	E / OFFICEHO I FINANCE RE	4.			CO/	FORM ER SHEE	T PG 1
The C/OH Instruction	Guide explains how to co	mplete this form.	1 Filer ID	<del></del>	2 Total	pages filed: 68	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Charles		МI М.	Date Recei		ONLY UNTY CLER
	NICKNAME	LAST Havard	•••••••••••••••••••••••••••••••••••••••	SUFFIX	JASF	ER COUNT	Y, TEXAS
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #; CITY	<b>/</b> ;	Jr ZIP CO	By Record	dell'AMP lando SCIMANO	
Change of Address	Buna, TX 77612				Date Image		
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI			
NAME	Mr. NICKNAME	Howard LAST ,		V.	······································		
		Moss				1	
G CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO	PO BOX PLEASE);	AP'	·	una, TX	STATE;	77612
CAMPAIGN TREASURER PHONE	AREA CODE PI		XTENSION	,		<del> </del>	
REPORT TYPE	X January 15  July 15	30th day before		Runoff  Exceeded modified reporting limit	appoint	y after campaign ment (officeholde eport (Attach C/O	r only)
PERIOD COVERED	Month Day Ye 07/18/2023		ROUGH	7	Day Year J2023		
LO ELECTION	ELECTION DATE Month Day Ye 03/05/2024	ar X Pri	imary eneral	ELECTION TYPE Runoff Special	Othe	r	,
1 OFFICE	OFFICE HELD (if any)			12 OFFICE SOU	JGHT (if known)		: :
		GO T	O PAGE 2				
orms provided by Te	xas Ethics Commission	www.eth	ics.state.tx.u	s	÷ .	Version V	3.5.1.0bfcfb67

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

of 68

				2 of 68
13 C / OH NAME	Havard , Charles	14	4 Filer ID	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditures These expenditures may have been made without the officeholders are required to report this information o	candidate's or officeho	lder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL.			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
	·	•		
		·		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAN I ES OF LOANS, OR CONTRIBUTIONS MADE ELECT		\$ 0.00
•		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 127,840.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 95,463.65
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY OF THE	\$ 31,992.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS O	F THE LAST DAY	\$ 0.00
17 AFFIDAVIT			· ,	
	MINIMINI.			
MAN SULL	DUCK DOLLARY PUOLO	I swear, or affirm, under penalty o true and correct and includes all in under Title 15, Election Code.		
IIIIIIIIIIIII	548566 07	Cm Haved	24	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	77/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	Signature of C	andidate or Officeholde	r
AFFIX NO	TARY STAMP / SEAL AB	OVE	. 4	,
Sworn to and subso	cribed before me, by the s	aid Chuck Havand. ertify which, witness my hand and seal of office.	_, this the	<b>d</b> ay
Musha Signature of office	Duckworf er administering	A Marsha Duckwon Printed name of officer administering	Title of officer a	dministering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

					3 of 68
18 FILE	R NAM	ME .	19 Filer ID		*
Hav	ard, (	Charles			
		E SUBTOTALS SCHEDULE		i	SUBTOTAL AMOUNT
1.	х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	127,340.00
2,	х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	500.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	·
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S .	\$	95,463.65
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	•
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	250.00
					٠.

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 1/14 Rpt: 4/68 3 Filer ID 2 FILER NAME Havard, Charles 4 Date 5 Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: \$5,000.00 07/21/2023 Adams, Henry (Mr.) 6 Contributor address; City; State; Zip Code Lumberton, TX 77657 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$2,000.00 07/19/2023 Ahmad, Israr (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77707 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 09/20/2023 Barefield, David (Mr.) \$200.00 Contributor address; City; State; Zip Code Kirbyville, TX 76956 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#:\_ 10/04/2023 \$100.00 Berry, Kathy (Mrs.) Contributor address; City; State; Zip Code Buna, TX 77612 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ \$2,500.00 07/18/2023 Bishop, Jared (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77713 Employer (See Instructions) Principal occupation / Job title (See Instructions)

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Version V3.5.1.0bfcfb67

#### SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/14 Rpt: 5/68 3 Filer ID 2 FILER NAME Havard, Charles 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: \$5,000.00 09/16/2023 Branch, Jimmy (Mr.) 6 Contributor address; City; State; Zip Code PO Box 1941 Buna, TX 77612 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) out-of-state PAC (ID#: Date Full name of contributor \$40.00 09/11/2023 Brewster, Kevin (Mr.) Contributor address; City; State; Zip Code Buna, TX 77612 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of Contribution (\$) Full name of contributor Date 08/04/2023 \$1,000.00 Claybar, Warren (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77707 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 07/21/2023 \$1,000.00 Dalton, JW (Mr.) Contributor address; City; State; Zip Code Orange, TX 77632 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$1,000.00 08/30/2023 Dickerson, Marcus (Mr.) Contributor address; City; State; Zip Code Sour Lake, TX 77659 Employer (See Instructions) Principal occupation / Job title (See Instructions) www.ethics.state.tx.us Version V3.5.1.0bfcfb67

MONETARY POLITICAL CONTRIBUTIONS

Forms provided by Texas Ethics Commission

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/14 Rpt: 6/68 2 FILER NAME 3 Filer ID Havard, Charles Date 5 Full name of contributor out-of-state PAC (ID#:\_ 7 Amount of Contribution (\$) 09/01/2023 Dies, Martin (Mr.) \$2,000.00 6 Contributor address; City; State; Zip Code Austin, TX 78703 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 09/07/2023 Dollinger, Kenneth (Mr.) \$750.00 Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 11/22/2023 \$100.00 Dover, Wade (Mr.) Contributor address; City; State; Zip Code Jasper, TX 75951 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Amount of Contribution (\$) Date out-of-state PAC (ID#: 07/24/2023 Ferguson, Chip (Mr.) \$10,000.00 Contributor address; City; State; Zip Code Beaumont, TX 77705 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 07/19/2023 \$5,000.00 Fisher, Joseph (Mr.) Contributor address; City; State; Zip Code Lumberton, TX 77657 Employer (See Instructions) Principal occupation / Job title (See Instructions) Version V3.5.1.0bfcfb67 Forms provided by Texas Ethics Commission www.ethics.state.tx.us

	IVIONEI	ARY POLITICAL CONTRIBUTIONS		SCHEDU	LE A1
	The Instru	ction Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 4/14 Rpt: 7/68	
2	FILER NAME		3	Filer ID	
	Havard , Ch	arles		<u> </u>	
4	Date 08/23/2023	Full name of contributor	7 Amount of Contribution (\$)	\$10,000.00	
		The Woodlands, TX 77382			
8	Principal occu	pation / Job title (See Instructions)  9 Emp	oloyer (See Instructions)		
	·				
	Date 07/30/2023	Full name of contributor out-of-state PAC (ID#: Graffagnino, Randy (Mr.) Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$1,500.00
		Lumberton, TX 77657			
	Principal occu	<u></u>	oloyer (See Instructions)		
	Date 07/24/2023	Full name of contributor out-of-state PAC (ID#: Griffith, Carl (Mr.)  Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$5,000.00
	Principal occu	Winnie, TX 77665  pation / Job title (See Instructions)  Emp	oloyer (See Instructions)		
H	Date	Full name of contributor  out-of-state PAC (ID#:	· )	Amount of Contribution (\$)	
	08/11/2023	Guillory, Chuck (Mr.)  Contributor address; City; State; Zip Code  Beaumont, TX 77701			\$500.00
	Principal occu	pation / Job title (See Instructions) Emp	ployer (See Instructions)	· · · · · · · · · · · · · · · · · · ·	
	Date 10/22/2023	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)	\$500.00
		Contributor address; City; State; Zip Code  Buna, TX 77612			
	Principal occu	pation / Job title (See Instructions) Em	oloyer (See Instructions)		
Fo	orms provided	by Texas Ethics Commission www.ethics.state.	x.us	Version V3	.5.1.0bfcfb6

	MONET	Α	RY POLITICAL CON	TRIBUTIO	NS		SCHEDU	LE <b>A1</b>
	The Instru	cti	on Guide explains how to co	omplete this fo	orm.	1	Total pages Schedule A1: Sch: 5/14 Rpt: 8/68	
2	FILER NAME			<u> </u>		3	Filer ID	
	Havard , Ch	arle	S					
4	Date 10/25/2023	5	Full name of contributor	t-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$1,000.00
		6	Contributor address; City; State; Zi	Code				,
			Buna, TX 77612					
8	Principal occu	ipat	on / Job title (See Instructions)		9 Employer (See Instructions	5)		,-
	Date 10/18/2023		Hatch, Margaret (Mrs.)	t-of-state PAC (ID#:_			Amount of Contribution (\$)	\$1,000.00
			Contributor address; City; State; Zi		-			
			Buna, TX 77612					
Principal occu			on / Job title (See Instructions)	s)·				
_	Date	Т	Full name of contributor	t-of-state PAC (ID#:_		Π	Amount of Contribution (\$)	
	08/03/2023	Ì	Havard, Michael (Mr.)			l		\$1,000.00
			Contributor address; City; State; Zi	o Code				
			Port Neches, TX 77651					
	Principal occu	ıpat	on / Job title (See Instructions)		Employer (See Instructions	5)		
-	Date	Т	Full name of contributor  uo	t-of-state PAC (ID#:_		Ī	Amount of Contribution (\$)	-
	12/18/2023		Higgins, Rick (Mr.)					\$100.00
			Contributor address; City; State; Zi	p Code				
		ŀ	Houston, TX 77015					
	Principal occu	ıpat	on / Job title (See Instructions)		Employer (See Instructions	5)		
-	Date	F.	Full name of contributor	t-of-state PAC (ID#:_		Г	Amount of Contribution (\$)	
	10/19/2023		IUOE Local 450		-			\$1,500.00
			Contributor address; City; State; Zi	p Code				
			Mont Belvieu, TX 77580					
	Principal occu	ıpa	on / Job title (See Instructions)		Employer (See Instructions	5)		
			- · · · · · · · · · · · · · · · · · · ·					
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 6/14 Rpt: 9/68 3 Filer ID 2 FILER NAME Havard, Charles Date 5 Full name of contributor out-of-state PAC (ID#; Amount of Contribution (\$) 08/03/2023 \$1,500.00 Imran, Muhammad (Mr.) 6 Contributor address; City; State; Zip Code Beaumont, TX 77707 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of Contribution (\$) 08/03/2023 \$1,500.00 Jabbar, Hamza (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77707 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$500.00 08/03/2023 Javed, Fatima (Mrs.) Contributor address; City; State; Zip Code Beaumont, TX 77707 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:\_ Date 07/19/2023 \$3,000.00 Javed, M.S. (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77707-2560 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$1,500.00 08/02/2023 Javed, Saad (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77707 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 7/14 Rpt: 10/68 3 Filer ID 2 FILER NAME Havard, Charles Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#: \$100.00 08/15/2023 Johnson, Bobby (Mr.) 6 Contributor address; City; State; Zip Code PO Box 2971 Buna, TX 77612 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date 12/10/2023 Johnson, John (Mr.) \$500.00 Contributor address; City; State; Zip Code Beaumont, TX 77707 Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 07/26/2023 \$500.00 Johnson, Lee Contributor address; City; State; Zip Code Beaumont, TX 77702 **Employer (See Instructions)** Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$200.00 08/22/2023 Jones, Cheryl (Mrs.) Contributor address; City; State; Zip Code PO Box 926

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 8/14 Rpt: 11/68 3 Filer ID 2 FILER NAME Havard, Charles 7 Amount of Contribution (\$) Date 5 Full name of contributor out-of-state PAC (ID#:\_ \$250.00 10/05/2023 Lane, Kevin (Mr.) 6 Contributor address; City; State; Zip Code Beaumont, TX 77701 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 08/28/2023 \$100.00 Langford, Richard (Mr.) Contributor address; City; State; Zip Code Many, LA 71449 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:\_ Date \$1,000.00 12/29/2023 Leverkuhn, John (Mr.) Contributor address; City; State; Zip Code Vidor, TX 77662. Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:\_ Amount of Contribution (\$) Date Full name of contributor \$250.00 09/15/2023 McDaniel, Wayne (Mr.) Contributor address; City; State; Zip Code Conroe, TX 77305 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ \$250.00 09/01/2023 McMurray, Ron (Dr.) Contributor address; City; State; Zip Code Jasper, TX 75951 Principal occupation / Job title (See Instructions) Employer (See Instructions) Version V3.5.1.0bfcfb67 www.ethics.state.tx.us Forms provided by Texas Ethics Commission

#### SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 9/14 Rpt: 12/68 3 Filer ID FILER NAME Havard, Charles 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 07/21/2023 Meeks, James (Mr.) \$500.00 6 Contributor address; City; State; Zip Code Nederland, TX 77627 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#: Date 07/21/2023 Morgan, Glen (Mr.) \$10,000.00 Contributor address; City; State; Zip Code Beaumont, TX 77701 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) ut-of-state PAC (ID#:\_ Full name of contributor Date \$10,000.00 07/25/2023 Morian, Bill Contributor address; City; State; Zip Code Jasper, TX 10000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$400.00 09/15/2023 Morrell, Debbie (Mrs.) Contributor address; City; State; Zip Code Beaumont, TX 77707 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ \$750.00 11/15/2023 Moss, Howard (Mr.) Contributor address; City; State; Zip Code Buna, TX 77612 Employer (See Instructions) Principal occupation / Job title (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 10/14 Rpt: 13/68 3 Filer ID 2 FILER NAME Havard, Charles Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 12/21/2023 Owens, Bart (Mr.) \$100.00 6 Contributor address; City; State; Zip Code Beaumont, TX 77706 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 08/08/2023 \$10,000.00 Penland, Joe (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77713 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor Date out-of-state PAC (ID#: \$2,500.00 08/08/2023 Phillip C. Smith Inc. Contributor address; City; State; Zip Code Bridge City, TX 77611 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Full name of contributor out-of-state PAC (ID#:\_ Date 12/18/2023 \$100.00 Poole, Larry (Mr.) Contributor address; City; State; Zip Code Buna, TX 77612 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) \$2,500.00 07/19/2023 Ramsey, Mike (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions)

