CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. AMRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; STATE: **OFFICEHOLDER** MAILING **ADDRESS** Change of Address Date Hand 5 CANDIDATE/ arked OFFICEHOLDER **PHONE** 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX NICKNAME LAST Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ÇITY; STATE; ZIP CODE CAMPAIGN **TREASURER** ADDRESS (Residence or Business) **EXTENSION** 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Month COVERED THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION N Primary Runoff Other Month Day Year Description General Special OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC 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 (Et	thics Commission Filers)	
17 CONTRIBUTION TOTALS	PLEDGE	INITEMIZED POLITICAI S, LOANS, OR GUARAI BUTIONS MADE ELECT		ER THAN	ı	\$	-0	
		POLITICAL CONTRIB THAN PLEDGES, LOAN	UTIONS S, OR GUARANTEES OF	LOANS)		\$	-0-	
EXPENDITURE TOTALS	3. TOTAL UI	NITEMIZED POLITICAL	EXPENDITURE.	=		\$	-0-	
	4. TOTAL P	OLITICAL EXPENDI	TURES			\$	640.56	
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTI PRTING PERIOD	ONS MAINTAINED AS OF	THE LAS	ST DAY	\$	-0-	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF Y OF THE REPORTING	ALL OUTSTANDING LOAN PERIOD	NS AS O	F THE	\$	-0-	
		r penalty of perjury, the by me under Title 15, Ele	at the accompanying repo ection Code.	ort is tru	e and cor	rrect a	nd includes all informa	tion
			Charlie	E	neis	20n	•	_
			Signatu	re of Ca	ndidate d	or Offic	ceholder	
		Please comple	ete either option	below	v:			
(1) Affidavit								
NOTARY STAMP/SEAL	_							
Swarp to and subparihad	hoforo me hu			thin the		dov	of	1
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 administe	ring oath	Printed name of offic	er administering oath			Title o	of officer administering oa	ath
		W.	OR					-
(2) Unsworn Declaration	on.							-
A la c					(III.)	- 1		
My name is	irlie tr	Jerson	and my date o	f birth is	10/1	21	1956	36
My address is 909 (K SW 305	5	SQ H116	,_	X	154	78 Hanklin	
Executed in Franklin County, State of Texas , on the 2m day of Franklin (zip code) (country)								
2 12 12 12 12			Charle	(month	Mes		year)	
			Signature of	of Candid	_		r (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER	19 FILER NAME 20 Filer ID (Ethics Co			
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1,	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	4. SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$ 640.56	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	

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) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense **Event Expense** Loan Repayment/Reimbursement Accounting/Banking Office Overhead/Rental Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER 3 Filer ID (Ethics Commission Filers) merson 4 Date 5 City; State: Zip Code imbursement from political contributions 8 **PURPOSE** OF **EXPENDITURE** Checkir travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Payee address; City; State; Zip Code Reimbursement from political contributions . intended **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED



AFFIDAVIT FOR

	CANDIDATE OR CELECTRONIC FILE					
An exemption affidavit must be submitted with each paper report. Reginning on January 1, 2024, a candidate or officeholder who has accepted more than				Date Hand-delivered or Date Postmarked		
32,810 in political o	contributions or made more than a must file all subsequent reports e	\$32,810 in politic	al expenditures	Receipl #	Amount \$	
				Date Processed		
filer name		Filer ID #		Date Imaged		
Lewear or affir	m that I have not accepted mo	ore than \$32.81	O in political cor	atributions or m	nade	

- more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the 30-4 DOV BEFORE report due on 02 05 2024. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below:

(1) Affidavit	Cha		Emorson
NOTARY STAMP/SEAL		Sign	ature of Filer
Swom 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		
My name is	ind my date Sa Hillo (city) RXQS , on the 2M day Char	of FUN of FUN (mont	10/11.20 24.

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

OFFICE USE ONLY

Date Received