		ICEHOLDER		FORM C/OH
CAMPAIG	NHINAN	CEREPORT		COVER SHEET PG 1
The C/OH Instruction	Guide explains hov	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Chad	VV	OFFICE USE ONLY
NAME	NICKNAME	Ainsworth	SUFFIX	HOLLY THOMAS, COUNTY CLE JASPER COUNTY, TEXAS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	,	CITY; STATE; ZIP CODE	FILED JAN 12 2024
Change of Address	1-0.150	1614 Evacl	ale, Tx 77613	DEPUTY OF
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 51-6375	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	Chad	VV	Receipt # Amount \$
NAME	NICKNAME	LAST Aiouro oth	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE): APT / SL	•	STATE: ZIP CODE
Residence or Business)			Suna ,Tx -	77612
CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
REPORT TYPE	January 15	30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before elec	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
PERIOD COVERED	Month	Day Year / 1 / 23	THROUGH A	Day Year / 20/23
ELECTION .	Month Day	Yoar Primary General	ELECTION TYPE Runoff Other Description Special	
2 OFFICÉ	OFFICE HELD (if any)		13 OFFICE SOUGHT (If know	le Precint Le
NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS	· · · · · · · · · · · · · · · · · · ·	
	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME	
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
		GO TO F	PAGE 2	

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA

Sec	1 Total pages	filed:		
2 CANDIDATE NAME	MR. CHAD NICKNAME LAST ATUSWORTH	- W		SAVASE GRUNTY CIL ER COUNTY, TEXAS AUG 07 2023
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY: PO BOX 614 EVANALE	STATE; ZIP CODE	DEP	
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER (4091)	EXTENSION	Receipt# Date Processed	Amount S
5 OFFICE HELD (if any)			Date Imaged	
6 OFFICE SOUGHT (if known)	CONSTABLE JASPER CO.	Pcr.#4	1	
7 CAMPAIGN TREASURER NAME	MR, CHAO W.	NICKNAME	ATHISWORTS +	SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #;	CITY: EUADALE BUNA	STATE; TX	77612
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (\$09) 651 6275	EXTENSION	4.00	
IO CANDIDATE SIGNATURE	I am aware of the Nepotism Law, C I am aware of my responsibility to f the Election Code. I am aware of the restrictions in title from corporations and labor organize Signature of Candidate	file timely reports a	s required b	oy title 15 of atributions
	GO TO PAGI	 E 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	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 6,350
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 5256.30
	4. TOTAL POLITICAL EXPENDITURES	\$ 5256.30
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 1093.70
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
(1) Affidavit	Please complete either option below	ndidate or Officeholder
NOTARY STAMP/SEAR	(1) 1 1 201 20110	12 day of January.
20 2 , to certify	which, witness my hand and seal of office. Patty Wagstaff	De Dwy Clerk Title of officer administering oath
ger, seitagen in	The state of the s	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	
My address is		
		tate) (zip code). (country)
Executed in	County, State of, on the day of (month)	, 20) (year)
	Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Con					
	chad W. Ainsu	vorth				
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY PO	DLITICAL CONTRIBUTIONS		\$ 4350.°		
2.	SCHEDULE A2: NON-MONETAR	RY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONT	TRIBUTIONS		\$		
4.	SCHEDULE E: LOANS			\$		
5.	SCHEDULE F1: POLITICAL EX	(PENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$ 5256.30		
6.	SCHEDULE F2: UNPAID INCUR	RRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE O	F INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURE	ES MADE BY CREDIT CARD		\$		
9.	SCHEDULE G: POLITICAL EXP	PENDITURES MADE FROM PERSONAL FUNI	DS	\$		
10.	SCHEDULE H: PAYMENT MADE	E FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL E	EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CRE	EDITS, GAINS, REFUNDS, AND CONTRIBUTION	ONS RETURNED	\$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

if the requested information is not applicable, Bo Nor moldae tine page in the	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Chad W. Ainsworth	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 6 Contributor address; City; State; Zip Code Sequence of Contributor address; State of Contributor address; City; State of Contributor address; City; State of Contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	ions)
Date Full name of contributor out-of-state PAC (ID#:) Corv Crenshaw Contributor address; City; State; Zip Code 777701 Beaumonttx	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:) HODER Ownby Contributor address; City; State; Zip Code SISPEC,	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Soptsylvania VA 22551	\$ 500
Spotsylvania VA aassi Principal occupation / Job title (See Instructions) Employer (See Instructions)	ioris)

