<p>3 Filer ID</p>
<p>4 Date 10/13/2023</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Fidelie, R. M.</p> <p>6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76309</p>	<p>7 Amount of Contribution (\$) \$500.00</p>
<p>8 Principal occupation / Job title (See Instructions) Retired</p>		<p>9 Employer (See Instructions)</p>
<p>Date 10/23/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Frank, Alisha</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76302</p>	<p>Amount of Contribution (\$) \$2,500.00</p>
<p>Principal occupation / Job title (See Instructions) Homemaker</p>		<p>Employer (See Instructions)</p>
<p>Date 10/13/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gossom Jr., Woodrow W.</p> <p>Contributor address; City; State; Zip Code [REDACTED]</p>	<p>Amount of Contribution (\$) \$250.00</p>
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions)</p>
<p>Date 10/02/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Harvey, Dale</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308</p>	<p>Amount of Contribution (\$) \$250.00</p>
<p>Principal occupation / Job title (See Instructions) Small Businessperson</p>		<p>Employer (See Instructions)</p>
<p>Date 10/23/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hooker, Brian</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76310</p>	<p>Amount of Contribution (\$) \$500.00</p>
<p>Principal occupation / Job title (See Instructions) Small Businessperson</p>		<p>Employer (See Instructions)</p>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 3/4 Rpt: 6/12</p>
<p>2 FILER NAME Short, Timothy D. (Mr.)</p>		<p>3 Filer ID</p>
<p>4 Date 10/19/2023</p>	<p>5 Full name of contributor Johnson, Mr. & Mrs. Joe</p> <p>6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308</p>	<p>7 Amount of Contribution (\$) \$1,000.00</p>
<p>8 Principal occupation / Job title (See Instructions) Retired</p>		<p>9 Employer (See Instructions)</p>
<p>Date 10/19/2023</p>	<p>Full name of contributor Kimbell, Stan</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308</p>	<p>Amount of Contribution (\$) \$1,000.00</p>
<p>Principal occupation / Job title (See Instructions) Businessperson</p>		<p>Employer (See Instructions)</p>
<p>Date 10/25/2023</p>	<p>Full name of contributor RJ Wachsmans Homes</p> <p>Contributor address; City; State; Zip Code 2405 Kemp Blvd Wichita Falls, TX 76309</p>	<p>Amount of Contribution (\$) \$500.00</p>
<p>Principal occupation / Job title (See Instructions) Small Businessman</p>		<p>Employer (See Instructions)</p>
<p>Date 10/28/2023</p>	<p>Full name of contributor Ross, Joseph</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308</p>	<p>Amount of Contribution (\$) \$50.00</p>
<p>Principal occupation / Job title (See Instructions) Unknown</p>		<p>Employer (See Instructions)</p>
<p>Date 10/27/2023</p>	<p>Full name of contributor Schenk, Cyndi</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76308</p>	<p>Amount of Contribution (\$) \$500.00</p>
<p>Principal occupation / Job title (See Instructions) Small Businessperson</p>		<p>Employer (See Instructions)</p>

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 4/4 Rpt: 7/12</p>
<p>2 FILER NAME Short, Timothy D. (Mr.)</p>		<p>3 Filer ID</p>
<p>4 Date 10/27/2023</p>	<p>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tittsworth, Clinton</p> <p>6 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76310</p>	<p>7 Amount of Contribution (\$) \$100.00</p>
<p>8 Principal occupation / Job title (See Instructions) Retired</p>		<p>9 Employer (See Instructions)</p>
<p>Date 10/27/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Wachsman, Joseph and Taylor</p> <p>Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76310</p>	<p>Amount of Contribution (\$) \$500.00</p>
<p>Principal occupation / Job title (See Instructions) Small Businessperson</p>		<p>Employer (See Instructions)</p>
<p>Date 09/29/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Waggoner, Daniel</p> <p>Contributor address; City; State; Zip Code [REDACTED] Hillsboro, TX 76645</p>	<p>Amount of Contribution (\$) \$21.15</p>
<p>Principal occupation / Job title (See Instructions) Rancher</p>		<p>Employer (See Instructions) See memo page</p>

