CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / М OFFICE USE ONLY **OFFICEHOLDER** LY THOMAS, COUNTY CLER JOE NAME IJĸspehcounty, Texas SUFFIX NICKNAME HAWITHURN ZIP CODE APT / SUITE #; JAN 16 2024 4 CANDIDATE / ADDRESS / PO BOX: **OFFICEHOLDER** JASPERTX. 75951 BY MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (409) 289-4830 PHONE Receipt # Amount 5 MS / MRS / MR) 6 CAMPAIGN **TREASURER** Date Processed NAME Date Imaged STEPHENS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: 7 CAMPAIGN ZIP CODE TREASURER JASper, TK. 75951 **ADDRESS** (Residence or Business) AREA CODE CAMPAIGN PHONE NUMBER **EXTENSION TREASURER** (409) 382-3304 PHONE 9 REPORT TYPE 30th day before election January 15 Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Month Day Year COVERED THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day 03 /05 /2024 General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE TAX ASSESSOR Collector JASper Count THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	15 C/OH NAME \mathcal{J}_a	DE L. HAWTHORN	5 Filer ID (Ethics Commission Filers)			
	17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 3,500.00			
		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,500, 5			
	EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3,141, 56			
		4. TOTAL POLITICAL EXPENDITURES	\$ 3,161. 2			
	CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 338. XX			
	OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF'T LAST DAY OF THE REPORTING PERIOD	HE \$ D			
33000000000000000000000000000000000000	TAffidavit	Signature of Cand Please complete either option below:	idate or Officeholder			
	- 4	which, witness my hand and seal of office. LUB UMSTINE WUS	day of January, beauty Clenc Title of officer administering oath			
	OR OR					
	(2) Unsworn Declaration					
	My name is	, and my date of birth is				
	My address is	(attack) (attack)	to) (zin codo) (country)			
	Executed in	,	te) (zip code) (country)			
	LYGCAIGN III	County, State of, on the day of(month)	(year)			
		Signature of Candidat	e/Officeholder (Declarant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

JOE L. HAWTHORN 20 Filer ID (Ethics Commis	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$	3500 %
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$	5
4. SCHEDULE E: LOANS \$	5
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	3141 🔆
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$	5
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$	5
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	ş ·
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$	5
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$	5
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	B

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

in the requested information is not applicable, bo Not include this page in the report.							
The	Instruction Guide explains how	1 Total pages Schedule A1:					
2 FILER NAME	JOE L. HAWTHE	3 Filer ID (Ethics Commission Filers)					
4 Date 09/20/23		out-of-state PAC	State; Zip Code	7 Amount of contribution (\$)			
	P.O. Box 5656	CONGVIEW	TX 75608				
	pation / Job title (See Instructions)		9 Employer (See Instruction of Cranky //selka	etions) Bradb & Allen PC			
Date	Full name of contributor KEINT TOLADWAY		C (ID#:)	Amount of contribution (\$)			
12/04/23	Contributor address;	City;	State: Zip Code	\$ 500. 20			
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	etions)			
ATTO	RNEY		McCreary Veselica Brass : Allen PC				
Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of contribution (\$)			
12/11/23	Karrie Caraway Contributor address;	City;	State; Zip Code 77 75951	\$ 250 xx			
	nation / Job title (See Instructions)		Employer (See Instructions) MCCrewy 1/eselica Brass & Aller PC				
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)			
11/21/23	Phillip Smith Contributor address;	City; Bridge City	State; Zip Code	\$1,500 54			
Principal occup	ration / Job title (See Instructions)		Employer (See Instru RETIFED	ctions)			
	·						
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

,								
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1: Z				
2 FILER NAME	JOE L. HAWTHO	PN		3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor			7 Amount of contribution (\$)				
10/04/23	6 Contributor address:	City;	State; Zip Code	\$11,000 00				
		BriDGE City	1 TX. 77611					
1	repation / Job title (See Instructions)	1	9 Employer (See Instruc	tions)				
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)				
·	Contributor address;	City;	State; Zip Code					
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)				
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)				
	Contributor address;	City;	State; Zip Code					
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)				
Date	Full name of contributor	out-of-state PAC	C (IO#:)	Amount of contribution (\$)				
	Contributor address;	City;	State; Zip Code					
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)				
	ATTACH ADDITI		OF THIS SCHEDULE AS Nuction guide for additional (

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

	EXPENDITURE CATE	ORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)						
	The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME								
1 Total pages Schedule F1:	2 FILER NAME JOE L. HAW	JOE L. HAWTHORN							
4 Date ///14/23	5 Payee name JASPEr County Republican								
6 Amount (\$)	7 Payee address:	City;	State; Zip Code						
750 00	P.O. Box 556	EVADALE	TY 77615						
8 .	(a) Category (See Categories listed at the top of this	schedule) (b) Description							
PURPOSE OF EXPENDITURE	FEE.S	Filina	Filing FEE						
	(c) Check if travel outside of Texas. Complete So	chedule T. Check if Aus	Check if Austin, TX, officeholder living expense						
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JOE L. HAWTHURN	Office sought TAL	Office held						
11/01/23	Payee name Designer Grapitics								
Amount (\$)	Payee address;	City;	State; Zip Code						
\$ 1635. W	12404 Huy 155 South	Tyler	TX 75703						
	Category (See Categories listed at the top of this so	chedule) Description							
PURPOSE OF EXPENDITURE	Abiyertisina Expense	SIGHS							
	Check if travel outside of Texas. Complete So	chedule T. Check if Aus	Check if Austin, TX, officeholder living expense						
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held						
expenditure to benefit C/OH	JOE L HAWITTORN	TAC	n la						
Date	Payee name								
09/01/23	Walling Sions		:						
Amount (\$)	Payee address;	City;	State; Zip Code						
210- 18	305 W. Bluff	inlocoville	75979						
	Category (See Categories listed at the top of this so	chedule) Description							
PURPOSE OF EXPENDITURE	Advertising Expunse	. SIG-Ne/ (caros						
	Check if travel outside of Texas, Complete So	chedule T. Check if Aus	Check if Austin, TX, officeholder living expense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Joe L. Hawittarw	Office sought	Office held n /A						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME JOE L. HAWTHORN	3 Filer ID (Ethio	cs Commission Filers)			
4 Date 11/14/23	5 Payee name O LBM					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
31,32	2034 S. Wheeler ST.	JASper	TX	75951		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	ADVESTISING Expense	applies				
	(c) Check if travel outside of Texas. Complete Schedule T.	n, TX, officeholder livir	ng expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Toe L Howthern	Office sought	Office held			
Date	Payee name					
12/17/23	TRACTOR Supply CO					
Amount (\$)	Payee address;	City;	State;	Zip Code		
21. 4	35580 US HWY 96 SOUTH	BUNA	TY	77412		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	SIGN S	upplies			
	Check if travel outside of Texas. Complete Schedule T.	tin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name JoE L HAWTHORN	Office sought		Office held		
Date	Payee name					
11/10/23	HARBOR Freiout					
Amount (\$)	Payee address;	City;	State;	Zip Code		
4. 86	420 E GIBSON ST.	JASper	Tx.	15951		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising Expense	sion s	upplies			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Jae L. HAWIHORN	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 (extense statement and listed shove)

Candidate/Officeholder/Politica Credit Card Payment	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) edit Card Payment The Instruction Guide explains how to complete this form						ory not listed above)	
The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F1: 2 FILER NAME JOE L. HAWTHORN 3 Filer ID (Ethics Comm						s Commission Filers)		
4 Date 11/03/23	5 Payee na	AAZON	MKTP					
6 Amount (\$)	7 Payee a	idress;			City;	State;	Zip Code	
45. 14	1260	Mercer	くて		SEATLE	WA.	98109	
8	(a) Categor	y (See Categories li	sted at the top of this so	chedule) (b) Description			
PURPOSE OF EXPENDITURE	Adve	rti sin G	Expense		Zip Tier			
	(c) Check if travel outside of Texas, Complete Schedule T.			nedule T.	Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officehold	arname Awittor	~(Office sought		Office held	
Date	Payee na	ime						
11/14/23	190	fuel	STOP					
Amount (\$)	Payee ac	ldress;			City;	State;	Zip Code	
24. X	850 61BSON			JASper	TX.	75951		
	Category	(See Categories lis	ed at the top of this sch	nedule)	Description			
PURPOSE OF EXPENDITURE	Food				FOOD			
,	Check if travel outside of Texas. Complete Schedule T.			edule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct	Candid	ate / Officeholde	er name		Office sought		Office held	
expenditure to benefit C/Oh	JOE L HAWTHORN		TAC		NA			
Date 11/18/23	Payee na							
Amount (\$)	Payee ac	Idress;			City;	State;	Zip Code	
437. ×1		850 E bissen		JASPER	7.7	75951		
	Category	(See Categories list	ed at the top of this sch	nedule)	Description			
PURPOSE OF EXPENDITURE	TRANSF	DUTATION	Pelares Ex	epinsl	<i>fuel</i>			
	Check if travel outside of Texas, Complete Schedule T.		Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/OF	_	ate / Officehold	er name Awi Hokk	-(Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								