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:
chad W. Ainsworth	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#:) 1	7 Amount of contribution (\$) \$ 500
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	ons)
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
Contributor address; City; State; Zip Code	\$ 350
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributor Janson Contributor address; City; State; Zip Code Tx 77701	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
Date Full name of contributorout-of-state_PAC (ID#:) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	EDED

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

SCHEDULE F1

if the requested information is not applicable, bo NOT include this page in the report.							
		EXPEN	DITURE CATI	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politicedit Card Payment		Event Expense Fees Food/Beverage I Gift/Awards/Mer Legal Services The Instruct	norials Expense	Office Over Polling Exp Printing Exp Salaries/Wa		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a categ	oment & Related Expense
1 Total pages Schedule F1	: 2 FILER N					3 Filer ID (Ethic	s Commission Filers)
	Cho	W b	· Ains	WOR	+h	,	
4 Date	5 Payee na	100000			•		
6 Amount (\$)	7 Payee ac		: _		City;	State;	Zip Code
\$ 68.36	130	5 N.	Main	Vida	or, Tx	77662	٠,
8	(a) Categor	y (See Categories	listed at the top of thi	s schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Adver	Fising Check if travel and id	Expe to of Texas. Complete	nse Schedule T.	Photo Check if Aust	Post can	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ate / Officehold	ler name		Office sought		Office held
Date	Payee na	me					
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\$ 290	371	CR	861	Evad	ale, Tx	77615	
DUDDOOF	Category	(See Categories lis	led at the top of this	schedule)	Description	•	
PURPOSE OF EXPENDITURE	Adver	tisina	Exp	ense	t-shi	45	
		Check if travel outside	of, Texas. Complete S	Schedule T.	Check if Austi	n, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholde	er name		Office sought		Office held
Date	Payee na	me					
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PURPOSE							
OF EXPENDITURE	Adver-	rising	Expe	rse	T-shir	45	
			of Texas. Complete S	chedule T.		, TX, officeholder living of	
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholde	er name		Office sought		Office held
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		EXPE	ENDITURE CA	TEGORIES	OR BOX 8(a)		
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Jedit Cald Laymont		The Instr	uction Guide exp	plains how to co	omplete this form.		
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OF EXPENDITURE	Adve	rtisit	ng Ex	pense	Glue G	iun F	loat
	(c)	Chock if travel or	outside of Texas, Comple	ete Schedule T.	Check if Aust	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		late / Öfficeh	older name		Office sought		Office held
Date	Payee na	me	$\overline{\bigcirc}$				
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Amount (\$)	Payee ad	ldress;			City;	State;	Zip Code
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oate	Payee na	me					
1.11.23	hep		can Yo	arty.	-Josper	- Coun	ty.
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OF	1				Sia. 11	0 F.	
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omplete ONLY if direct openditure to benefit C/OI	Candida	ite / Officeho			Office sought		Office held
		ACH ADDI	TIONAL COPIE	ES OF THIS S	CHEDULE AS NEE	DED.	
	A11	AUTIAUUT	HOMAL COLI	_0 Or 11110 0	o, LLDOLL NO HEL	tor and for	

If the requested	information i	s not applicabl	e, DO NOT	include ti	nis page in the r	eport.	
		EXPEND	ITURE CATE	GORIES	OR BOX 8(a)		
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1 Total pages Schedule I	1: 2 FILER N	IAME W.	Ain	Swar	+h	3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payeen	mart		<u> </u>			
6 Amount (\$)	7 Payee a				City;	State;	Zip Code
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EXPENDITURE	ACIVE	415179	Exper	<u> </u>		es, hook	s for tilo
Gomplete ONLY if direct expenditure to benefit C/		Check if travel betelde d		scredule 1.	Office sought	lin, TX, officeholder livir	Office held
Date	Payee na	ame					
12.15.23	Uni-	ed St	ites F	osta	1 Servi	State;	Zip Code
\$ 122.40	65b Category	S. Mary (See Categories lister	Clin L d at the top of this s		erton, T	ארר א	57
PURPOSE OF EXPENDITURE	Adver	+isinc=	Expen	50	Stamp	25	
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12.9.23	Wa	mart				-	
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b 16.13	NOO L	See Calegories lated	96 N. at the top of this so	Sils	Description	x 7765	ste
PURPOSE OF EXPENDITURE	Adve	CHISING Check if travel outside of	Expe Texas, Complete Sc	nse L	Santa /	nats for	parade
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expenditure to benefit C/O	н	<u>.</u>				,	
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SCHEDULE F1