MONETA	ARY POLITICAL CONTRIBUTIO	INS		SCHEDUI	<b>E A1</b>
The Instruc	tion Guide explains how to complete this fo	Total pages Schedule A1: Sch: 11/14 Rpt: 14/68			
2 FILER NAME			3	Filer ID	
Havard , Cha	rles	to complete this form.  1 Total pages Schedule A1: Sch: 11/14 Rpt: 14/68 3 Filer ID  out-of-state PAC (ID#:			
4 Date 11/27/2023	Full name of contributor out-of-state PAC (ID#:_ Reese, Randall (Mr.)		7	Amount of Contribution (\$)	\$1,000.00
	6 Contributor address; City; State; Zip Code				
	Beaumont, TX 77706				
8 Principal occup	oation / Job title (See Instructions)	9 Employer (See Instructions	)	. ,	
Date	Full name of contributor	- <del>'</del> , '' )		Amount of Contribution (\$)	·;
10/10/2023	Richardson, Kathleen (Mrs.)			(,)	\$100.00
	Contributor address; City; State; Zip Code				
i					
Principal occi	D			,	
	·		Ļ		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructions	)	·	
Date	Full name of contributor out-of-state PAC (ID#:			Amount of Contribution (\$)	
08/09/2023	Robichau, Rodney (Mr.)				\$300.00
	Contributor address; City; State; Zip Code				
	Beaumont, TX 77706				
Principal occup	nation / Job title (See Instructions)	Employer (See Instructions	)		
Date	Full name of contributor uut-of-state PAC (ID#:_			Amount of Contribution (\$)	
11/03/2023	Rush, Virginia (Mrs.)	•			\$1,000.00
	Contributor address; City; State; Zip Code				
	Buna. TX 77612	J			-
Reese, Randall (Mr.)  6 Contributor address; City; State; Zip Code  Beaumont, TX 77706  8 Principal occupation / Job title (See Instructions)  Date 10/10/2023  Richardson, Kathleen (Mrs.)  Contributor address; City; State; Zip Code  Buna, TX 77612  Principal occupation / Job title (See Instructions)  Date 08/09/2023  Reese, Randall (Mr.)  Full name of contributor  out-of-state PAC (ID#: Robichau, Rodney (Mr.)  Contributor address; City; State; Zip Code  Beaumont, TX 77706  Principal occupation / Job title (See Instructions)  Date 11/03/2023  Full name of contributor out-of-state PAC (ID#: Rush, Virginia (Mrs.)  Contributor address; City; State; Zip Code  Buna, TX 77612  Principal occupation / Job title (See Instructions)  Date 08/08/2023  Full name of contributor out-of-state PAC (ID#: Seale, Steve (Mr.)  Contributor address; City; State; Zip Code  Jasper, TX 75951	Employer (See Instructions	)			
Date	Full name of contributor			Amount of Contribution (\$)	<u> </u>
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 12/14 Rpt: 15/68 3 Filer ID FILER NAME Havard, Charles 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: \$100.00 08/31/2023 Stimits, Chris (Mr.) Contributor address; City; State; Zip Code PO Box 336 Buna, TX 77612 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 08/27/2023 Talmadge Jr., Bennie (Mr.) \$1,000.00 Contributor address; City; State; Zip Code Buna, TX 77612 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 12/14/2023 Thompson, Greg (Mr.) \$500.00 Contributor address; City; State; Zip Code Beaumont, TX 77713 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date \$2,500.00 10/21/2023 Van Pelt, Gary (Mr.) Contributor address; City; State; Zip Code Kirbyville, TX 75956 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: 12/15/2023 \$1,500.00 Vernon, Fred (Mr.) Contributor address; City; State; Zip Code Port Arthur, TX 77642-6507 Principal occupation / Job title (See Instructions) Employer (See Instructions)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 13/14 Rpt: 16/68 3 Filer ID FILER NAME Havard, Charles out-of-state PAC (ID#: 7 Amount of Contribution (\$) 4 Date 5 Full name of contributor \$100.00 10/13/2023 Volentine, Anthony (Mr.) 6 Contributor address; City; State; Zip Code Buna, TX 77612 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#: \$100.00 10/15/2023 Watson, Byron (Mr.) Contributor address; City; State; Zip Code Kirbyville, TX 75956 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Date 10/15/2023 \$500.00 Watson, Erma (Mrs.) Contributor address; City; State; Zip Code Kirbyville, TX 75956 Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#:\_ Amount of Contribution (\$) Date Full name of contributor \$500.00 08/04/2023 Williams, Roland (Dr.) Contributor address; City; State; Zip Code Beaumont, TX 77708 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of Contribution (\$) Date Full name of contributor out-of-state PAC (ID#:\_ \$150.00 08/22/2023 Wilson, Donna (Mrs.) Contributor address; City; State; Zip Code Buna, TX 77612 Employer (See Instructions) Principal occupation / Job title (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 14/14 Rpt: 17/68 2 FILER NAME 3 Filer ID Havard, Charles 4 Date 5 Full name of contributor 7 Amount of Contribution (\$) out-of-state PAC (ID#: 12/05/2023 Wilson, Steve (Mr.) \$100.00 6 Contributor address; City; State; Zip Code Jasper, TX 75951 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 07/19/2023 \$10,000.00 Wortham, Robert (Mr.) Contributor address; City; State; Zip Code Beaumont, TX 77706 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) Wortham, Zach (Mr.) 10/16/2023 \$500.00 Contributor address; City; State; Zip Code Austin, TX 78757 Principal occupation / Job title (See Instructions) Employer (See Instructions) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.0bfcfb67

### **NON-MONETARY (IN-KIND) POLITICAL** SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 18/68 FILER NAME 3 Filer ID Havard, Charles TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Date 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#; 8 Amount of contribution (\$) description 09/15/2023 Rayburn Country Resort \$500.00 i Venue and food for Contributor address; City; State; Zip Code campaign event. 2376 Wingate Blvd Brookeland, TX 75931 Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) (See instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See instructions) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Daward/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Political Credit Card Payment		
_	Tatal ages Cabadula F1:		$\dashv$
1	Total pages Schedule F1:		
	Sch: 1/49 Rpt: 19/68	Havard , Charles	╝
4	Date	5 Payee name	
	08/16/2023	190 Fuel Stop	- 1
-	Amount (\$)	7 Payee address; City; State; Zip Code	⊣
٥	\$72.03	850 Gibson	
	\$72.03	, and Gibson	
			- 1
		Jasper, TX 75951	- 1
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	╗
	OF	Transportation Equipment & Related	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	ı
		Fuel for Campaign Vehicle	ŀ
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	$\dashv$
	expenditure to benefit C/OI		1
$\vdash$	Data		$\dashv$
	Date	Payee name	
	11/14/2023	Academy	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$324.73	7130 Eastex Frwy	1
		•	
		Beaumont, TX 77708	
_			$\dashv$
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Event Expense.  (b) Description  Check if travel outside of Texas, Complete Schedule T.	
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule 1.  Check if Austin, TX, officeholder living expense	
ŀ		Giveaways for Event	
		J Silvering to Even	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	Complete ONLY if direct expenditure to benefit C/OI		
L		navalu Ji., Charles (Mr.)	
	Date	Payee name	
	10/26/2023	Academy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$129.89	8453 Memorial Blvd	
	4120100		
		Dest Asthur TV 77040	
		Port Arthur, TX 77640	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
	DA EMPITORE	Check if Austin, TX, officeholder living expense	
		Eqpt for Event	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	Havard Jr., Charles (Mr.)	
Г		<del></del>	
L			

## SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 2/49 Rpt: 20/68	Havard , Charles
4	Date	5 Payee name
	08/16/2023	Barfield, Michael (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.66	7823 Pecan Ln
		Lumberton, TX 77657
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ŀ	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Reimbursement for Postage
L		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		Havard Jr., Charles (Mr.)
	Date	Payee name
	08/13/2023	Barfield, Michael (Mr.)
Н	Amount (\$)	Payee address; City, State, Zip Code
	\$520,28	7823 Pecan Ln
	<b>+520.20</b>	
		Lumberton, TX 77657
-	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
ı		Wages for Admin Work
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Havard Jr., Charles (Mr.)
	Date	Payee name
	08/18/2023	Barfield, Michael (Mr.)
<u> </u>		
	Amount (\$)	Payee address; City; State; Zip Code
	\$530.00	7823 Pecan Ln
		Lumberton, TX 77657
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense
		Wages for Admin Work
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit G/O	Havard Jr., Charles (Mr.)
	-	
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### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salanies/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 3/49 Rpt: 21/68	Havard , Charles
4	Date	5 Payee name
	08/29/2023	Barfield, Michael (Mr.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$595.00	7823 Pecan Ln
L		Lumberton, TX 77657
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Wages for Admin Work
l		
9		Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Havard Jr., Charles (Mr.)
Г	Date	Payee name
	09/20/2023	Barfield, Michael (Mr.)
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$100.00	7823 Pecan Ln
l		
		Lumberton, TX 77657
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas, Complete Schedule T.  Check if travel outside of Texas, Complete Schedule T.  Check if Austin, TX, officeholder living expense
,.		Wages for Admin Work
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ı	expenditure to benefit C/O	Havard Jr., Charles (Mr.)
F	Date ·	Payee name
1	10/13/2023	Barfield, Michael (Mr.)
H	Amount (\$)	Payee address; City; State; Zip Code
	\$140.00	7823 Pecan Ln
		,
ŀ		Lumberton, TX 77657
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
ı	EXI ENDITORE	☐ Check if Austin, TX, officeholder living expense  Wages for Campaign Work
		wayes to Campaign work
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
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### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Glift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Gift/Awards/Memorials Ex Legal Services	pense	Printing Ex Salaries/W		e /Contract Labor	Travel Out of I OTHER (enter	District r a category not listed above)	
	Credit Gard Payment			The Instruction Guid	le explains l	now to co	mple	te thịs form.			
1	Total pages Schedule F1:	2	FILER NAME						3 Filer ID		
_	Sch: 4/49 Rpt: 22/68	Ь_	Havard , Ch	arles ————			•				
4	Date		Payee name								
	09/19/2023		Bens Tire Lu	ube Shop							
6	Amount (\$)	7	Payee addres	s; City;	¹ State;	Zip Co	de				
	\$500.00		PO Box 128								
l											
			Mauriceville	, TX 77626							
8	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			on Equipment &		, I		Check if travel	ouțside of Texas. Co	omplete Schedule T.	
	EXPENDITURE		Expense			- 1		ш	, TX, officeholder livi		
		l				,		Tires for Carr	npaign Vehicle	е	
						,				<u></u>	
9	Complete ONLY if direct			eholder name	0	ffice sou	ght		Office	held.	
	expenditure to benefit C/OI	H +	lavard Jr., C	harles (Mr.)							
	Date		Payee name								
	07/26/2023		Best Buy							•	
Г	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
İ	\$1,472.15	l	5885 Easter	Frwy							
	-	l		_							
			Beaumont,	TX 77706			,			,	
L	PURPOSE	⊢			,	· ·	/b\	D	<del>-</del>		
,	OF			e Categories listed at the		edule)	(D)	Description  Check if travel	outside of Texas. Co	omplete Schedule T.	
	EXPENDITURE		Office Over	nead/Rental Expe	ense			<b>⊑</b>	, TX, officeholder livi	•	
			•			- 1		ш	d Printer for C		
┢	Complete ONLY if direct	_	Candidate/Offic	ceholder name	0	Office sou	ght		Office	held	
	expenditure to benefit C/OI	НЬ	lavard Jr., C	harles (Mr.)			•				
$\vdash$	Date			<del></del>					<del></del>	<del></del>	
	Date		Payee name	Prothoro							
	10/18/2023	L	Brookshire I	oinneiz							
	Amount (\$)		Payee addres		State;	Zip Co	de				
	\$71.28		34692 US 9	6 S							
			Buna, TX 77	7612							
	PURPOSE	(a)	Category (Se	e Categories listed at the	top of this sche	edule)	(b)	Description			
١	OF EXPENDITURE		Transportati	on Equipment &	Related			<b>—</b>		omplete Schedule T.	
1	EXI ENDITORE	ĺ	Expense			l		ш	n, TX, officeholder liv		
•								ruel for Cam	paign Vehicle		,
L	•	L.		<del></del>			<u></u>				
	Complete ONLY if direct expenditure to benefit C/OI			ceholder name	C	Office sou	ght		Office	held	
匚	SAPERICITOR TO DETICAL C/OI	·' ŀ	lavard Jr., C	naries (Mr.)							
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### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee .	Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide			xpens Wages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed abo	ve)
1	Total pages Schedule F1:	2	FILER NAME	=					3	Filer ID	
	Sch: 5/49 Rpt: 23/68		Havard , Ch	narles						·	
4	Date	5	Payee name					-			
	10/03/2023		Buck Spring	gs Operations Inc							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			-	
٠.	\$898.00		4829 US H	wy 96 N							
				•							
			Jasper, TX	75951							,
8	PURPOSE	(a)	Category (S	ee Categories listed at the to	op of this sche	edule)	(b)	Description		*	
	OF EXPENDITURE		Event Expe				ļ	느		e of Texas. Complete Schedule T.	
	EXI ENDITORE	l					1	ш .		officeholder living expense	
l							l	Bottled H2O f	TOT E	events	
L	<u> </u>						<u>L.</u>			<u></u>	
9	Complete ONLY if direct expenditure to benefit C/O			iceholder name Charles (Mr.)	0	ffice sou	ught			Office held	
_	<u> </u>	_						·			·
	Date		Payee name								
	07/25/2023		Buna Bridle	Club							
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode	,			
	\$500.00		574 CR 726	5							
ŀ											
			Buna, TX 7	7612							
	PURPOSE	(a)	Category (s	ee Categories listed at the to	on of this sche	adula)	(b)	Description		·	
	OF	, ,	Event Expe		p or this scrie	aule)	``	_ ·	outsid	e of Texas. Complete Schedule T.	
	EXPENDITURE						1	Check if Austin,	, TX, c	officeholder living expense	
							1	Venue Renta	l for	Event	
	Complete ONLY if direct	-	Candidate/Offi	iceholder name	0	ffice sou	ıght			Office held	
1	expenditure to benefit C/O	H 1	Havard Jr., C	Charles (Mr.)							•
T	Date		Payee name								
	08/28/2023		Comet Clea								
┝		┝	Payee addre	ess; City;	. Stato:	Zip Co	ndo			<del></del>	
	- Amount (\$)				State,	Zip Ci	Jue				
	\$5.67		1057 S. Ma	uii St							
	•		Lumberton,	TX 77657							,
	PURPOSE	(a)	Category (s	ee Categories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE		DRY CLEA	N						e of Texas. Complete Schedule T.	
										officeholder living expense Campaign Shirts	
					!			Dry Cleaning	101	Campaign Shirts	
$\vdash$	0	L,	Daniel Late (Com	i-halde		· · ·				Óffer hald	
ı	Complete <u>ONLY</u> if direct expenditure to benefit C/OI			iceholder name	0	office sou	ugnt			Office held	
$ldsymbol{ldsymbol{ldsymbol{eta}}}$		. 1	navaru Jr., C	Charles (Mr.)							