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: Sch: 1/1 Rpt: 8/12
2 FILER NAME Short, Timothy D. (Mr.)		3 Filer ID
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$
5 Date 10/27/2023	6 Full name of contributor Payton, Robert & Lori 7 Contributor address; City; State; Zip Code [REDACTED] Wichita Falls, TX 76309	8 Amount of contribution (\$) \$6.40 9 In-kind contribution description Software Subscription <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) Consultant		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)		

POLITICAL EXPENDITURES 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: Sch: 1/2 Rpt: 9/12	2 FILER NAME Short, Timothy D. (Mr.)	3 Filer ID	
4 Date 10/14/2023	5 Payee name Anedot		
6 Amount (\$) \$131.50	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 79112		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic contribution processing fees 10/14/23 - 10/28/23	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/18/2023	Payee name Hoegger Communications		
Amount (\$) \$4,495.00	Payee address; City; State; Zip Code 901 Indiana Ave., Suite 100 Wichita Falls, TX 76301		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political advertising	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/24/2023	Payee name Hoegger Communications		
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 901 Indiana Ave., Suite 100 Wichita Falls, TX 76301		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign materials and services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES 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: Sch: 2/2 Rpt: 10/12	2 FILER NAME Short, Timothy D. (Mr.)	3 Filer ID	
4 Date 09/29/2023	5 Payee name Prosperity Bank		
6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 2525 Kell Blvd. Wichita Falls, TX 76308		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Monthly Bank Svc Charges	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/27/2023	Payee name R.J. Wachsmann Homes		
Amount (\$) \$500.00	Payee address; City; State; Zip Code 2405 Kemp Blvd. Wichita Falls, TX 76309		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Refund	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
Date 10/06/2023	Payee name Stevens, Mike		
Amount (\$) \$4,205.00	Payee address; City; State; Zip Code 6923 Indiana Ave, Box 292 Lubbock, TX 79413		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign materials and services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: Sch: 1/1 Rpt: 11/12	2 FILER NAME Short, Timothy D. (Mr.)	3 Filer ID	
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$	
5 Date 10/27/2023	6 Payee name Hoegger Communications		
7 Amount (\$) \$23,737.98	8 Payee address; City; State; Zip Code 901 Indiana Ave., Suite 100 Wichita Falls, TX 76301		
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) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign materials and services	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Stevens, Mike	Office sought	Office held
Date 09/29/2023	Payee name Stevens, Mike		
Amount (\$) \$12,277.00	Payee address; City; State; Zip Code 6923 Indiana Ave, Box 292 Lubbock, TX 79413		
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign materials and services	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

TEXT ANNOTATION

Sch: 1/1 Rpt: 12/12

FILER NAME Short, Timothy D. (Mr.)	Filer ID
Schedule A1	

Information entered by filer as a memo:

Daniel Waggoner: Amending to correct 6/30/23 report. Donor paid electronic processing fees of \$21.15 on 01/27/2023.
Ronald Albus: Amending to correct 6/30/23 report. Donor paid electronic processing fees of \$2.40 on 02/05/2023.

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:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST THOMAS	MI H	OFFICE USE ONLY		
	NICKNAME TOM	LAST TAYLOR	SUFFIX	Date Received	Received in City Clerk's Office Date: 12/30/2023 Time: 1534	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE TOM TAYLOR CAMPAIGN, P.O. BOX 2093, WICHITA FALLS TX 76307-2093				Change of Address	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (940)	PHONE NUMBER 447-0373	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST TREY	MI	Receipt #	Amount \$	
	NICKNAME	LAST SRALLA	SUFFIX	Date Processed	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 401 N. SCOTT AVE, WICHITA FALLS TX 76306					
8 CAMPAIGN TREASURER PHONE	AREA CODE (940)	PHONE NUMBER 322-4121	EXTENSION			
9 REPORT TYPE	<input 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 checked="" 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 9	Day 29	Year / 23	Month 10	Day / 30	Year / 23
11 ELECTION	ELECTION DATE Month Day Year 11 / 7 / 20		ELECTION TYPE Primary Runoff General Special Other Description			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known) DISTRICT 5 CITY COUNCIL		
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.					
Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME				
		COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME THOMAS H. (TOM) TAYLOR	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,850.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,953.42
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 3,953.42
9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3,295.99
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.50

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 THOMAS H. (TOM) TAYLOR			3 Filer ID (Ethics Commission Filers)
4 Date 10/30/2023	5 Full name of contributor SEE ATTACHED SPREAD SHEET	6 Contributor address;	7 Amount of contribution (\$) 2,850.00
8 Principal occupation / Job title (See Instructions)		9 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)	
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.			