	_	EXPENDITUR	E CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polii	F By G	vent Expense ees ood/Beverage Expense ifl/Awards/Memorials E: egal Services	Office Ov Polling E xpense Printing E		Travel In District Travel Out Of Distr	ipment & Related Expense
Credit Card Payment		The Instruction Gui	de explains how to	complete this form.	,	, ,
1 Total pages Schedule F	1: 2 FILER NAM	W. A	inswor	th	3 Filer ID (Ethio	cs Commission Filers)
4 Date	5 Payee name	d State	es Past	al Servi	ce	
6 Amount (\$)	7 Payee addre	ess;		City;	State;	Zip Code
\$ 102	225	Fm 105	Evac	lale, Tx	77615	
8	(a) Category (s	See Categories listed at th	e top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advers	Hisina F	x Oanse	Stamo	ÓK	
	(c) Cho	eck if travel outside of Texas.	. Complete Schedule T.	Check if Austin	, TX, officeholder livin	o expense
9 Complete ONLY if direct expenditure to benefit C/C		/ Officeholder name	е	Office sought		Office held
Date	Payee name					
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PURPOSE	Category (Se	e Categories lis te d at the	top of this schedule)	Description		
OF EXPENDITURE	Advert	tising I	Expense	Comano	l hooks	for float
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Complete <u>QNLY</u> if direct expenditure to benefit C/O		Officeholder name		Office sought		Office held
Date	Payee name	^ .				
11.19.23	Five	Below)			
Amount (\$)	Payee addres	ss;		City:	State;	Zip Code
\$ 12.02	Five '	Be 615	5 Earle	& Fwy Be	aymont	TX 7770
numas	Category (See	Categories listed at the to	op of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advers	rising E	<i>xpenses</i>	trees 4	for flo	at
	Check	cif travel outside of Texas. C	Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF		Officeholder name	9	Office sought		Office held
	ATTAC	H ADDITIONAL C	OPIES OF THIS S	SCHEDULE AS NEED	DED	

If the requested information is not applicable, DO NOT include this page in the report.							
		EXPEN	DITURE CAT	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit Credit Card Payment		Legal Services	Expense emorials Expense	Office Over Polling Exp Printing Exp Salaries/Wa		Travel In District Travel Out Of Distr	pment & Related Expense
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4 2.13	7 Payee a	Fm 1	05	Buna	TX7-	State;	Zip Code
8 PURPOSE OF EXPENDITURE		y (See Categories	listed at the top of t	his schedule)	(b) Description	her Ro	for each
EXPENDITORE	(c)		de of Texas. Complet	a Schedule T.	Chèck if Aus	stin, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/C		ate / Officehol	der name		Office sought		Office held
Date	Payee na	me					
10.2.23	Doll		renera	al_	, O	Chata	7-0-1-
4 5.31	Payee ac	Fm 1	05 B	una,	City;	State;	Zip Code
PURPOSE OF EXPENDITURE		trsing	sted at the top of thi	nse	Poster Check if Aus	Board tin, TX, officeholder living	. ехрепѕе
Complete ONLY if direct expenditure to benefit C/O		ate / Officehold	ler name		Office sought		Office held
Date	Payee na	me			·		
10.6.23	Sar	n'5	Club)			
			_				
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\$ L1.42 PURPOSE OF	Category Adver	F-10 S (See Categories lis	EXPO e of Texas. Complete	irse	Tx To Description	7701 to throu	, Oparade

SCHEDULE F1

	EXPENDITU	JRE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	al Committee Legal Services	ose Office Over Polling Extended Expense Printing Extended Salaries/M	xpense Vages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
	The Instruction C	Guide explains how to d	complete this form.		
1 Total pages Schedule F1:	chad W	Ainsk	lorth	3 Filer ID (Ethic	s Commission Filers)
4 19-21-23	Sam's	Llub			
6 Amount (\$)	7 Payee address:	_	City;	State;	Zip Code
P152.16	1615 1-10 S	Beaum		סדדד	_
8 PURPOSE	(a) Category (See Categories listed Advertising	at the top of this schedule)	(b) Description		
OF EXPENDITURE	Event Evac	Parle Parad	e candy	to 4	thoow
	(c) Check if travel outside of Te	exas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder na	ame	Office sought		Office held
Date	Payee name	\bigcap			
9.25.23	Spring	trint			
Amount (\$)	Payee address;		City;	State;	Zip Code
\$ 160.86	540 S.M	ain St L	umbert	XTno	77657
PURPOSE	Category (See Categories listed at	lhe top of this schedule)	Description		
OF EXPENDITURE	Advertising	Expense	Busine	ess Co	irds
	Check if travel outside of Tex	xas, Complete Schedule T.	Check if Austin	, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame	Office sought		Office held
Date	Payee name				<u> </u>
9.29.23	M3D Ace				
Amount (\$)	Payee address;		City;	State;	Zip Code
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OF EXPENDITURE	Advertision Check if travel outside of Tex	s. Complete Schedule T.		igger -	for Signs expanse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	ame,	Office sought		Office held
	ATTACH ADDITIONA	L COPIES OF THIS S	SCHEDULE AS NEED	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	By Gift/Awards	age Expense :/Memorials Expense	Loan Repayment/R Office Overhead/R Polling Expense Printing Expense Salaries/Wages/Co	Rental Expense	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of District Other (enter a categ	oment & Related Expense
Credit Card Payment	The Inst	ruction Guide explai	ns how to complet	te this form.		
1 Total pages Schedule F1	2 FILER NAME	J. Ains	morth		3 Filer ID (Ethic	s Commission Filers)
4 Date 9-13-23	5 Payee name	Cara				
6 Amount (\$)	7 Payee address;	0		City;	State;	Zip Code
\$ 506-lel	2400 GL	ilf Beau	mont-	TX -	77703	
8	(a) Category (See Category	ories listed at the top of this	schedule) (b) [Description		
PURPOSE OF EXPENDITURE	Advertisi	nc Exa	ense F	Bally	Towel	
	(C) Check if travel	outside of Texas. Complete S	chedule T.	Check if Austin	, TX, officeholder living	expense
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Date	Payee name					
9.19.23	Crenti	ve So	lution	sTr	aditio	N S
Amount (\$)	Payee address;			City;	State;	Zip Code
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OF EXPENDITURE	Advertisin	Fund	2	2/20		ملمور
		uto de of Texas, Complete S	chedule T.	Check if Austin	TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officel			ffice sought		Office held
expenditure to benefit C/OF						
Date	Payee name	_			····	
9.28.23	Design	er Gr	arabio	25		
Amount (\$)	Payee address;		- V	City;	State;	Zip Code
\$ 686.09	12404	U 155	South	Tyler	Tylor 7	X 75703
4 606 .2 l	Category (See Categorie	es listed at the top of this se		escription	17101	<u> </u>
PURPOSE		_		A / 1		
OF EXPENDITURE	Adverti:	sing Ex	perse	yard	Signs)
	Check if travel or	utside of Texas Complete So	thedule T.	Check if Austin,	TX, officeholder living	ехрепѕе
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officel	nolder name	O	ffice sought		Office held
	ATTACH ADD	ITIONAL COPIES	OF THIS SCHE	DULE AS NEED	DED	

SCHEDULE F1

		EXPENDI	TURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic		Event Expense Feés Food/Beverage Ex Gift/Awards/Memo Legal Services		Office Overt Polling Expo Printing Exp		Travel In District Travel Out Of Dis	uipment & Related Expense
Credit Card Payment		The Instruction	n Guide explain	s how to co	mplete this form.	•	
1 Total pages Schedule F1	2 FILER NA	d VJ.	Ains	100c	44	3 Filer ID (Eth	nics Commission Filers)
4 Date \$-10-23	5 Payeena	adale	ISC	2	poster	Club)
6 Amount (\$)	7 Payee ad	dress;			City;	State;	Zip Code
\$ 160	P.0	Box	497	Eva	daleTx	, מורר)5
8	(a) Category	y (See Categories list	ed at the top of this	schedule)	(b) Description		
PURPOSE							
OF EXPENDITURE	l —	tising	•		Football	. 1	• •
	(c)	Check if travel obtains	of Texas. Complete Sc	thedule T.	Check if Austi	n, TX, officeholder liv	ing expense
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder	name		Office sought		Office held
Date	Payee na	me					•
8.22.23	Am	a705)				
Amount (\$)	Payee ad	dress;			City;	State;	*Zip Code
90.75	410	Terry A	ive N	. 5	eattle, 1	NA 9	8109
	Category	(See Categories liste	d at the top of this so	chedule)	Description	•	
PURPOSE OF			_		+152N	e pap	er
EXPENDITURE	Adver	rtising	Event	Experts	e for	float	
		Check if travel outside o	f Texas. Complete Sc	1		ı, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH		te / Officeholder	name		Office sought		Office held
Date	Payee na	me					
\$.85.83	ri	angle	15	uec	thing		
Amount (\$)	Payee add	dress;		•	City;	State:	Zip Code
\$ 1,038.66	1123	Cal	der s	54 [Beaumo	nt,Tx	וסרדר
	Category	(See Categories listed	at the top of this sc	hedule)	Description	•	
PURPOSE					_		
OF EXPENDITURE	Adver	tisina	Exam	nse	Signs	d Ka	nners
		Check if travel outside of	Texas, Complete Sch	nedule T.	Check if Austin	, TX, officeholder livir	ng expense
Complete ONLY if direct	Candida	te / Officeholder	name		Office sought		Office held
expenditure to benefit C/OH							
	ATT	ACH ADDITION	IAI CODIES O	OF THIS SA	CHEDULE AS NEE	DED	
	AI I/	TOTADDITION	AL OUFIES		OHLDOLL AG NEE		

SCHEDULE F1

	EXF	PENDITURE CATEG	URIES FUR BUX 6(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic	By Gift/Award	erage Expense Is/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanes/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Ins	truction Guide explains	how to complete this form.	
1 Total pages Schedule F1	2 FILER NAME	W. Air	swarth	3 Filer ID (Ethics Commission Filers)
⁴ 9.29.23	5 Payee name	Ace		
6 Amount (\$)	7 Payee address;		City;	State; Zip Code
\$ 49.30	172 S.	Main Le	im berton	TX 77657
8	(a) Category (See Category	gories listed at the top of this so	hedule) (b) Description	_
PURPOSE OF EXPENDITURE	Advertisi	ng Expen	se 7-pas	ls for signs
	(C) Check if trave	outside of Texas, Complete Sch	edule T. Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Office H	sholder name	Office sought	Office held
Date	Payee name			
9.36.23	Dollar G	neneral	b	
Amount (\$)	Payee address;		City;	State; Zip Code
\$ 12.06	6215 N	Main)	lidor, Tx 5	77662
	Category (See Catego	ries lisled at the top of this sch	edule) Departation	de float
PURPOSE OF	Advantisi	ina Exper	ise Poster bo	ard a hot glue
EXPENDITURE	MUYEL TIO			, , ,
	Check if travel	outside of Texas. Complete Scho	edule T. Check if Austin	, TX, officeholder living expense
	Candidate / Office		Office sought	, TX, officeholder living expense Office held
EXPENDITURE Complete ONLY if direct	Candidate / Office			
EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Office	holder name		
EXPENDITURE Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Office			
Complete ONLY if direct expenditure to benefit C/OnDate	Payee name Dollar G Payee address;	teneral	Office sought City:	Office held
Complete ONLY if direct expenditure to benefit C/OFDate 9.30.33 Amount (\$)	Payee name Dollar G Payee address;	holder name	Office sought City:	Office held State; Zip Code
Complete ONLY if direct expenditure to benefit C/OFDate Only if direct expenditure to benefit C/OFDate Amount (\$)	Payee name Dollar G Payee address;	TENGIAL 105 Bu Ties listed at the top of this scho	Office sought City: Description	Office held State; Zip Code
Complete ONLY if direct expenditure to benefit C/OFDate 9.30.33 Amount (\$) PURPOSE OF	Payee name Dollar G Payee address; LOG FM Category (See Category	TENGIAL 105 Bu Ties listed at the top of this scho	City: City: Calue Sti	State; Zip Code 7612 Cks For Float TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OFDate 9.30.33 Amount (\$) PURPOSE OF	Payee name Pollar G Payee address; LOG F Category (See Category Check if travel Candidate / Office	Teneral 105 Bu rics listed at the top of this school Lapense	City: City: Calue Sti	State; Zip Code 7612 Cks for Float

If the requested in	formation is not applicable, DO NOT incl	ude this page in the re	port.
	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Off Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense ulting Expense inting Expense lardes/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1		worth	3 Filer ID (Ethics Commission Filers)
4 Date 10.13. 33	Beauty 3 Char	20	
6 Amount (\$) \$ 3\3.93	965 N. Margaret	Ave Kirb	State: Zip Code
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	•
PURPOSE OF EXPENDITURE	Advertising Expen (c) Chock if travel outside of Toxas. Compilete Schedul	DE T-Shir	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories lisled at the top of this schedul	le) Description	
	Check if travel outside of Toxas. Complete Schedule	c 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	e) Description	·
	Check if travel outside of Texas. Complete Schedule	eT. 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 T	THIS SCHEDULE AS NEED	DED