### SCHEDULE F1

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	- F	ees ood/Beverage Expense oft/Awards/Memorials Expense egal Services	Polling Expens Printing Expen		Transportation Equipment & Related Exper Travel in District Travel Out of District OTHER (enter a category not listed above)	
	Credit Card Payment		The Instruction Guide explain	s how to compl	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME		,		3 Filer ID	
	Sch: 6/49 Rpt: 24/68	Havard , Cha	arles				
4	Date	5 Payee name					
	09/06/2023	Cotton Cargo	)				
6	Amount (\$)	7 Payee address	s; City; State	e; Zip Code	<u> </u>		
Ŭ	\$1,870.56	2400 Gulf	one, one	c, Lip Couc		f	
	42,0.0100	2100 00					
		Booumont T	V 77702				
		Beaumont, T				·	
8	PURPOSE OF		Categories listed at the top of this se	chedule) (b)	Description		
	EXPENDITURE	Advertising E	Expense			utside of Texas, Complete Schedule T. TX, officeholder living expense	
					_	paign and Events	
					·	raigh and Events	
9	Complete ONLY if direct	Candidate/Offic	oholder neme	Office sought	<del> </del>	Office held	
9	Complete ONLY if direct expenditure to benefit C/OI		•	Onice sought		Office field	
	<u> </u>	-	(1411.)		<del></del>	<del> </del>	
	Date	Payee name				,	
	12/11/2023	Cottontop 2		-			
	Amount (\$)	Payee address		e; Zip Code			
	\$50.00	1112 N Marg	aret Ave				
İ			•				
	1	Kirbyville, TX	75956				
	PURPOSE	(a) Category (See	Categories listed at the top of this se	chedule) (b)	Description		
	OF		on Equipment & Related	onadajo,		utside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense			ш	TX, officeholder living expense	
,					Fuel for Camp	paign Vehicle	
	Complete ONLY if direct	Candidate/Offic		Office sought	-	Office held	
	expenditure to benefit C/O	Havard Jr., Ch	narles (Mr.)				•
	Date	Payee name					
	11/10/2023	Cottontops				•	
	Amount (\$)	Payee address	s; City; Stat	e; Zip Code	<del></del>		
	\$65.50	2033 S Whe	•	o, mp coco			
	400,00	2000 0 11119					
		Jacober TV 7	E0E1				,
		Jasper, TX 7		1			
	PURPOSE OF		Categories listed at the top of this se	chedule) (b)	Description	and the state of the second of	
	EXPENDITURE		on Equipment & Related			utside of Texas. Complete Schedule T. TX, officeholder living expense	
		Expense			Fuel for Camp		
					. 25, 15, 54,11	\	
-	Complete ONLY if direct	Candidate/Offic	eholder name	Office sought		Office held	
	Complete ONLY if direct expenditure to benefit C/O			Jince sought		Onice Helu	
		Tiavaia of ., Ci	idites (ivii.)				
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### SCHEDULE F1

Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee   Legal Services   Salaries/Wages/Contract Labor   OTHER (enter a category not listed above)					
L_	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:						
	Sch: 7/49 Rpt: 25/68	Havard , Charles					
4	Date	5 Payee name					
	08/30/2023	Cottontops					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
ľ	\$74.00	2033 S Wheeler					
	Ţ						
l		Jones TV 75051					
L		Jasper, TX 75951					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
l	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense					
l		Expense La Check if Austin, TX, officeholder living expense Fuel for Campaign Vehicle					
l	•	T do i is i dampaign verifici					
۲	Complete ONL Viif direct	Candidate/Officeholder name Office sought Office held					
9	Complete ONLY if direct expenditure to benefit C/OI						
<u> </u>		<del></del>					
1	Date	Payee name					
L	08/16/2023	Cross Texas Media Inc					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$1,281.00	PO Box 2008					
l							
	ì	Jasper, TX 75951					
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
l	OF	Advertising Expense					
l	EXPENDITURE	Check if Austin, TX, officeholder living expense					
		Radio Advertising Spots					
L							
l	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
_	expenditure to benefit C/OI	Havard Jr., Charles (Mr.)					
	Date	Payee name					
	11/29/2023	Crossroads Jiffy Market					
┝╌	Amount (\$)	Payee address; City; State; Zip Code					
	\$59.00	2033 S Wheeler					
ı	******						
		Jacob TV 75051					
$\vdash$		Jasper, TX 75951					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment & Related  Check if travel outside of Texas. Complete Schedule T.					
1	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense					
		Fuel for Campaign Vehicle					
1							
<del> -</del>	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O	,					
⊢		,					
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#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundralsing Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Gift/Awa Legal S	everage Expense ards/Memorials Expe ervices astruction Guide			xpens Vages	e /Contract Labor		Travel in District Travel Out of District OTHER (enter a category not listed above	; <del>)</del>	
1	Total pages Schedule F1:	2	FILER NAM	E						3	Filer ID	
	Sch: 8/49 Rpt: 26/68		Havard , C	harles								
4	Date	5	Payee name	е							,	
	12/16/2023	l	Crossroad	s Jiffy I	Market							
6	Amount (\$)	7	Payee addre	ess;	City;	State;	Zip Co	ode				
	\$53.00		2033 S W	neeler								
		İ										
			Jasper, TX	75951	L							
8	PURPOSE	(a)	Category (	See Categ	ories listed at the top	o of this sche	dule)	(b)	Description		· · · · · · · · · · · · · · · · · · ·	
	OF EXPENDITURE		Transporta		quipment & Re			•	<b>⊑</b>		ide of Texas. Complete Schedule T.	
		l	Expense						Fuel for Cam		, officeholder living expense	
									r der for Gam	pui	ight vernoic	
9	Complete ONLY if direct	Ц,	Candidate/Of	ficehold	ler name		ffice sou	L	_		Office held	
Ľ	expenditure to benefit C/OI		Havard Jr.,					9				
	Date		Payee name									
L	08/15/2023	L	DDM Mark	eting C	Consulting LLC						····	
İ	Amount (\$)	l	Payee addr	-	City;	State;	Zip Co	ode				
	\$14,900.00	l	7335 Ham	pton C	t. 2nd FL			-				
L			Lumberton	, TX 7	7657 ——————				·-			
	PURPOSE OF	(a			jories listed at the top	p of this sche	dule)	(b)	Description		ide of Tour Consults Orbital T	
ı	EXPENDITURE		Consulting	Exper	ıse			1	느		ide of Texas. Complete Schedule T. , officeholder living expense	
		l							_		d Video for Campaign	
		l										
Г	Complete ONLY if direct		Candidate/Of	ficeholo	ler name	0	ffice sou	ight			Office held	
	expenditure to benefit C/O	Н	Havard Jr.,	Charle	s (Mr.)							
_	Date	Г	Payee name	e e							· · · · · · · · · · · · · · · · · · ·	<del></del>
	08/16/2023		Davis Digit	tal								,
┢	Amount (\$)	T	Payee addr	ess;	City;	State;	Zip Co	ode				
l	\$750.00		20850 US	96 N							•	
		1										
l		l	Kirbyville,	TX 759	956							٠.
Г	PURPOSE	(a	Category (	See Cated	ories listed at the top	p of this sche	dule)	(b)	Déscription			
l	OF EXPENDITURE		Advertising					l			side of Texas. Complete Schedule T.	
l	2/1 2/15/15/12	l						l	Digital Ads for		Conficeholder living expense	
									Digital Aus IC	<i>J</i> 1 C	Jampaign	
$\vdash$	Complete ONLY if direct		Candidate/Of	ficehold	ler name		ffice sou	laht Iaht			Office held	
	expenditure to benefit C/O		Candidate/Oi Havard Jr.,			9	300	-y, 11			Cilido Hold	
$\vdash$	<u> </u>											
L												

## SCHEDULE F1

# Advertising Expense Accounting/Banking Consulting Expense

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
┰	Total pages Schedule F1:	
	Sch: 9/49 Rpt: 27/68	Havard , Charles
4	Date	5 Payee name
	10/23/2023	Davis Digital
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$750.00	20850 US 96 N
l		
L		Kirbyville, TX 75956
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Digital Ads for Campaign
1		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Ľ	expenditure to benefit C/O	
Г	Date	Payee name
ı	09/19/2023	Designer Graphics
Г	Amount (\$)	Payee address; City; State; Zip Code
İ	\$11,373.72	12404 Hwy 155 S
1		•
L		Tyler, TX 75703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
ı		Campaign Signs
ı		
⊦	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	
⊨		Travara ori, Crianos (imiy
ı	Date	Payee name
L	10/23/2023	East Texas Banner
	Amount (\$)	Payee address; City; State; Zip Code
,	\$1,600.00	280 CR 3003
		Newton, TX 75966
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
1	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
1		Online Advertising for Campaign
L		
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	experiulture to beliefit C/O	Havard Jr., Charles (Mr.)

## SCHEDULE F1

## **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees Food/Beverage

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District al 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 F1:	2 FILER NAME 3 Filer ID	
	Sch: 10/49 Rpt: 28/68	Havard , Charles	
4	Date	5 Payee name	
	09/07/2023	East Texas Banner	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$800.00	280 CR 3003	
,			
		Newton, TX 75966	
8	PURPOSE	(a) Category (see Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Online Advertising for Campaign	
		State Actions of Sampage	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/O		
	Date	Payee name	Ħ
	08/11/2023	Evadale ISD	
Γ	Amount (\$)	Payee address; City; State; Zip Code	٠.
	\$160.00	908 FM 105	
l			
		Evadale, TX 77615	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas, Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Advertising for Football Porgram	
		Advertising for Football Forgram	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
⊨	'Data		
	Date	Payee name Get N Go Market	
<u> </u>	12/22/2023		_
ı	Amount (\$)	Payee address; City; State; Zip Code	
`	\$55.50	355 Hwy 105	
		,	
L	· · · · · · · · · · · · · · · · · · ·	Evadale, TX 77615	
1	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Transportation Equipment & Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
ŀ		Fuel for Campaign Vehicle	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
-	<del> </del>		
ட		Version VO E 1 Object	-

## SCHEDULE F1

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee		Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense				Equipment & Related Expense ct oistrict · a category not listed above)
	Credit Card Payment		The Instruction Guide explain	s how to con	nplet	e this form.		
1	Total pages Schedule F1:	2 FILER	NAME				3 Filer ID	
	Sch: 11/49 Rpt: 29/68	Havaı	d , Charles					
4	Date	5 Payee	name					
	10/23/2023	Hamb	urger Depot					•
6	Amount (\$)	7 Payee	address; City; Sta	te; Zip Coo	de			
	\$1,600.00	283 S	Wheeler St					
		Jaspe	r, TX 75951					
8	PURPOSE	(a) Catego	Ory (See Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE	Adver	tising Expense	ł		<u> </u>	outside of Texas. Co , TX, officeholder livi	
					'	Digital Ads fo		·
				- 1				
9	Complete ONLY if direct		te/Officeholder name	Office sou	ght		Office I	neld
	expenditure to benefit C/OI	Havard	Jr., Charles (Mr.)					
	Date	Payee	name				,	
•	09/05/2023	Hamb	urger Depot					
Г	Amount (\$)	Payee	address; City; Sta	te; Zip Co	de			
l	\$800.00	283 S	Wheeler St					
1			,					
		Jaspe	r, TX 75951					
Г	PURPOSE	(a) Categ	OTY (See Categories listed at the top of this	schedule)	(b)	Description		
	OF EXPENDITURE	Adve	tising Expense					mplete Schedule T.
						Digital Ads fo	, TX, officeholder livi r Campaign	ng expense
				ŀ		Digital Flac 10	, campaign	
⊢	Complete ONLY if direct	Candida	ate/Officeholder name	Office sou	aht		Office	held
	expenditure to benefit C/O	Havaro	Jr., Charles (Mr.)	·				
H	Date	Pavee	name					
	10/10/2023	· '	ton, William (Mr.)					
⊢	Amount (\$)			te; Zip Co	de			<u> </u>
	\$350.00	953 C	R 3148					
l						,		
		Orang	je, TX 77632					
Н	PURPOSE	(a) Categ	OFY (See Categories listed at the top of this	schedule)	(b)	Description	· · ·	
	OF EXPENDITURE	Salar	es/Wages/Contract Labor				outside of Texas. Co	•
						_	, TX, officeholder livi npaign Signs	ng expense
						Labor for Gal	paigii Oigiis	•
$\vdash$	Complete ONLY if direct	Candida	ate/Officeholder name	Office sou	aht		Office	held
	expenditure to benefit C/O		Jr., Charles (Mr.)		,		3,,,,,	
$\vdash$	·				,			
L								Varging V2 E 1 Obfoths

### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	- I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	e Printing	Expense Expens Wages		Travel in District Travel Out of District OTHER (enter a category not listed abo	ove)
	Credit Card Payment		The Instruction Guide ex	plains how to o	omple	te this form.		
1	Total pages Schedule F1:	2 FILER NAME				, ,	3 Filer ID	
	Sch: 12/49 Rpt: 30/68	Havard , Cl	narles					
4	Date	5 Payee name					•	
	10/12/2023	<ul> <li>Hamilton, V</li> </ul>	Villiam (Mr.)				•	
6	Amount (\$)	7 Payee addre	ss; City;	State; Zip (	Code		· · · · · · · · · · · · · · · · · · ·	
	\$157.50	953 CR 314	18					
								,
		Orange, TX	77632					
8	PURPOSE	(a) Category (s	ee Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE	Salaries/W	ages/Contract Labor		1	$\Box$	outside of Texas. Complete Schedule T.	
						Labor for Car	TX, officeholder living expense	
		,				Labor for Car	i i i i i i i i i i i i i i i i i i i	
_	On the Call Wife disease	C	in a baldar an an	Office			Office hold	- ,
9	Complete ONLY if direct expenditure to benefit C/O		iceholder name Charles (Mr.)	Office so	ougnt		Office held	
		Tiavaiu 31., C	manes (Mr.)	<u>.</u>		<del></del>		,
	Date	Payee name						
	10/31/2023	Hamilton, V	Villiam (Mr.)					
	Amount (\$)	Payee addre	ss; City;	State; Zip (	Code		·	
	\$105.00	953 CR 31	48			•	•	
							,	
		Orange, TX	77632					
	PURPOSE	(a) Category (s	ee Categories listed at the top of	this schedule)	(b)	Description		
	OF EXPENDITURE		ages/Contract Labor			$\Box$	outside of Texas. Complete Schedule T.	
	EXPENDITORL				1		, TX, officeholder living expense	
						Labor for Cal	mpaign Signs	
L		L						
	Complete ONLY if direct expenditure to benefit C/OI		iceholder name	Office s	ought		Office held	
		Havaru Jr., C	Charles (Mr.)					
	Date	Payee name	1					
	10/05/2023	Harrington,	D-Roy					
Г	Amount (\$)	Payee addre	ss; City;	State; Zip (	Code			
	\$200.00	6403 S Vill	o RD					
l		Orange, TX	( 77632					
$\vdash$	PURPOSE	(a) Category (s	ee Categories listed at the top o	f this schedule)	(b)	Description	<del>.</del> ,	
	OF EXPENDITURE		ages/Contract Labor	· · · · · · · · · · · · · · · · · · ·		Check if travel	outside of Texas. Complete Schedule T.	
	EXPENDITURE						, TX, officeholder living expense	
					1	Labor for Ca	mpaign Signs	
L		L						
	Complete ONLY if direct expenditure to benefit C/O		iceholder name	Office s	ought		Office held	
L		Havard Jr.,	Charles (Mr.)					•
1								
느	rme provided by Teyas F	thice Commiss	ion 1600000 e	thics state to	/ 110		Version V3:5	1 Objection

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment	- l Coi	nmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Vages	e /Contract Labor	Travel in District Travel Out of District OTHER (enter a categ	ory not listed above)
1	Total pages Schedule F1:	2	FILER NAME	:	-	_		,	3 Filer ID	
	Sch: 13/49 Rpt: 31/68		Havard , Ch	narles				)		
4	Date	5	Payee name							
	10/06/2023		Harrington,	D-Roy						
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	ode			
	\$120.00		6403 S Vilb	o RD						
			Orange, TX	77632						
8	PURPOSE	(a)	Category (S	ee Categories listed at th	e top of this sche	edule)	(b)	Description		
١	OF EXPENDITURE			ages/Contract La			1		outside of Texas. Complete S	
ľ	LAI LINDI   OILL						l		, TX, officeholder living exper	nse
l							l	Labor for Car	mpaign Signs	
L		L								
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	•		ceholder name Charles (Mr.)	0	ffice sou	ıght <sub>.</sub>		Office held	•
F	Date		Payee name							
l	10/23/2023		Harrington,							
⊢	Amount (\$)	÷	Payee addre	ss; City;	State:	Zip Co	ode			
ļ	\$300.00		PO Box 138		Oldio,	<b>_</b> ,p	500			
	Ψ300.00		1 O DOX 100	<b>,</b> -					٠	
İ										
L		L	Buna, TX 7	7612					•	
	PURPOSE	(a)	Category (s	ee Categories listed at th	ne top of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Advertising	Expense			ļ	$\Box$	outside of Texas. Complete : , TX, officeholder living expe	
l							l		for Campaign	iise
1		ĺ					l	Merchandise	ioi oampaign	
┝	Opening ONLY if direct	Ц		in the lates were a		· · · · · · · · · · · · · · · · · · ·	ı abt		Office held	<del></del>
l	Complete ONLY if direct expenditure to benefit C/OI	1		ceholder name	C	office sou	ıgnı		Office field	
L		_	navaru Jr., C	Charles (Mr.)						<u> </u>
	Date		Payee name	•				•		
	10/02/2023		Harrington,	Mary				٠.		
Г	Amount (\$)	T	Payee addre	ss; City;	State;	Zip Co	ode			
	\$600.00		PO Box 138	<i>t</i>						
l										
l			Buna, TX 7	7612						
┡		ļ.,					I <sub>n-&gt;</sub>	<u> </u>		
l	PURPOSE OF	(a)		ee Categories listed at th	ne top of this sch	edule)	(D)	Description	outside of Texas. Complete	Schodule T
	EXPENDITURE		Advertising	Expense					n, TX, officeholder living expe	
1								Koozies for E		
	•									
⊢	Complete ONLY if direct	Ц,	Candidate/Off	iceholder name		Office sou	laht		Office held	
	expenditure to benefit C/O			Charles (Mr.)			-g, 10		•	
$\vdash$										<u> </u>

#### SCHEDULE F1

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Polling Ex Printing Ex Salaries/M	pense kpens Vages	e /Contract Labor		Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)	se
Ļ	· · · · · · · · · · · · · · · · · · ·	r	The Instruction Guide explains	now to co	mpie	ete this form.			
1	Total pages Schedule F1: Sch: 14/49 Rpt: 32/68	2 FILER NAM Havard , C				;	3	Filer ID	
4	Date	5 Payee name			_		Щ.	-	
L	10/02/2023	Harrington							
6	Amount (\$)	7 Payee addre	•	; Zip Co	de				
	\$900.00	PO Box 13	84						
		Buna, TX 7	77612						
8	PURPOSE		<del></del>	1	(h)	Description	-	<u> </u>	
ľ	OF	Advertising	See Categories listed at the top of this sch	iedule)	(2)		outsio	de of Texas. Complete Schedule T.	
	EXPENDITURE	Auvertising	Liperise			_	,	officeholder living expense	
١,						Shirts for Car	mpa	iign	
l									;
9	Complete ONLY if direct		ficeholder name C	Office sou	ght		_	Office held	
L	expenditure to benefit C/Ol	Havard Jr.,	Charles (Mr.)					· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name							
L	08/22/2023	Harrington	, Mary						
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	de			•	
ĺ	\$1,000.00	PO Box 13	84						
1									
		Buna, TX 7	77612						
Н	PURPOSE	(a) Category (s	Gee Categories listed at the top of this sch	(aluba	(b)	Description			
	OF	Advertising		leddiej	` '	`	outsio	de of Texas. Complete Schedule T.	
	EXPENDITURE	1	,			Check if Austin	, TX,	officeholder living expense	
l						Shirts for Car	mpa	iign	
								•	
Г	Complete ONLY if direct		ficeholder name C	Office sou	ght			Office held	
	expenditure to benefit C/OI	Havard Jr.,	Charles (Mr.)						
F	Date	Payee name	<u> </u>	<del>.</del>	_		_		,
	09/18/2023	Harrington							
⊢	Amount (\$)	Payee addre	<u> </u>	Zip Co	do			<del></del>	
	\$500.00	PO Box 13	•	, Zip Co	ue				
	φ300.00	PO BOX 13	004						
		Buna, TX 7	77612						
	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	edule)	(b)	Description			
	OF EXPENDITURE	Advertising	Expense					de of Texas. Complete Schedule T.	
						_		officeholder living expense	
						Shirts for Ca	ıııþê	uyu	
L	O	0	#	]				0.00	
	Complete ONLY if direct expenditure to benefit C/OI	•		Office sou	gnt			Office held	
Ľ		mavaid Jr.,	Charles (Mr.)						
				,					

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Politi Credit Card Payment	sy - Gift/Awar al Committee Legal Ser	erage Expense ds/Memorials Expense vices truction Guide explains	•	se s/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not	listed above)
1 Total pages Schedule F1	2 FILER NAME		<u> </u>		3 Filer ID	<u> </u>
Sch: 15/49 Rpt: 33/68	Havard , Charles					
4 Date	5 Payee name	-			<u>, , , , , , , , , , , , , , , , , , , </u>	
11/13/2023	Harrington, Mary					
6 Amount (\$)	7 Payee address;	City; State	; Zip Code			
\$400.00	PO Box 1384					
	Buna, TX 77612					
8 PURPOSE	(a) Category (See Categor	ries listed at the top of this sch	nedule) (b)	Description		
OF EXPENDITURE	Advertising Expens	se		<b></b>	outside of Texas, Complete Schedul	е Т.
<del>-</del>			-	ш .	, TX, officeholder living expense	
	•			Shirts for Car	mpaign	
O Complete ONLY if disease			Office accords		Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate/Officeholde  Havard Jr., Charles		Office sought		, Office held	
Date	Payee name					
10/30/2023	Hwy 96 Fuel Stop					
Amount (\$)	Payee address;	City; State	; Zip Code			
\$66.00	35024 Hwy 96 S		,			
	Buna, TX 77612					
PURPOSE	(a) Category (See Category	ries listed at the top of this sch	nedule) (b)	Description		
OF EXPENDITURE	Transportation Equ		,	_	outside of Texas, Complete Schedul	е Т.
EXPENDITURE	Expense	•			, TX, officeholder living expense	
				Fuel for Cam	paign Vehicle	
,					·	
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate/Officeholde		Office sought		Office held	•
experialities to belieff CA	Havard Jr., Charles	(Mr.)				
Date	Payee name		, ,		<u> </u>	
10/20/2023	Hwy 96 Fuel Stop					
Amount (\$)	Payee address;	City; State	; Zip Code		- <del>15</del> '	
\$63.85	35024 Hwy 96 S					
	Buna, TX 77612					
PURPOSE			[/b)	Description		
OF	(a) Category (See Catego		nedule)	Description  Check if travel	outside of Texas. Complete Schedul	eT.
EXPENDITURE	Transportation Equ Expense	лртепі & кеіаіец		₩.	n, TX, officeholder living expense	· · ·
	Ехропос				paign Vehicle	
Complete ONLY if direct	Candidate/Officeholde	r name	Office sought		Office held	
expenditure to benefit C/0			9		,	4
	<u> </u>					

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Advertising Expense Event Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District
Travel Out of District Consulting Expense Polling Expense Contributions/ Donations Made By -Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 16/49 Rpt: 34/68 Havard, Charles 4 Date Payee name 10/05/2023 Hwy 96 Truck Stop Payee address; City; 6 Amount (\$) State; Zip Code \$70.00 5000 US Hwy 96 Silsbee, TX 77656 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fuel for Campaign Vehicle Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Havard Jr., Charles (Mr.) Date Payee name 11/03/2023 **IB** Cheaper Amount (\$) Payee address; City; State; Zip Code \$59.00 11365 Hwy 12 Mauriceville, TX 77626 PURPOSE (b) Description (a) Category (See Categories listed at the top of this schedule). OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fuel for Campaign Vehicle Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Havard Jr., Charles (Mr.) Date Payee name 11/11/2023 Jasper County Republican Party State; Zip Code Amount (\$) Payee address; City; 275 CR 887 \$750.00 Evadale, TX 77615 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Fees **EXPENDITURE** Check if Austin, TX, officeholder living expense Filing Fee Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Havard Jr., Charles (Mr.)

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 17/49 Rpt: 35/68	Havard , Charles
4	Date	5 Payee name
	12/18/2023	Jasper Jiffy Market
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$53.55	898 N Wheeler
l		
		Jasper, TX 75951
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
l		Expense Check if Austin, TX, officeholder living expense
l		Fuel for Campaign Vehicle
Ļ	Complete ONLY if direct	Candidate/Officeholder
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  Havard Jr., Charles (Mr.)
┕		Havaia of , Offance (Wil.)
4	Date	Payee name
	12/28/2023	Jasper Jiffy Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$51.50	898 N Wheeler
		Jasper, TX 75951
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
,	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
1		Expense Check if Austln, TX, officeholder living expense Fuel for Campaign Vehicle
		r der for Gampaight Verheic
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
<u> </u>		
	Date	Payee name
	08/22/2023	KJAS
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,876.00	( 765 Hemphill St
		Jasper, TX 75951
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
i		Check if Austin, TX, officeholder living expense
		Radio Advertising Spots
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		Tieraid on, onation (title)
L		

### SCHEDULE F1

Advertising Expense
 Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politice		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
Credit Card Payment	The Instruction Guide explains h	ow to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID				
Sch: 18/49 Rpt: 36/68	Havard , Charles						
4 Date	5 Payee name						
09/14/2023	KJAS						
6 Amount (\$)	7 Payee address; City; State;	Zip Code					
\$600.00	765 Hemphill St	•					
	Jasper, TX 75951		: 				
8 PURPOSE OF	(a) Category (See Categories listed at the top of this sche						
EXPENDITURE	Advertising Expense		utside of Texas. Complete Schedule T. TX, officeholder living expense				
		Radio Advertis					
		11441071410141	and obets				
9 Complete ONLY if direct	Candidate/Officeholder name O	ffice sought	Office held				
expenditure to benefit C/O			Office field				
Date	Payee name		÷ .				
10/27/2023	KJAS .						
Amount (\$)	Payee address; City; State;	Zip Code	-				
\$2,481.00	765 Hemphill St						
1							
	Jasper, TX 75951						
PURPOSE	(a) Category (See Categories listed at the top of this sche						
OF EXPENDITURE	Advertising Expense	<del></del>	utside of Texas. Complete Schedule T.				
		Radio Advertis	TX, officeholder living expense				
		Nadio Adverti.	sing Spots				
Complete ONII V if disent	Candidate/Officeholder name O		Office held				
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ffice sought	Office held				
	Hayard St., Charles (Mr.)		· · · · · · · · · · · · · · · · · · ·				
Date	Payee name	•	•				
12/11/2023	KJAS		•				
Amount (\$)	Payee address; City; State;	Zip Code					
\$3,575.00	765 Hemphill St						
	Jasper, TX 75951						
PURPOSE		dule) (b) Description					
OF	(a) Category (See Categories listed at the top of this sche Advertising Expense		utside of Texas. Complete Schedule T.				
EXPENDITURE	Advertising Expense		TX, officeholder living expense				
		Radio Adverti					
Complete ONLY if direct	Candidate/Officeholder name O	ffice sought	Office held				
expenditure to benefit C/O		-					

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Adversing Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		• .	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Printing Expense				Solicitation/Fundrausing 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					3	Filer ID	
ľ	Sch: 19/49 Rpt: 37/68	٢	Havard , Charles				•		
4	Date	5	Payee name					<del>-</del>	
	10/11/2023		Kinnear Properties Ltd						
6	Amount (\$) \$400.00	7	Payee address; City; State; 714 W Gibson St Ste 7  Jasper, TX 75951	; Zip Co	de				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Advertising Expense	edule)	(b)	브	TX,	de of Texas. Complete Schedule T. officeholder living expense ' Sign	
9	Complete ONLY if direct expenditure to benefit C/Ol	`	Candidate/Officeholder name C Havard Jr., Charles (Mr.)	Office sou	ght			Office held	
Г	Date		Payee name					* .	
	12/01/2023		Kirbyville Citgo						
	Amount (\$) \$64.50		102 N Margaret	; Zip Co	de				
L		(2)	Kirbyville, TX 75956		<b>/</b> b\				7
	PURPOSE OF EXPENDITURE	(a)	Category (see Categories listed at the top of this sch Transportation Equipment & Related Expense	edule)	(D)	<b>_</b>	, TX,	de of Texas. Complete Scheduie T. officeholder living expense gn Vehicle	
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name  Havard Jr., Charles (Mr.)	Office sou	ght			Office held	
	Date 11/01/2023		Payee name Lake View						
	Amount (\$) \$63.00		Payee address; City; State 4315 N Main St Vidor, TX 77662	; Zip Co	de				
Г	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Transportation Equipment & Related Expense			Check if travel	, TX,	de of Texas. Complete Schedule T. officeholder living expense gn Vehicle	
L									
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name  Havard Jr., Charles (Mr.)	Office sou	ght			Office held	

## SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations-Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expens Gitt/Awards/Memorials Legal Services The Instruction Gu	Expense		pens /ages/	e /Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed ab	ove)
1	Total pages Schedule F1:	2	FILER NAME						3 Filer ID	
	Sch: 20/49 Rpt: 38/68		Havard , Cl	narles						
4	Date	5	Payee name			-				
	07/26/2023		Lamar							
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de		<del></del>	
ı	\$8,847.00		4520 W Ca	rdinal Dr						
ŀ	·									
			Beaumont,	TX 77705						
8	PURPOSE	(a)		ee Categories listed at th	as top of this selec	odulo)	(b)	Description		
ľ	OF	```	Advertising		ie top or juis sche	duley	,	_	outside of Texas. Complete Schedule T.	
	EXPENDITURE		Advertising	LAPONISC				Check if Austin	, TX, officeholder living expense	
		l				i		Billboard Ads	for Campaign	
					,					
9	Complete ONLY if direct		Candidate/Offi	ceholder name	0	ffice sou	ght		Office held	_
	expenditure to benefit C/OI	Н Н	lavard Jr., C	Charles (Mr.)						
F	Date		Payee name	<del></del> -				1		
	10/28/2023		Lowes						•	
┢	Amount (\$)	Н	Payee addre	ss; City;	State;	Zip Co	de		<del>-</del>	
l	\$64.93		900 W Gibs	son						
	•						ŧ			
		1	Jasper, TX	75951						
┝	PURPOSE	(6)					(b)	Description		
	OF	رم) ا		ee Categories listed at th	ne top of this sch	edule)	(1)	Description Check if travel	outside of Texas, Complete Schedule T.	
ı	EXPENDITURE	l	Event Expe	1126		- 1		브	, TX, officeholder living expense	
ı		l						Items for Eve	ent display	٠.
		1								
Г	Complete ONLY if direct	-	Candidate/Offi	iceholder name	C	ffice sou	ght		Office held	
l	expenditure to benefit C/O	H F	Havard Jr., C	Charles (Mr.)						
F	Date	Г	Payee name							
	10/28/2023		Lowes							
┝	Amount (\$)	H	Payee addre	ss; City;	State:	Zip Co	de			
l	\$151.46	l	900 W Gibs		•	•				
l	4202110	1								
1			Jasper, TX	75051						
$\vdash$	DUDDOS-	ļ.			·		/h.\	B 2.22		
	PURPOSE OF	<sup>(a)</sup>		ee Categories listed at t	he top of this sch	edule)	(n)	Description	outside of Texas. Complete Schedule T.	
	EXPENDITURE		Event Expe	ense .					, TX, officeholder living expense	
		l						Items for Eve		
									-	
۲	Complete ONLY if direct		Candidate/Off	iceholder name	C	Office sou	ght		Office held	· · · ·
	expenditure to benefit C/OI	H I	Havard Jr., C	Charles (Mr.)						
H	<del></del>									
1										
Ļ	rms provided by Texas E	this	e Commice	ion w	ww.ethics.s	tate tv :	ie		Version V3.5	1 Objethe7
FU	ams browded by Texas E	110	.3 くいけけけらり	UII W	** ** ** * ** ** ** ** ** ** ** ** ** *	.a.c.in.l			A CLOIO11 A 2'S	

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/B

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
L	Sch: 21/49 Rpt: 39/68	Havard , Charles
4	Date	5 Payee name
l	11/10/2023	Lowes
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$43.21	900 W Gibson
		Jasper, TX 75951
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Event Expense Check if travel outside of Texas, Complete Schedule T.
ı		Check if Austin, TX, officeholder living expense  Items for Event display
l		Refile for Every display
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	08/09/2023	Lynch, Crystal (Ms.)
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$300.00	2415 Detroit Ave
l		
		Nederland, TX 77627
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
١	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Labor and Supplies for Event
ı		East and Capping for Event
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/OI	
F	Date	Pavee name
	11/04/2023	Lynch, Crystal (Ms.)
$\vdash$	Amount (\$)	Payee address; City; State; Zip Code
	\$190.00	2415 Detroit Ave
1	ФТ20.00	- E-110 Dodok Ave
		Nederland, TX 77627
L	DUDDOCE	
	PURPOSE . OF	(a) Category (See Categories listed at the top of this schedule)  Event Evense  Check if travel outside of Texas. Complete Schedule T.
ĺ	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Supplies for Event
Ŀ		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/O	Havard Jr., Charles (Mr.)
Г		•
_		

## SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHEP (enter a category not listed above)

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME . 3 Filer ID
	Sch: 22/49 Rpt: 40/68	Havard , Charles
4	Date	5 Payee name
	10/13/2023	Lynch, Crystal (Ms.)
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$171.64	2415 Detroit Ave
		N. J. J. T. T. T. T. T. T. T. T. T. T. T. T. T.
Ļ	BURDOCE	Nederland, TX 77627
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fivent Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candy for Event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Havard Jr., Charles (Mr.)
	Date	Payee name
	11/18/2023	Market Basket
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.32	11816 Hwy 62 N
		Orange, TX 77632
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Food for Event
		1 God for Event
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ŀ	expenditure to benefit C/OI	
-	Date	Payee name
	12/20/2023	Mauriceville Fuel Stop
	Amount (\$)	Payee address; City; State; Zip Code
	\$56.00	11845 Hwy 62
	,	Mauriceville, TX 77626
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.
	,	Expense Check if Austin, TX, officeholder living expense Fuel for Campaign Vehicle
		Fuel for Campaign venicle
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	<del> </del>	<del></del>
_	·	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I 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 F1:	2 FILER NAME 3 Filer ID
	Sch: 23/49 Rpt: 41/68	Havard , Charles
4	Date	5 Payee name
L	12/13/2023	Mauriceville Fuel Stop
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.01	11845 Hwy 62
		Mauriceville, TX 77626
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Fuel for Campaign Vehicle
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	Havard Jr., Charles (Mr.)
	Date	Payee name
	09/19/2023	Mauriceville Fuel Stop
H	Amount (\$)	Payee address; City; State; Zip Code
	\$72.00	11845 Hwy 62
		·
		Mauriceville, TX 77626
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Fuel for Campaign Vehicle
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Havard Jr., Charles (Mr.)
	Date	Payee name
	10/31/2023	Mid County Farm Feed Supply
	Amount (\$)	Payee address; City; State; Zip Code
	\$17.28	128 S Twin City Hwy
		Nederland, TX 77627
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
*	ì	Check if Austin, TX, officeholder living expense  Supplies for Event
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
<u></u>	rms provided by Tayas F	thics Commission was ethics state ty us Version V3.5.1 Objecth67

## SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services  The Instruction Guide explains how to complete this form.			nse es/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed abo	ve)
1	Total pages Schedule F1:	2 FILER NAM	E				3 Filer ID	
	Sch: 24/49 Rpt: 42/68	Havard , C	harles					٠.
4	Date	5 Payee name	,					*
	12/09/2023	ОСВМ						
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip	Code		,	
	\$77.81	1602 S. Ma	argaret					1
		Kirbyville,	TX 75956			·	•	
8	PURPOSE	(a) Category	See Categories listed at the top o	of this schedule)	(b)	) Description		
	OF	Advertising		., ., soneuule)	, ,	Check if travel	outside of Texas, Complete Schedule T.	
	EXPENDITURE						n, TX, officeholder living expense	
,						Supplies for S	Signage	
Ļ	Complete Children	0	English				OE Late	
9	Complete ONLY if direct expenditure to benefit C/O	1	ficeholder name Charles (Mr.)	Office	sought		Office held	
	Date	Payee name	•					,
	11/28/2023	ОСВМ						
·	Amount (\$)	Payee addre		State; Zip	Code			
İ	\$121.09	1602 S. Ma	argaret					
		Kirbyville,	TX 75956					
	PURPOSE	(a) Category (s	See Categories listed at the top o	of this schedule)	(b)	) Description		
	OF EXPENDITURE	Advertising		,		=	outside of Texas. Complete Schedule T.	
						Supplies for	n, TX, officeholder living expense	
	·					Cabbues 101	<b>⊙.</b> ყ.1αყ0	
H	Complete ONLY if direct	Candidata(Of	ficeholder name	Office	sought	<u> </u>	Office held	
	expenditure to benefit C/O		Ticenoider name Charles (Mr.)	Onice	, sougril		Onice Held	,
$\vdash$	_ <u></u>	riavaiu 3i.,	<del></del>		<del></del>	<del></del>	<del></del>	
	Date	Payee name	9					
L	10/17/2023	ОСВМ						
	Amount (\$)	Payee addre		State; Zip	Code			
	\$266.72	1602 S. Ma	argaret					
	-	Kirbyville,	TX 75956					
	PURPOSE	(a) Category (s	See Categories listed at the top of	of this schedule)	(b)	) Description		
	OF EXPENDITURE	Advertising					outside of Texas. Complete Schedule T.	
						Supplies for	n, TX, officeholder living expense Sianaae	
						- applied 101	gg.*	
$\vdash$	Complete ONLY if direct	Candidate/Of	ficeholder name	Office	l e sought	t	Office held	
	expenditure to benefit C/O		Charles (Mr.)	Since	ugii			
-	<u> </u>	2 3111	Ņ			_		

#### SCHEDULE F1

Advertising Expense

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  Food/Beverage Expense Polling Expense Printing Expense Salaries/Wages/Contract La			e se	Travel in District Travel Out of District ct Labor OTHER (enter a category not listed above)			
	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	2	•						3	Filer ID	
L.	Sch: 25/49 Rpt: 43/68	L	Havard , C	naries . ————————————————————————————————————							
4	Date	5	Payee name	)							
	10/09/2023		OCBM								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip (	Code	,			
	\$14.70	l	1602 S. Ma	argaret						•	
			Kirbyville,	TX 75956					r		
8	PURPOSE	(a)	Category (s	See Categories listed at the	top of this sche	edule)	(b)	Description			_
	OF EXPENDITURE		Advertising	Expense			1	ين		ide of Texas. Complete Schedule T.	
l								Supplies for		, officeholder living expense	
l								Supplies ion	Sig	naye	
Ļ	Commission ONLY 15 discost	L.,	2	Ct1		·				Office hold	
9	Complete ONLY if direct expenditure to benefit C/O			ficeholder name Charles (Mr.)	C	office s	ougni			Office held	
F	Date	Γ	Payee name	· · · · · · · · · · · · · · · · · · ·							
ı	10/09/2023		OCBM								
⊢	Amount (\$)	⊢	Payee addre	eśs; City;	State:	Zip	Code				
	\$11.04		1602 S. Ma		Olalo,	<b>-</b> 'P					
	Ψ11.04		1002 0. 1010	argurot							
			Kirbun illa "	TV 75056							
L			Kirbyville, <sup>-</sup>								
	PURPOSE OF	(a)		See Categories listed at the	top of this sch	edule)	(b)	Description			
l	EXPENDITURE		Advertising	Expense						ide of Texas. Complete Schedule T. , officeholder living expense	
ı								Supplies for			
				,			i		5	<b>9</b> -	,
⊢	Complete ONLY if direct	Ц,	Candidate/Of	ficeholder name		office s	ouaht			Office held	
	expenditure to benefit C/O			Charles (Mr.)			J3				
┝	Data	T						<del></del>			
	Date		Payee name	9			,	·			
L	10/03/2023	L	ОСВМ								
l	Amount (\$)		Payee addre		State;	Zip	Code	•			
l	\$86.52	l	1602 S. Ma	argaret							
ı											
			Kirbyville,	TX 75956							
	PURPOSE	(a)	Category (s	See Categories listed at the	top of this sch	edule)	(b)	Description		<del></del>	
ŀ	OF EXPENDITURE		Advertising					Check if travel	outs	ide of Texas. Complete Schedule T.	
	EXPENDITORE			•				_		, officeholder living expense	
								Supplies for	Sig	nage	
L											
ŀ	Complete ONLY if direct expenditure to benefit C/O			ficeholder name	C	office s	ought			Office held	
L	experiorare to benefit C/O	''	Havard Jr.,	Charles (Mr.)				<u></u>			
_											

## SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Gitt/Awards/Memorials Expense Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how 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	3 Filer ID
	Sch: 26/49 Rpt: 44/68	Havard , Charles	
4	Date	Payee name	
L	10/04/2023	ОСВМ	
6	Amount (\$) \$70.61	Payee address; City; State; Zip Code 1602 S. Margaret  Kirbyville, TX 75956	
8	PURPOSE OF EXPENDITURE	Check If Austin, T	itside of Texas, Complete Schedule T. X, officeholder living expense gnage
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Havard Jr., Charles (Mr.)	Office held
Γ	Date	Payee name	
	12/18/2023	OCBM	
Г	Amount (\$)	Payee address; City; State; Zip Code	-
	\$73.48	35078 US Hwy 96 A  Buna, TX 77612	
	PURPOSE OF EXPENDITURE	Advertising Expense	ntside of Texas. Complete Schedule T. 'X, officeholder living expense gnage
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Havard Jr., Charles (Mr.)	Office held
	Date 11/21/2023	Payee name OCBM	
	Amount (\$) \$77.81	Payee address; City; State; Zip Code 35078 US Hwy 96 A  Buna, TX 77612	
	PURPOSE OF EXPENDITURE	Advertising Expense	utside of Texas. Complete Schedule T. TX, officeholder living expense ignage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Havard Jr., Charles (Mr.)	Office held

#### SCHEDULE F1

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Overhead/Rental Expond/Beverage Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Li			I Expense Transportation Equipment & Related Expense Travel in District Travel Out of District ct Labor OTHER (enter a category not listed above)		
L			The Instruction Guide expla	ins how to comp	lete this form.			
1	Total pages Schedule F1:					3 Filer ID		
L	Sch: 27/49 Rpt: 45/68	Havard , C	harles					
4	Date	5 Payee name	•			,		
l	10/27/2023	OCBM			•			
6	Amount (\$)	7 Payee addre	ess; City; St	ate; Zip Code				
l	\$90.91	35078 US	Hwy 96 A					
						-		
l		Buna, TX	77612					
8	PURPOSE	(a) Category (s	See Categories listed at the top of this	schedule) (b	) Description	· · · · · · · · · · · · · · · · · · ·		
l	OF	Advertising		30.1044.0)	<u> </u>	outside of Texas. Complete Schedule T.		
l	EXPENDITURE	1	•			, TX, officeholder living expense		
ı					Supplies for	Signage		
L								
9	Complete ONLY if direct expenditure to benefit C/OI	1	ficeholder name	Office sough	t	Office held		
L	experialitire to beliefit C/O/	Havard Jr.,	Charles (Mr.)					
Γ	Date	Payee name	)				,	
l	10/25/2023	ОСВМ				•		
Г	Amount (\$)	Payee addre	ess; City; St	ate; Zip Code	_			
l	\$129.74	35078 US	Hwy 96 A					
							•	
l		Buna, TX 7	77612			,		
⊢	PURPOSE			l (h	\ Description			
ı	OF	Advertising	See Categories listed at the top of this	schedule)	Description  Check if travel	outside of Texas, Complete Schedule T.		
١	EXPENDITURE	Auvertising	J Expense			, TX, officeholder living expense	*	
ı					Supplies for	Signage		
l		,		1		•		
Г	Complete ONLY if direct		ficeholder name	Office sough	t	Office held		
	expenditure to benefit C/OI	Havard Jr.,	Charles (Mr.)			,		
F	Date	Payee name	<del> </del>	,				
١.	10/24/2023	ОСВМ		,				
⊢	Amount (\$)	Payee addre	ess; City; St	ate; Zip Code				
ŀ	\$77.81	35078 US	•	,				
l	*****		,					
ĺ	•	Buna, TX 7	77612		•			
$\vdash$	PURPOSE		See Categories listed at the top of this	ashadula) (fh	) Description	<del></del>		
l	OF	Advertising		scriedule)		outside of Texas. Complete Schedule T.		
	EXPENDITURE	,,	, — · <del> -</del> · · · - · ·		Check if Austin	, TX, officeholder living expense		
1					Supplies for	Signage		
Г	Complete ONLY if direct		ficeholder name	Office sough	t	Office held		
	expenditure to benefit C/Ol	Havard Jr.,	Charles (Mr.)					
Г								
$\Box$								

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Advertising Expense Accounting/Banking **Event Expense** Transportation Equipment & Related Expense
Travel in District Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel Out of District OTHER (enter a category not listed above) Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 28/49 Rpt: 46/68 Havard, Charles Date Payee name 10/13/2023 **OCBM** Payee address; 6 Amount (\$) City; State; Zip Code \$209.23 35078 US Hwv 96 A Buna, TX 77612 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies for Signage Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Havard Jr., Charles (Mr.) Payee name 10/11/2023 **OCBM** Payee address; Amount (\$) City; State; Zip Code \$274.07 35078 US Hwy 96 A Buna, TX 77612 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Supplies for Signage Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Havard Jr., Charles (Mr.) Date Payee name 10/06/2023 **OCBM** Payee address; State; Zip Code Amount (\$) \$64.91 35078 US Hwy 96 A Buna, TX 77612 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies for Signage Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH Havard Jr., Charles (Mr.)

#### SCHEDULE F1

## **EXPENDITURE CATEGORIES FOR BOX 8(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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID 1 Total pages Schedule F1: 2 FILER NAME Sch: 29/49 Rpt: 47/68 Havard, Charles Date Payee name 11/20/2023 **OCBM** 6 Amount (\$) Payee address; City; State; Zip Code \$77.81 2034 S. Wheeler St Jasper, TX 75951 **PURPOSE** 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies for Signage Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Havard Jr., Charles (Mr.) ş Payee name 11/10/2023 **OCBM** Amount (\$) Payee address; City; State; Zip Code \$64.84 2034 S. Wheeler St Jasper, TX 75951 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies for Signage Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Havard Jr., Charles (Mr.) Date Payee name **OCBM** 11/02/2023 Payee address; Amount (\$) State; Zip Code \$64.84 2034 S. Wheeler St Jasper, TX 75951 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies for Signage Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Havard Jr., Charles (Mr.)

## SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Gift/Awa Legal Se		Expense	Printin Salari			Travel Out of District OTHER (enter a category not listed	above)
1	Total pages Schedule F1:	2	FILER NAME	=						3 Filer ID	
	Sch: 30/49 Rpt: 48/68	L	Havard , Cl								
4	Date	5	Payee name								
L	10/23/2023	L	ОСВМ								
6	Amount (\$)	7	Payee addre	ss;	City;	State	Zip	Code			
l	\$77.81		2034 S. Wr	eeler :	St						
1											
L			Jasper, TX	75951							<u></u>
8	PURPOSE OF	(a)	Category (s	ee Catego	ories listed at the	e top of this sch	edule)	(b	) Description	• • •	
	EXPENDITURE		Advertising	Exper	ise				<b>=</b>	outside of Texas. Complete Schedule T. n, TX, officeholder living expense	
		l							Supplies for	= -	
									,		
9	Complete ONLY if direct		Candidate/Off	icehold	er name		Office	sough	t	Office held	
L	expenditure to benefit C/OI	Н	Havard Jr., (	Charles	s (Mr.)						
Г	Date	Г	Payee name								
	10/21/2023		OCBM								
Г	Amount (\$)		Payee addre	ss;	City;	State	; Zip	Code			
	\$64.84		2034 S. Wi	neeler	St						
١											
			Jasper, TX	75951	-						
Г	PURPOSE	(a)	Category (s	ee Categ	ories listed at th	e top of this sch	nedule)	(b	) Description	•	
١	OF EXPENDITURE	l	Advertising	Exper	nse					l outside of Texas. Complete Schedule T.	
l		l							Supplies for	n, TX, officeholder living expense Signage	
						,			24Ppii00 i0i	311009-	
$\vdash$	Complete ONLY if direct	Ц,	Candidate/Off	icehold	er name		Office :	sough	t	Office held	
	expenditure to benefit C/OI		Havard Jr., (							11914	
H	Date	Т	Payee name			<del></del> -			-		
	10/19/2023		OCBM								
⊣		$\vdash$	Payee addre	.cc.	City	State	; Zip	Code	· · · · · · · · · · · · · · · · · · ·		•
	Amount (\$) \$129.68		2034 S. Wi		City;	Sidle	, ∠ιμ	Coul			
1	ΦΤΣ2'00		2004 3. WI	ICCICI	Ji						
			Jasper, TX	75951							
$\vdash$	PURPOSE	12	-					T/h	) Description		
	OF	۱۱۳	Category (s Advertising			e top of this scl	ieaule)	1,"	Check if trave	outside of Texas. Complete Schedule T.	
	EXPENDITURE		c. or donly	-Apoi					_	in, TX, officeholder living expense	
									Supplies for	Signage	
L	Complete ONLY if direct	L	Candidate/Of	icobold	or nome		Office	SOUGH	t	Office held	
	expenditure to benefit C/O		Candidate/On Havard Jr., (			,	Jille !	Jougn		Cilice field	
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L											= 2 = 1 2 2 3 = 2

## SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political C Event Expense Fees

Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

Candidate/Officenoider/Politice	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 31/49 Rpt: 49/68	Havard , Charles	
4 Date	5 Payee name	* ,
10/16/2023	OCBM	
6 Amount (\$)	7 Payee address; City; State; Zip Code	2.
\$100.62	2034 S. Wheeler St	
	<b>{</b>	
	Jasper, TX 75951	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	D) Description
OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPERDITORE		Check if Austin, TX, officeholder living expense Supplies for Signage
-		Supplies for Signage
9 Complete ONLY if direct	Candidate/Officeholder name Office sough	nt Office held
expenditure to benefit C/O		Onlog Hold
Date	Payee name	· · · · · · · · · · · · · · · · · · ·
10/09/2023	OCBM	
Amount (\$)	Payee address; City; State; Zip Cod	<u> </u>
\$224.85	2034 S, Wheeler St	
]		
	Jasper, TX 75951	
PURPOSE	· · · · · · · · · · · · · · · · · · ·	b) Description
OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	1	Check if Austin, TX, officeholder living expense
		Supplies for Signage
Commission ONLY if dispose	Candidate/Officeholder name Office soug	nt Office held
Complete ONLY if direct expenditure to benefit C/C		office nead
Data		<del></del>
Date 10/18/2023	Payee name Parkers Building Supply	
Amount (\$) \$60.60		<del>c</del>
, 400.00	003 W GIBSON ST	•
	Jasper, TX 75951	
PURPOSE	<del> </del>	h) Description
. OF	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expenses	Check if Austin, TX, officeholder living expense
		Supplies for Signage
		05-1-1
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office soug	ht Office held
	Havard Jr., Charles (Mr.)	

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

l	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 32/49 Rpt: 50/68	Havard , Charles
Ļ	· · · · · · · · · · · · · · · · · · ·	
4	Date	5 Payee name
L	12/22/2023	Phillip C. Smith Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
ı	\$2,500.00	324 Farm Dr
ı		
l		Bridge City, TX 77611
Ŀ		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
l	EXPENDITURE	REFUND Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Refund of Corp. Donation
1		Notation of problems
Ļ	Committee ON 11 M 17	Open distribution from the state of the stat
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		Havard Jr., Charles (Mr.)
	Date	Payee name
l	12/26/2023	Piney Point
H	Amount (\$)	Payee address; City; State; Zip Code
	\$57.00	255 Recreational Rd 255
l	Ψ01.00	200 Nosional Na 200
ļ.	,	
		Brookeland, TX 75931
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
ľ	· OF EXPENDITURE	Transportation Equipment & Related
1	EM EMBITORE	Expense Check if Austin, TX, officeholder living expense
l		Fuel for Campaign Vehicle
L		
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	Havard Jr., Charles (Mr.)
Г	Date	Payee name
	08/08/2023	Raley, Jeremy (Mr.)
⊢	Amount (\$)	Payee address; City; State; Zip Code
l		
	\$350.00	6 Kerry Cir
l		
L		Vidor, TX 77662
Γ	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
ı		PA Equipment Rental for Event
L		
Γ	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	Havard Jr., Charles (Mr.)
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## SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ -    Con	nmittee	Gift/Awar Legal Se		xpense de explains l		pense ages/	e Contract Labor		Travel Out of District OTHER (enter a categ	ory not listed above)	
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID		
	Sch: 33/49 Rpt: 51/68		Havard , Cl	narles									
4	Date	5	Payee name								٠,		
	08/08/2023		Ritter Lumb	er									
6	Amount (\$)	7	Payee addre	ss;	City;	State;	Zip Co	dė		,			
l	\$116.86		PO Box 126	65									,
l		1	Nederland,	TX 77	627								
8	PURPOSE	(a)	Category (s	ee Catego	ories listed at the	e top of this sche	edule)	(b)	Description				
1	OF EXPENDITURE		Advertising						<b></b>		le of Texas, Complete		
ı		l					- 1		_		officeholder living expe	nse	
		l							Supplies for S	Jigii	iage		
Ļ	Occupies ONE VIII disease	Ļ		in a balala			\#****	h-4			Office hold		
ľ	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Offi Lavard Jr., C			U	Office sou	yıll			Office held		
dash		<u> </u>	<del></del>		(11111)		<del></del>				<del></del>	-	
ŀ	Date		Payee name			-						,	
L	10/02/2023	L	Ritter Lumb	er									
l	Amount (\$)		Payee addre		City;	State;	Zip Co	de					
ı	\$56.25	l	PO Box 12	65									
l													
ı		'	Nederland,	TX 77	627								
Г	PURPOSE	(a)	Category (s	ee Catego	ories listed at th	e top of this sche	edule)	(b)	Description				
1	OF EXPENDITURE		Advertising			•			<b></b>		le of Texas. Complete		
ŀ	EAR ENDITORE								ш.		officeholder living expe	ense	
1									Supplies for	Sigi	lage		
┝	Complete ONLY if direct	Ļ	Candidate/Off	inahald	or nome		Yffing gov	aht			Office held		
	Complete ONLY if direct expenditure to benefit C/OI		lavard Jr., (			C	Office sou	gnt-		•	Office Held		_
⊨	· · · · · · · · · · · · · · · · · · ·	<u>.</u>									<del></del>		
l	Date	ĺ	Payee name										
L	10/04/2023	L	Ritter Lumb						_				
	Amount (\$)		Payee addre		City;	State;	Zip Co	de					
	\$58.41	1.	PO Box 12	65									
			Nederland,	TX 77	627							*	
	PURPOSE	(a)	Category (s	ee Categ	ories listed at th	e top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising	Exper	nse				<b></b>		de of Texas. Complete		
1		1							Supplies for		officeholder living exp	ense	
									Supplies 101	Jigi	aye		
$\vdash$	Complete ONLY if direct	Ц,	Candidate/Off	icebold	er name	-	Office sou	aht			Office held		
	expenditure to benefit C/O		-andidate/Off -avard Jr., (				JIIIUG 300	grit			Onice netu		
H			.araia orij (		,								
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#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Mages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I 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 F1:	2 FILER NAME 3 Filer ID
	Sch: 34/49 Rpt: 52/68	Havard , Charles
4	Date	5 Payee name
	10/10/2023	Ritter Lumber
6	Amount (\$) \$59.48	7 Payee address; City; State; Zip Code PO Box 1265  Nederland, TX 77627
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Signage
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  Havard Jr., Charles (Mr.)
	Date	Payee name
L	10/13/2023	Sams Club
	Amount (\$) \$171.64	Payee address; City; State; Zip Code 1615 I-10 S
		Beaumont, TX 77701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candy for Event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  Havard Jr., Charles (Mr.)
	Date 12/30/2023	Payee name Shell
	Amount (\$) \$55.00	Payee address; City; State; Zip Code 35043 Hwy 96 S
		Buna, TX 77612
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment & Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel for Campaign Vehicle
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  Havard Jr., Charles (Mr.)
		Vocaion V2 E 1 Obtoth C

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

**Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 35/49 Rpt: 53/68 Havard, Charles Date Payee name 12/07/2023 Shell Payee address; 6 Amount (\$) City; State; Zip Code \$61.00 35043 Hwy 96 S

**PURPOSE** (a) Category (See Categories listed at the top of this schedule) OF Transportation Equipment & Related **EXPENDITURE** Expense

Buna, TX 77612

(b)	Description	
	Check if travel outside of Texas, Complete Schedule	т.
	Check if Austin, TX, officeholder living expense	

Office held

Fuel for Campaign Vehicle

Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Havard Jr., Charles (Mr.) Date Payee name 11/20/2023 Shell Amount (\$) Payee address; State; Zip Code City; \$67.00 35043 Hwy 96 S Buna, TX 77612 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Transportation Equipment & Related **EXPENDITURE** Check if Austin, TX, officeholder living expense Expense Fuel for Campaign Vehicle Candidate/Officeholder name Office held Complete ONLY if direct Office sought

Date Payee name 11/15/2023 Shell Amount (\$) Payee address; City; State; Zip Code 35043 Hwy 96 S \$62.00 Buna, TX 77612 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule)

OF Transportation Equipment & Related **EXPENDITURE** Expense

Havard Jr., Charles (Mr.)

~,	Description
	Check if travel outside of Texas. Complete Schedule T.
	Check if Austin, TX, officeholder living expense
	Fuel for Campaign Vehicle

Office held

Candidate/Officeholder name Complete ONLY if direct expenditure to benefit C/OH Havard Jr., Charles (Mr.)

expenditure to benefit C/OH

Office sought

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica		
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
	Sch: 36/49 Rpt: 54/68	Havard , Charles .	
4	Date	5 Payee name	
	10/27/2023	Shell	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$65.00	35043 Hwy 96 S	
		Buna, TX 77612	
8	PURPOSE		
ľ	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment & Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Fuel for Campaign Vehicle	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiorure to beriefit C/O/	Havard Jr., Charles (Mr.)	
	Date	Payee name	
	10/24/2023	Shell	
1	Amount (\$)	Payee address; City; State; Zip Code	
١.	\$65.00	35043 Hwy 96 S	
		Buna, TX 77612	
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
l	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas, Complete Schedule T.	
l	LAFLINDITORE	Expense Check if Austin, TX, officeholder living expense	
		Fuel for Campaign Vehicle	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/Ol	•	
⊨	<del></del>		_
	Date	Payee name	
_	10/23/2023	Shell	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$63.50	35043 Hwy 96 S	
L		Buna, TX 77612	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outside of Taxon Complete Schedule T	
	EXPENDITURE	Transportation Equipment & Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Fuel for Campaign Vehicle	
厂	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
1	expenditure to benefit C/O	Havard Jr., Charles (Mr.)	
H	-		_
ட		This Commission Warrian V2 E 1 Obfor	- 6-

## SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Represent

Event Expense Fees Food/Beverage Expense Git/Award/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Con	nmittee L	Bift/Awards/Memorials E egal Services The Instruction Guid	•		/ages	/Contract Labor		Travel Out of District OTHER (enter a category not listed al	oove)
1	Total pages Schedule F1:	12						-	2 1	-iler ID	
-	Sch: 37/49 Rpt: 55/68	_	Havard , Cha	arles							
4	Date	5	Payee name								
	10/17/2023		Shell								
6	Amount (\$)	7	Payee address	s; City;	State;	Zip Co	de				
	\$64.00	ĺ	35043 Hwy 9	96 S							
		İ									
		L	Buna, TX 77	612							,
8	PURPOSE OF			Categories listed at the		edule)	(b)	Description		,	
•	EXPENDITURE			on Equipment &	Related					e of Texas. Complete Schedule T.	
			Expense					Fuel for Cam		officeholder living expense	
								del loi cam	paig	ii venicie	
Ļ	Consider ONLY & disease	بــــــــــــــــــــــــــــــــــــــ	>!:-!	-1-1-1		VE	_1_4			000-1-1-1	
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic Havard Jr., Ch		C	Office sou	gnı	•		Office held	
	Date	Π	Payee name							<del> </del>	
	10/12/2023		Shell								
	Amount (\$)		Payee address	s; City;	State;	Zip Co	de ·				
	\$75.70		35043 Hwy 9	96 S							
		ŀ									
	<u></u>	ļ.,	Buna, TX 77			<u>.</u>					
	PURPOSE OF			Categories listed at the		edule)	(b)	Description	•		
	EXPENDITURE			on Equipment &	Related					e of Texas. Complete Schedule T.	
		ļ	Expense					Fuel for Cam		officeholder living expense	
		}						r dor for ourn	puig	11 10111010	
	Complete ONLY if direct		andidate/Offic	eholder name		Office sou	aht	···-		Office held	
	expenditure to benefit C/O		lavard Jr., Ch				<b>9</b>			Ollico Hold	
_		_						(		<del></del>	t.
	Date		Payee name								
_	10/10/2023		Shell								
	Amount (\$)		Payee address	s; City;	State;	Zip Co	de				
	\$72.50		35043 Hwy 9	96 S	1						
		ļ									
			Buna, TX 77	612							
	PURPOSE	(a)	Category (See	Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			on Equipment &	Related			<b>—</b>		e of Texas. Complete Schedule T.	
		1	Expense					<b></b>		officeholder living expense	
								Fuel for Cam	paig	n venicie	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic		C	Office sou	ght			Office held	•
			lavard Jr., Cl	iaries (Mr.)							

## SCHEDULE F1

Advertising Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	- I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expla	Polling Expen Printing Exper Salaries/Wag	ise es/Contract Labor	Travel Out of District OTHER (enter a category not listed	
<u> </u>			ans now to comp	ete this form.		
Total pages Schedule F1:					3 Filer ID	
Sch: 38/49 Rpt: 56/68	Havard , C	naries				
Date	5 Payee name	•				
10/03/2023	Shell					
5 Amount (\$) \$72.50	7 Payee addre 35043 Hwy Buna, TX	/ 96 S	tate; Zip Code			
B PURPOSE			[(h	Description		
OF EXPENDITURE		see Categories listed at the top of thi ttion Equipment & Relate	,	Check if travel	outside of Texas, Complete Schedule T., TX, officeholder living expense paign Vehicle	
Complete ONLY if direct expenditure to benefit C/O		ficeholder name Charles (Mr.)	Office sough		Office held	
Date	Payee name					
09/25/2023	Shell					
Amount (\$) \$66.50	Payee addro 35043 Hw		tate; Zip Code			
	Buna, TX	77612				
PURPOSE OF EXPENDITURE	I	See Categories listed at the top of thi ttion Equipment & Relate		Check if Austir	outside of Texas. Complete Schedule T. n, TX, officeholder living expense paign Vehicle	
Complete ONLY if direct expenditure to benefit C/O		ficeholder name Charles (Mr.)	Office sough	t	Office held	
Date 09/14/2023	Payee nam Shell	е	٢			• •
Amount (\$) \$70.01	Payee addr 35043 Hw	y 96 S	tate; Zip Code			
	Buna, TX	77612			·	
PURPOSE OF EXPENDITURE		See Categories listed at the top of thation Equipment & Relate	,	Check if Austi	outside of Texas. Complete Schedule T. n, TX, officeholder living expense npaign Vehicle	
Complete ONLY if direct expenditure to benefit C/O	,	fficeholder name Charles (Mr.)	Office sough	t	Office held	

## 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 Gitt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (expense a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID	
•	Sch: 39/49 Rpt: 57/68	Havard , Charles	
4	Date	5 Payee name	
	09/11/2023	Shell	
6	Amount (\$) \$75.50	7 Payee address; City; State; Zip Code 35043 Hwy 96 S  Buna, TX 77612	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Fuel for Campaign Vehicle	
_	Complete CNII V if direct	Candidate/Officeholder name Office sought Office held	
9	Complete ONLY if direct expenditure to benefit C/O		
	Date .	Payee name	
١.	09/01/2023	Shell	
Н	Amount (\$)	Payee address; City; State; Zip Code	
l	\$76.10	35043 Hwy 96 S	
ĺ	\$70.10	35045 Hwy 90 5	
		Buna, TX 77612	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.	
	EXPERIENCE	Expense Check if Austin, TX, officeholder living expense	
ļ		Fuel for Campaign Vehicle	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_			
	Date	Payee name .	
	08/25/2023	Shell	
	Amount (\$)	Payee address; City; State; Zip Code	
l	\$74.01	35043 Hwy 96 S	
ļ	Ţ		
		Buna, TX 77612	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense	
		Fuel for Campaign Vehicle	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
		- y (y	
		•	
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#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	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 F1:	2 FILER NAME 3 Filer ID
L	Sch: 40/49 Rpt: 58/68	Havard , Charles
4	Date	5 Payee name
1	08/19/2023	Shell
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$74.45	35043 Hwy 96 S
L		Buna, TX 77612
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment & Related  Transportation Equipment & Related  Check if travel outside of Texas, Complete Schedule T.
l	EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
Į		Fuel for Campaign Vehicle
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	Havard Jr., Charles (Mr.)
	Date	Payee name
_	08/22/2023	Sunshine Kirbyville
Г	Amount (\$)	Payee address; City; State; Zip Code
l	\$72.00	402 N Margaret
l		•
ŀ		Kirbyville, TX 75956
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas, Complete Schedule T.
l		Expense Check if Austin, TX, officeholder living expense Fuel for Campaign Vehicle
		Tues for ourspagn verifie
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	<del></del>
	10/14/2023	Payee name Sunshine Kirbyville
H		Payee address; City; State; Zip Code
	Amount (\$) \$72.13	402 N Margaret
1	Φ1 2.13	TOE IN INICIONAL COLORS
		Kirbyville, TX 75956
Γ	PURPOSE	(a) Category (see Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Transportation Equipment & Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
l		Expense Check if Austin, TX, officeholder living expense Fuel for Campaign Vehicle
		, as its sampaign tensor
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
1		

#### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		nmittee	Gift/Awards/Me Legal Services The Instruc	emorials Expe		Printing Salarie	-		Travel in District Travel Out of Distri OTHER (enter a ca	ct tegory not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	=			-			3 Filer ID	
	Sch: 41/49 Rpt: 59/68		Havard , Ch	narles					-		
4	Date	5	Payee name							-	
	11/22/2023		Sunshine								
6	Amount (\$)	7	Payee addre	ss; City	;	State;	Zip (	Code			
	\$50.00		1113 N Wh	eeler							
1											
			Jasper, TX	75951							
8	PURPOSE	(a)	Category (S	ee Categories li	sted at the to	p of this sche	edule)	(b)	Description		
	OF EXPENDITURE		Transportat							outside of Texas. Comple	
l	ZA ZADITORE		Expense						<b>—</b>	ı, TX, officeholder living e ıpaign Vehicle	xpense
									ruel loi Calli	ipaigii veriicie	1
9	Complete ONLY if direct	Ц	Candidate/Off	iceholder po	me .		office s	Ought		Office held	<u>.</u> .
	expenditure to benefit C/O		Havard Jr., C			O		Jugiil		· ·	•
$\vdash$	Date	_								<del></del>	
	08/17/2023		Payee name Threads								
$\vdash$		$\vdash$	Payee addre	ss; City	<del></del>	State;	7in /	Code.	····		
	Amount (\$) \$3,480,24		7747 Twin	•	,	ગતાર,	Zih (	Couc			
	φυ, 400.24		TITE I VAIII	City i IVVy							
			Port Arthur,	TY 776/12							
$\vdash$	BUDDOSE	(-)						/h	Description	ž.	·
	PURPOSE OF	القا	Category (s		sted at the to	p of this sche	edule)	(")	Description Check if travel	outside of Texas, Comple	ete Schedule T.
	EXPENDITURE		Advertising	Exhelise					브	n, TX, officeholder living e	
									Campaign SI	hirts and Hats	
L		L									
	Complete ONLY if direct		Candidate/Off			C	office s	ought		Office hel	d
L	expenditure to benefit C/OI	''	Havard Jr., (	Charles (M	r.)						
Γ	Date .		Payee name								
	09/26/2023		Threads								
Г	Amount (\$)	Γ	Payee addre	ss; City	;	State;	Zip	Code			
	\$378.88		7747 Twin	City Hwy							
			Port Arthur	, TX 77642	!						•
	PURPOSE	(a)	Category (S	ee Categories l	sted at the to	p of this sch	edule)	(b)	Description		
	OF EXPENDITURE		Advertising	Expense						outside of Texas. Compl n, TX, officeholder living e	
									<b>—</b>	hirts and Hats	Apoli36
1											
$\vdash$	Complete ONLY if direct	Н,	Candidate/Off	iceholder na	me	C	Office s	ought		Office hel	
	expenditure to benefit C/O		Havard Jr., 0								
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١.			•								
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#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees.

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Consuling Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID
	Sch: 42/49 Rpt: 60/68	Havard , Charles
4	Date	5 Payee name
	09/28/2023	Threads
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,571.79	7747 Twin City Hwy
		Port Arthur, TX 77642
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
1	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
ŀ		Composign Lieto
		Campaign Hats
Ļ		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		Havard Jr., Charles (Mr.)
Г	Date	Payee name
ı	10/31/2023	Threads
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$175.37	7747 Twin City Hwy
ı		
	,	Port Arthur, TX 77642
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Campaign Shirts and Hats
		Campaign Still is and rials
⊢	Onesalata ONII V if alicant	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
┕	·	navalu Ji., Chanes (Mi.)
	Date	Payee name
	11/28/2023	Threads
Γ	Amount (\$)	Payee address; City; State; Zip Code
	\$1,402.92	7747 Twin City Hwy
		Port Arthur, TX 77642
一	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
1	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
1	EAFENDITURE	Check if Austin, TX, officeholder living expense
		Campaign Shirts and Hats
L		
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L	- Aponditure to beliefft C/O	Havard Jr., Charles (Mr.)
<u> </u>		

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/V	Wages	es/Contract Labor OTHER (enter a category not listed above)
L	•		The Instruction Guid	e explains how to co	mple	lete this form.
1	Total pages Schedule F1:	2 FILE	RNAME			3 Filer ID
	Sch: 43/49 Rpt: 61/68	Hava	ard , Charles			
4	Date	5 Paye	e name			
	08/07/2023	Thre	ads			
6	Amount (\$)	7 Paye	e address; City;	State; Zip Co	ode	-
	\$2,250.52	7747	Twin City Hwy			
		Port	Arthur, TX 77642			
8	PURPOSE		GOTY (See Categories listed at the	top of this schodule)	(b)	) Description
ľ	OF		ertising Expense	top of this schedule)	``	Check if travel outside of Texas, Complete Schedule T.
	EXPENDITURE		3 – 1			Check if Austin, TX, officeholder living expense
						Campaign Shirts and Hats
L			·			<u> </u>
9	Complete ONLY if direct expenditure to benefit C/OI		late/Officeholder name	Office sou	ıght	t Office held
L	expenditure to belieff C/Of	' Havar	d Jr., Charles (Mr.)			
	Date	Paye	e name			
	10/16/2023	Thre	ads			
	Amount (\$)	Paye	e address; City;	State; Zip Co	ode	
	\$818.37	7747	Twin City Hwy			
1		Port	Arthur, TX 77642			
┝	PURPOSE	(a) Cate	GOTY (See Categories listed at the	top of this schedule)	(b)	) Description
l	OF EXPENDITURE		ertising Expense	,		Check if travel outside of Texas, Complete Schedule T.
l	EXPENDITORE				1	Check if Austin, TX, officeholder living expense
l					l	Campaign Hats
┡	Complete CNII V if direct	Candi	date/Officeholder name	Office sou	laht.	t Office held
	Complete ONLY if direct expenditure to benefit C/OI		iale/Onicenolder name	Office SOL	ıyııı	Conice neid
⊨	Patr		<del></del>			1
	Date	1 .	e name			
L	10/02/2023		tor Supply Co.			
1	Amount (\$)		e address; City;	State; Zip Co	odę	
	\$220.40	3558	30 US Hwy 96 S			
L		Buna	a, TX 77612			
	PURPOSE		gory (See Categories listed at the	top of this schedule)	(b)	) Description
	OF EXPENDITURE	Adve	ertising Expense			Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
						Supplies for Signage
						.,
$\vdash$	Complete ONLY if direct	Candid	date/Officeholder name	Office sou	<u>I</u> ught	t Office held
١	expenditure to benefit C/O		rd Jr., Charles (Mr.)			
$\vdash$		_				
Ļ				w othics state to		Varcian V2 5 1 Obfoths

#### SCHEDULE F1

Advertising Expense Accounting/Banking

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Travel in District
Travel Out of District Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 44/49 Rpt: 62/68 Havard, Charles Date Payee name 10/06/2023 Tractor Supply Co. 6 Amount (\$) Payee address; State; Zip Code \$259.32 35580 US Hwy 96 S Buna, TX 77612 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies for Signage Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Havard Jr., Charles (Mr.) Payee name 10/09/2023 Tractor Supply Co. Amount (\$) Payee address; State; Zip Code \$220.40 35580 US Hwy 96 S Buna, TX 77612 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies for Signage Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Havard Jr., Charles (Mr.) Date Payee name 10/12/2023 Tractor Supply Co. Payee address; Amount (\$) State; Zip Code 35580 US Hwy 96 S \$220.40 Buna, TX 77612 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies for Signage Candidate/Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Havard Jr., Charles (Mr.)

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 · Filer ID Sch: 45/49 Rpt: 63/68 Havard , Charles 4 Date Payee name 10/25/2023 Tractor Supply Co. Payee address; State; Zip Code 6 Amount (\$) 35580 US Hwy 96 S \$9.73 Buna, TX 77612 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Supplies for Signage Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Havard Jr., Charles (Mr.) Date Payee name 07/26/2023 Triangle Blueprint Company Amount (\$) Payee address; State; Zip Code \$1,846.20 1123 Calder St Beaumont, TX 77701 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Signs and Stationery for Campaign Candidate/Officeholder name Office held Complete ONLY if direct Office sought expenditure to benefit C/OH Havard Jr., Charles (Mr.) Date Payee name 08/07/2023 Triangle Blueprint Company State; Zip Code Payee address; Amount (\$) City; \$2,457.28 1123 Calder St Beaumont, TX 77701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Advertising Expense EXPENDITURE Check if Austin, TX, officeholder living expense Signs for Campaign Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH Havard Jr., Charles (Mr.)

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID				
L	Sch: 46/49 Rpt: 64/68	Havard , Charles				
4	Date	5 Payee name				
l	08/14/2023	Triangle Blueprint Company				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
l	\$1,063.02	1123 Calder St				
l						
		Beaumont, TX 77701				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
l	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Magnets and Cards for Campaign				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
Ĺ	expenditure to benefit C/OI					
Γ	Date	Payee name				
l	09/11/2023	Triangle Blueprint Company				
Г	Amount (\$)	Payee address; City; State; Zip Code				
l	\$1,122.55	1123 Calder St				
		Beaumont, TX 77701				
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
ŀ	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
l		Signs and Cards for Campaign				
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
1	expenditure to benefit C/OH Havard Jr., Charles (Mr.)					
F	Date	Payee name				
ı	10/23/2023	Triangle Blueprint Company				
┝	Amount (\$)	Payee address; City; State; Zip Code				
l	\$665.74	1123 Calder St				
l						
l		Beaumont, TX 77701				
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
ļ	OF EXPENDITURE	Advertising Expense				
l	EXI ENDITORE	Check if Austin, TX, officeholder living expense Flags and Magnets for Campaign				
		Flays and magnets for Campaign				
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
expenditure to benefit C/OH Havard Jr., Charles (Mr.)						
H						
1		,				
L						

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense Travel in District
Travel Out of District Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 47/49 Rpt: 65/68 Havard, Charles Date Payee name 10/31/2023 Triangle Blueprint Company 6 Amount (\$) Payee address; City; State; Zip Code \$2,489,75 1123 Calder St Beaumont, TX 77701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Signs for Campaign Candidate/Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Havard Jr., Charles (Mr.) Date Payee name 08/19/2023 **USPS** Amount (\$) Payee address; City; State; Zip Code \$28.75 332 Hwy 62 Buna, TX 77612-8777 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas, Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Postage for Campaign Mailer Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Havard Jr., Charles (Mr.) Date Payee name 08/16/2023 USPS Amount (\$) Payee address; City; State; Zip Code \$33.66 332 Hwy 62 Buna, TX 77612-8777 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Postage for Campaign Letters Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH

Havard Jr., Charles (Mr.)

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Political Credit Card Payment		mittee Le	t/Awards/Memorial gal Services			/ages/	Contract Labor OTHER	out of District (enter a category not listed a	bove)
				ne Instruction C	ouiue explains	HOW TO CO	mbie			
1	Total pages Schedule F1: Sch: 48/49 Rpt: 66/68		FILER NAME Havard , Char	les				3 Filer ID		
4.	Date 08/21/2023		Payee name USPS						,	
6	Amount (\$) \$18.48		Payee address;		State	; Zip Co	de			
L			Buna, TX 776	12-8///						
8	PURPOSE OF EXPENDITURE		Category (see o		the top of this sch	edule)		Description Check if travel outside of Text Check if Austin, TX, officehold Postage for Campaign	der living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Office lavard Jr., Cha		(	Office sou	ght	Of	ffice held	
	Date 08/24/2023		Payee name USPS							
	Amount (\$) \$2.64		Payee address; 225 FM 105 Evadale, TX 7		State	; Zip Co	de			
	PURPOSE OF EXPENDITURE		Category (see Advertising Ex	•	the top of this sch	nedule)	(b)	Description Check if travel outside of Tex Check if Austin, TX, officehole Postage for Campaign	der living expense	
	Complete ONLY if direct expenditure to benefit C/OI		andidate/Office lavard Jr., Ch		(	Office sou	ght	Of	ffice held	
	Date 10/06/2023		Payee name Wal Mart	-						
	Amount (\$) \$163.62		Payee address 1100 US Hwy Silsbee, TX 7	96 N	State	; Zip Co	ode			
	PURPOSE OF EXPENDITURE	(a)	Category (see Event Expens	Categories listed a	t the top of this sch	nedule)	(b)	Description Check if travel outside of Tex Check if Austin, TX, officehol Candy for Event		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office Havard Jr., Ch		(	Office sou	ight	, 0	ffice held	

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 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)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 49/49 Rpt: 67/68	2 FILER NAME Havard , Charles  3 Filer ID
4	Date 10/31/2023	5 Payee name Wal Mart
6	Amount (\$) \$130.20	7 Payee address; City; State; Zip Code 1100 US Hwy 96 N
		Silsbee, TX 77656
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candy for Event
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  Havard Jr., Charles (Mr.)
	Date 10/26/2023	Payee name Wal Mart
	Amount (\$) \$242.82	Payee address; City; State; Zip Code 8585 Memorial Blvd
	· .	PortArthur, TX 77640
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candy and prizes for Event
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held  Havard Jr., Charles (Mr.)
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# INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 68/68 2 FILER NAME 3 Filer ID Havard, Charles 4 Date 5 Name of person from whom amount is received 8 Amount (\$) 09/21/2023 **Designer Graphics** \$250.00 6 Address of person from whom amount is received; City; State; Zip Code 12404 Hwy 155 South Tyler, TX 75703 7 Purpose for which amount is received ☐ Check if political contribution returned to filer Refund of shipping charges for campaign signs.