TOM TAYLOR - CITY COUNCIL DISTRICT 5
SCHEDULE A1, PAGE 2, MONETARY POLITICAL CONTRIBUTIONS
8 DAY REPORT - OCTOBER 30, 2023

DONOR & ADDRESS	DATE	METHOD	AMOUNT	RUNNING TOTAL	
GEORGE CLAY, BOWIE TX, [REDACTED]	29-Sep-23	CHECK	\$ 1,000.00	\$ 1,000.00	
JIM HEIMAN, [REDACTED] [REDACTED], WF TX 76302	28-Sep-23	CHECK	\$ 100.00	\$ 1,100.00	
JOSH THOMPSON, [REDACTED] [REDACTED] WF TX 76306	1-Oct-23	CHECK	\$ 100.00	\$ 1,200.00	
CHAD BROWNLOW, [REDACTED] [REDACTED], VERNON TX 76384	3-Oct-23	CHECK	\$ 100.00	\$ 1,300.00	
TERRY & GINGER GARBACZ, [REDACTED], WF TX 76308	16-Oct-23	CHECK	\$ 100.00	\$ 1,400.00	
CLARENCE & MRS HIGHTOWER, [REDACTED] [REDACTED], WF TX 76306	18-Oct-23	CASH	\$ 100.00	\$ 1,500.00	
JOHN WARD, [REDACTED] [REDACTED], WF TX 76306	24-Oct-23	CASH	\$ 100.00	\$ 1,600.00	
POLICE OFFICERS ASSOC, 3411 MCNIEL STE 302, WF TX 76308	24-Oct-23	CHECK CHASIER'S CHECK	\$ 750.00	\$ 2,350.00	
DEBBIE GUSTAFSON, WF TX	24-Oct-23		\$ 500.00	\$ 2,850.00	
		TOTAL	\$ 2,850.00		

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: 1	2 FILER NAME THOMAS H. (TOM) TAYLOR	3 Filer ID (Ethics Commission Filers)	
4 Date 10/05/2023	5 Payee name MARCOM PRODUCTS		
6 Amount (\$) 1,941.53	7 Payee address; 600 OHIO ST, WICHITA FALLS TX 76301	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	(b) Description PRINTING & MAIL OUT EXPENSES	
	(c) Check if travel outside of Texas. Complete Schedule T. Check if 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 10/27/2023	Payee name MARCOM PRODUCTS		
Amount (\$) 2,011.89	Payee address; 600 OHIO ST, WICHITA FALLS TX 76301	City; State; Zip Code	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSES	Description 3RD MAIL OUT & 2500 RACK CARDS	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> 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	
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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	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
	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 F4: 1	2 FILER NAME THOMAS H. (TOM) TAYLOR	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$ 0.00
5 Date 10/05/2023	6 Payee name MARCOM PRODUCTS	
7 Amount (\$) 1,941.53	8 Payee address; 600 OHIO WICHITA FALLS TX 76301	
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) ADVERTISING	(b) Description PRINTING & MAIL OUT COSTS
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 10/27/2023	Payee name MARCOM PRODUCTS	
Amount (\$) 2,011.89	Payee address; 600 OHIO ST, WICHITA FALLS TX 76301	
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) ADVERTISING	Description 3RD MAIL OUT & 2500 RACK CARDS
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Candidate / Officeholder name Office sought Office held		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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
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.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**INTEREST, CREDITS, GAINS, REFUNDS, AND
CONTRIBUTIONS RETURNED TO FILER****SCHEDULE K**

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 K: 1
2 FILER NAME THOMAS H. (TOM) TAYLOR		3 Filer ID (Ethics Commission Filers)
4 Date 09/30/2023	5 Name of person from whom amount is received UNION SQUARE CREDIT UNION	8 Amount (\$) 0.50
	6 Address of person from whom amount is received; City; State; Zip Code WICHITA FALLS TX	
7 Purpose for which amount is received INTEREST ON ACCOUNT		
<input type="checkbox"/> Check if political contribution returned to filer		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received	<input type="checkbox"/> Check if political contribution returned to filer

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED