		JASPER COUNTY	TEXAS
•	Amender	FILED JAN 24 2	1024
1	TE / OFFICEHOLDER N FINANCE REPORT	By MADOGA DEPUTY	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	J.	OFFICE USE ONLY
	NICKNAME CHISTOPPY	SUFFIX HC	LEM®TH®MAS, COUNTY CLERK JASPER COUNTY, TEXAS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		ITY: STATE; ZIP CODE	ED JAN 12 2024
Change of Address	J	asper ty 76981-	DEPUTY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (409) 1022 1943	EXTENSION	DEFUIT Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MS. Melinda	M.	Receipt # Amount S Date Processed
	NICKNAME LAST	suffix .	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SL	_	STATE: ZIP CODE
(Residence or Business)		D JOSPER '	TX 75951
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (409) 382 9579	EXTENSION .	-
9 REPORT TYPE	January 15 30th day before el	ection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
· · · · · · · · · · · · · · · · · · ·	July 15 Bith day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year		Day Year 11 / 2024
11 ELECTIÓN	ELECTION DATE Month Day Year Primary D3 05 24 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known JOSPEY (DM))	y pct. 1 constable
14 NOTICE FROM POLITIÇAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WITHOUT THE CANE	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TRE/	SURER NAME	
	COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
	GO TO I	PAGE 2	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 2

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15 C/OH NAME	-	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)	\$ 350.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,360.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ D
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,157.06
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 577.05
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ ()
18 SIGNATURE Is	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information
	uired to be reported by me under Title 15, Election Code.	
	histo ollo	0
	Complifie	
	Signature of Cal	ndidate or Officeholder
	,	
1		•
		`
S	Please complete either option below	/:
S		
	NG:	
Affidavit		
م)ر رو		
12 X		
NOTARYISTAMRASEAL	-	
Sworn to and subscribed	before me by <u>Billic Dov227</u> this the	12th day of Janaary.
20, to certify	which, witness my hand and seal of office.	
Hillin 20	Killie Dorthy	Deputy Clerk
Signature of officer administer	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR, SALAR	of the second second
(2) Unsworn Declaratio	Dn	
	- 	
My name is	, and my date of birth is	·
My address is		·
	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of, on the day of	, 20
	(month	
	Signature of Candid	ate/Officeholder (Declarant)

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics O	Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$2,350.00
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	S
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	\$3,549.19
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OF	1 \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$
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1.2.

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1			
If the reques	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	(DDY Christopher	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor	7 Amount of contribution (\$) 500			
III.2.23	Contributor address; City; State; Zip Code	· · ·			
	6 Contributor address; City; State; Zip Code JCISPEY TX 75961				
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	ctions)			
Date	Full name of contributor	Amount of contribution (\$) 500			
11.13.23	Contributor address; City; State; Zip Code				
	JOSPER TX 7595	b \			
Principal occur	bation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date	Full name of contributor 🛛 out-of-state PAC (ID#:)	Amount of contribution (\$) 2.00			
11.13.23	Contributor address: City; State; Zip Code				
	Tasky Tx 75951	\			
Principal occu	Dation / Job title (See Instructions)	ctions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)			
11.30.23	Mc Donald Mobile Home LLC Contributor address; City; State; Zip Code				
	Jasper Tx 7595				
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)			
,	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	NEEDED reporting requirements.			
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If the reque	sted 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:
FILER NAME	CODIL Albrida Contra	3 Filer ID (Ethics Commission Filers)
	LUDY UNISTOMICY	
Date	EUNard Johnston	7 Amount of contribution (\$) 25
26.23	6 Contributor address; City; State; Zip Code	·····
,	JOSRY TX 759	6
Principalioccu	pation / Job title (See Instructions) 9 Employer (See In	OI {
, 		
Date	Full name of contributor 🔲 out-of-state PAC (ID#;	Amount of contribution (5)
1.1.12	Many Hamilton	
19.25	Contributor address; City; State; Zip Code	
	Jasper Tx 7598	51
Principal occup	pation / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor	Amount of contribution (S)
	Melinda Christopher	
9.23	Contributor address; City; State; Zip Code	
	JUSPER TY TE	Adn
Principal occu	pation / Job title (See Instructions) Employer (See In	nstructions)
•		·
Date	Full name of contributor.	Amount of contribution (S)
15.23	herald Hudson	
15 20	Contributor address; City; State; Zip Code	
	Jasper Tx 75961	
Principal occu	pation / Job litle (See Instructions) Employer (See I	nstructions)
•		•
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE If contributor is out-of-state PAC, please see instruction guide for addit	

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MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
If the reque	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Cody Christopher	•	3 Filer ID (Ethics.Commission Filers)
4 Date	5 Full name of contributor Dout-of-state PAC SUZANNE, MIXON	; (iD#:)	7 Amount of contribution (\$) 00.00
VI 19729	6 Contributor address; City;	State; Zip Code	· · ·
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor 🔲 out-of-state PAC	; (10#;)	Amount of contribution (\$)
	Contributor address; City;	State: Zip Code	
Principal occup	l pation / Job title (See Instructions)	Employer (See Instruct	lions)
Date	Full name of contributor 🔲 out-of-state PAC	; (iD#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal acrow	pation / Job tille (See Instructions)	Employer (See Instruct	tions)
Finicipal good			
Date	Full name of contributor 🔲 out-of-state PAC	C (ID#:)	Amount of contribution (\$)
·	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
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	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Instr		
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POLITICAL EXPENDITURES MADE FROM SCHEDULE G				
If the requested inf	formation is not applicable, DO NOT include	this page in the report.		
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politiu CreditCard Payment	Fees Office (Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printing cal Committee Legal Services Salarie	Dverhead/Rental Expense Transpo Expense Travel II 3 Expense Travel I 5/Wages/Contract Labor Other (e	tion/Fundraising Expense ortation Equipment & Related Expense n District Dut Of District entera category not listed above)	
	The Instruction Guide explains how t		۱ 	
1 Total pages Schedule G:	² FILER NAME CODY Christon	her 3 Filer	r ID (Ethics Commission Filers)	
4 pate 11.6.23	5 Payee name VISTA Print			
6 Amount (\$) 556.	X Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended	275 Wilman St	Waltham M	A 02451	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Havertising expense	Cards, Hyers, 1	Mugnets	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date U·Le·23	Payee name Triangel Blue	Print		
Amount (\$) 2,993.11	Payee address;	City;	State; Zīp Code	
Reimbursement from political contributions intended	1123 Calder St	Beaumont	Tx 77701	
PURPOSE OF EXPENDITURE	Category (See Categoriés listed at the top of this schedule) <u>Advertising Expense</u>	Signs		
	Checkif travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	Choider living expense	
Complete <u>ONLY</u> if direct expenditure to benetit C/				
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Déscription		
· · · •	Check il travel outside of Texas. Complete Schedule T.	Check if Austin, TX, office	cholder 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		

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FROM POLI	EXPENDITURES MADE TICAL CONTRIBUTIONS	SCHEDULE F1.		
If the requested in	ormation is not applicable, DO NOT include t	his page in the report.		
•	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulfing Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Over Food/Beverage Expense Polling Ex by Gift/Awards/Memorials Expense Printing E al Committee Logal.Scrvices Salaries/	xpense Travel·Out Of District Vages/Contract Labor Other (enter a category not listed above)		
	The Instruction Guide explains how to o	······································		
1 Total pages Schedule F1:	LODY UNISTO	Pher ³ Filer ID (Ethics Commission Filers)		
⁴ Date 9.23	⁵ Payee name Fincannon 0	fice supply		
6 Amount (\$) 36.37	7 Payee address;	City; State; Zip Code		
	801 South wheeler	Jasper Tx 75961		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Printing Expense	Voters List		
· .	(C) Check if travel outsido of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held		
Date	Payee name			
11.13.23	Bill Dover co.	-		
Amount (\$) 01.77	Payee address;	City; State; Zip Code		
	2060 South wheeler	Jasper Tx 75951		
	Category (See Categories listed at the top of this schedule)	Description .		
OF	travel	E105 EXPENSE		
EXPENDITURE	Check il travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O		·		
Date	Payee name			
11.22.23	Eventhing U			
Amount (\$) 498.	7 Payee address:	City: State; Zip Code		
	222 Texas 43	Jasper Tx 75951		
DUDDOOT	Category (See Categories listed at the top of this schedule)	Description .		
PURPOSE OF EXPENDITURE	Advertising Expense	Hats, shirts.		
	Check if travel outside of Toxas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
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1 .	ÉXPENDITURES MADE TICAL CONTRIBUTIONS	SCHEDULE F1
If the requested inf	ormation 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 B Candidate/Officeholder/Politics Credit Card Payment	Event Expense Loan Re Fees Office O Food/Beverage Expense Polling E Y Gift/Awards/Memorials Expense Printing	verhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Sypense Wages/Contract Labor Travel In District Wages/Contract Labor Cother (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME COOU Christo	3 Filer ID (Ethics Commission Filers)
4 Date 11.23	5 Payee name TOSPER COUNTY	Republican Party
6 Amount (\$)375.00	7 Payee address;	City; State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Fec's	Ballot application 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/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·
12.1.23	Walemart	۱ -
Amount (\$) 05.35	Payee address;	City; State; Zip Code
· · · · · · · · · · · · · · · · · · ·	SOO W GIBSON St. Category (See Categories listed at the top of this schedule)	JOBPER TX 70061
PURPOSE	Event Expense	Parade, Expense.
EXPENDITURE		ITUTULU L'APOISE
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	·
12.5.23	Facebook	· · · · · · · · · · · · · · · · · · ·
Amount (\$) 20.00	Payee address:	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Advertising Expense	campaign Ad
	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/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED
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	EXPENDITURES MADE TICAL CONTRIBUTIONS		SCHEDULE F1
If the requested inf	ormation is not applicable, DO NOT include	this page in the rep	ort
•	EXPENDITURE CATEGORIES	FOR BOX 8(a)	\ \
Advertising Expense Accounting/Banking Consulting Expense 'Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E by Gifl/Awards/Memorials Expense Printing B	erhead/Rental Expense xpense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Fransportation Equipment & Related Expense Fravel In District Fravel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME CODY Christop	ner 3	Filer ID (Ethics Commission Filers)
⁴ ¹ ¹ ² ·17·23	5 Payee name FOCCDOOK	<u> </u>	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
8 PURPOSE	(a) Category (See Categories listed at the lop of this schedule)	(b) Description	
OF EXPENDITURE	Advertising Expense	Campaig	X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 12·24·23	Payee name Glenn Wise Sign	چ. ب	
Amount (\$) 335 5	Payee address:	City;	State; Zip Code
· · ·	EIIE Phelan BUD Category (See Categories listed at the top of this schedule)	BEQUINITY Description	17 TX 77706
PURPOSE OF EXPENDITURE	Advertising Expense	Signs Check if Austin	X, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Ot	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-28-23	Elunn wise Signs		
Amount (\$) 142.38		City;	State; Zip Code
÷	816 Phelan BUD Category (See Categories listed at the top of this schedule)	Blaumor	H TX 77706
PURPOSE OF EXPENDITURE	Advertising Expense	Signs	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED
	in Completing and the state to	•	Poursed 11/15/2022

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	EXPENDITURES MADE		SCHEDULE F1
	ormation is not applicable, DO NOT inclu	de this page in the r	eport.
	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	,
Adventising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics Credit Card Payment	Fees Olfic Food/Beverage Expense Polli by Git/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ing Expense ing Expense ries/Wages/ContractLabor v 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:	2. FILER NAME A JUL AL	Ker	3 Filer ID (Ethics Commission Filers)
4 Date 17.12.72	⁵ Payee name Bill Daver		I
6 Amount (\$) 89.97	7 Payee address;	Çity;	State; Zip Code
	PO BOX LOOD J	asper th	76961
8	(a) Category (See Categories listed at the top of this schedu	le) (b) Description	
PURPOSE OF EXPENDITURE	Travel		pense
·····	(C) Check if travel outside of Texas. Complete Schedule		lin, 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		
12.01.23	walmart		
Amount (\$) 85.3	Payee address;	City;	State; Zip Code
	800 w filbson st	Jaster	TX 76951
DUDDOSE	Category (See Categories listed at the top of this schedul	e) Description	
PURPOSE OF EXPENDITURE	Event Expense	Parade	Expense
	Check if travel outside of Texas. Complete Schedule		tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date 12.06.23	Payee name		
	warmart		
Amount (\$) 21.63	Payee address;	City;	State; Zip Code
1	800 w Gibson St	Jasper	TX 7045
PURPOSE OF EXPENDITURE	Event Expense	e) Description Payade	Expense
	Check if travel outside of Texas. Complete Schedule		tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS NE	EDED
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	-	TURES MADE			SCH	IEDULE F1
If the requested inf	formation is no	t applicable, DO NO	T include ti	his page in the re	port.	
		EXPENDITURE CAT	EGORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Canoidate/Officeholder/Politic Credit Card Payment	Fe Fo By Gi al Committee Le	enl Expense es od/Beverage Expense IVAwards/Memorials Expense gal Services The Instruction Guide exp	Office Over Polling Exp Printing Exp Salaries/W	pense ages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER NAM	Cody Chr	istopr	ter :	3 Filer ID (Ethio	cs Commission Filers)
⁴ Date 12.05.23	5 Payee name	walmart				
6 Amount (\$)	7 Payee addre	255;		City;	State;	Zip Code
	800 U	J Gibson	St	Jaspe	r tx	16951
8	(a) Category (S	iee Categories listed at the top of	this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event	Expense		Parade	ExPe	nse
	(C) Cha	ck if travel outsido of Texas. Comple	le Schedulo T.	Check if Austin	ı, TX, officeholder livir	ig expense .
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		/ Officeholder name		Office sought		Office held
Date	Payee name					-
12.05.23	Harb	or Freigh	+			-
Amount (\$) 7-48	Payee addre	ess;		City;	State;	Zip Code
	420 E	ETIDSON the Categories listed at the top of the	S Y	Jaster Description	Tx_	70961
PURPOSE OF EXPENDITURE		- Expense	,	Pavade	EXPE	1Ch.
· · ·		ck if travel outside of Texas. Comple	te Schedule T.	r	, TX, officeholder livin	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		/ Officeholder name		Office sought		Office held
Date	Payee name	}				
12.21.23	Track	nr. SUPPly	00			
Amount (\$) ZI.5L	Payee addre	ss;		City;	State;	Zip Code
· ·	584	E Glibson	St	Jasper	Tr	76961
PURPOSE OF EXPENDITURE	Adver-	Categories listed at the top of It	nse	Description T-POSt		
	L	ckil travel outside of Texas. Comple	te Schedule T.		, TX, officeholder livin	g expense Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O		/ Officeholder name	•	Office sought		
	ATTA	CH ADDITIONAL COPI	ES OF THIS S	SCHEDULE AS NEE	DED	
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POLITICAL EXPENDITURES MADE 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 B Candidate/Officeholder/Politica CreditCard Payment		Office Overhead/Rental Expense Transpi Polling Expense Travel I Printing Expense Travel I Salaries/Wages/Contract Labor Other (e)	tion/Fundraising Expense ortation Equipment & Related Expense n District Dut Of District anter a category not listed above)
1 Total pages Schedule F1: 2 FILER NAME COOLY ChristOpher 3. Filer ID (Ethics Commission Filers)			
4 Date 1. 6.24	5 Payee name Latch fuel	Stop	
6.Amount (\$) (3.00)	7 Payee address;	City;	State; Zip Code
	13013 Tx63	Jasper th	15951
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Travel	Fuel	-
	(c) Check if travel outsido of Toxas. Complete Sc	heduleT. Check if Austin, TX, offi	ceholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Of	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	- -	•
Amount (\$)	Payee address;	City;	State; Zip Code
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this so	hedule) Description	
PURPOSE OF EXPENDITURE			
:	Check if travel outside of Texas. Complete Sc	hedule T. Check if Austin, TX, offi	ceholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	·	
Amount (\$)	Payee address;	City;	State; Zip Code
÷	•		· .
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the lop of this so	hedule) Description	•
	Check if travel outside of Texas, Complete Sc	hedule T. Check if Austin, TX, offi	ceholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/202			

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