NAME       JASPER COUNTY, TEX         4 CANDIDATE/ OFFICEHOLDER MALING ADDRESS       ADDRESS / PO BOX;       APT / SUITE #;       CITY:       STATE;       ZP CODE         Change of Address       ADDRESS       EVADAUE       TX       71421S       B       JULY:         6 CAMPAIGN TREASURER ADDRESS       AREA CODE       PHONE NUMBER       EXTENSION       Date Hand-delivered or Date Positing:         7 CAMPAIGN TREASURER ADDRESS       MS / MRS (MS)       FRST       MI       Receipt #       Amount 5         8 CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #;       CITY:       STATE:       2P CODE         8 CAMPAIGN TREASURER ADDRESS       AREA CODE       PHONE NUMBER       EXTENSION       STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #;       STATE:       2P CODE         8 CAMPAIGN TREASURER ADDRESS       AREA CODE       PHONE NUMBER       EXTENSION       STATE:       2P CODE         9 REPORT TYPE       AREA CODE       PHONE NUMBER       Exceeded Modified Reporting Limit       Final Report (Auch: CICH - FK Description         10 PERIOD COVERED       Manifiz       Day       Yatifiz       Sth day before election       Exceeded Modified Reporting Limit       Final Report (Auch: CICH - FK Description         11 ELECTION       ELECTION DATE       ELECTION TYPE       Mani	1	TE / OFFICEHOLDER FORM C/C N FINANCE REPORT COVER SHEET PG
OFFICENCIDER NAME       CHAD       CHAD       COUNT HEMARS "ECOUNTY, TEX AND SUPER COUNTY, TEX A	The C/OH Instruction	Guide explains how to complete this form.       1 Filer ID (Ethics Commission Filers)       2 Total pages filed:
4 CANDIDATE/ OFFICE/ORLDER MALING ADDRESS       ADDRESS / PO BOX       APT / SUITE #. OTY:       STATE: ZP CODE       FLED Y EB 0.2 ZUA OFFICE/ORLDER ADDRESS         Change of Address       AEA CODE       PHONE NUMBER       EXTENSION       Date Hand-delivered or Date Positize OFFICE/ORLDER PHONE       AREA CODE       PHONE NUMBER       EXTENSION       Date Hand-delivered or Date Positize OFFICE/ORLDER PHONE         6 CAMPAIGN TREEASURER NAME       MS / MS (MS) MS / MS (MS) TREEASURER NAME       MS / MS (MS) MS / MS (MS) TREEASURER ADDRESS       MS / MS (MS) MS / MS (MS) TREEASURER ADDRESS       STATE: ZP CODE         7 CAMPAIGN TREEASURER ADDRESS       MS / MS (MS) MS / MS (MS) TREEASURER ADDRESS       STATE: ZP CODE       STATE: ZP CODE         8 CAMPAIGN TREEASURER ADDRESS       ATACA CODE       PHONE NUMBER       EXTENSION       Date Imaged         9 REPORT TYPE       ATACA CODE       PHONE NUMBER       EXTENSION       Insure reportion (MS) MS / MS (MS) TREESS       Runotf       150 Adm / MS (MS) 190 Adm / MS / M	OFFICEHOLDER	NICKNAME LAST SUFFIX SUFFIX
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6 CAMPAIGN TREASURER NAME       MS / MRS (MS) Hold       PIRST       MI         7 CAMPAIGN TREASURER ADDRESS       NICKNAME       LAST       SUFFX       Date Processed         7 CAMPAIGN TREASURER ADDRESS       STREET ADDRESS (NO PO BOX PLEASE): APT / SUTE #: COTY:       CITY:       STATE::       20 COE         8 CAMPAIGN TREASURER PHONE       STREET ADDRESS (NO PO BOX PLEASE): APT / SUTE #: COTY:       CITY:       STATE::       20 COE         9 REPORT TYPE       AREA CODE       PHONE NUMBER       ExtENSION       Runoff       15th day after campaign treasure appointment (Official code)       15th day after campaign treasure appointment (Official code)         9 REPORT TYPE       Imaged       Soft day before election       Exceeded Modified Reporting Link       Final Report (Attach COH - Final Reporting Link         10 PERIOD COVERED       Month       Day       Year       THROUGH       Day         11 ELECTION       ELECTION DATE       Month       Day       Year         3 / 5 / DOGUL       The appoint on the comparison treasure appointent (Committree to pound)       13 OPPICE SOUGHT (If known)       Proceind Low         12 OFFICE       OFFICE HELD (If any)       13 OPPICE SOUGHT (If known)       Committree to pound)       Committree to pound)         14 NOTICE FROM POLITICAL COMMITTEE TYPE       COMMITTEE ADDRESS       COMMITTEE ADDRESS	5 CANDIDATE/ OFFICEHOLDER	(409) 651-6275
TREASURER ADDRESS (Residence or Business)       Description         8 CAMPAIGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION         9 REPORT TYPE       Image: Comparison of the state of the sta	TREASURER	NICKNAME LAST SUFFIX
B       CAMPAIGN TREASURER PHONE       AREA CODE       PHONE NUMBER       EXTENSION         9       REPORT TYPE       Image: Comparison of the second of the	TREASURER	
Image: Second	8 CAMPAIGN TREASURER	
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Month       Day       Year       Primary       Runoff       Other         3/5/2034       General       Special         12 OFFICE       OFFICE HELD (if any)       13 OFFICE SOUGHT (if known)         COMMITTEE FROM       Political contributions accepted or political expenditures made by political constributions accepted or political expenditures made by political constributions and expenditures made by political constributions and expenditures made by political constributions and expenditures made without the candidate's or officeholders knowledge         14 NOTICE FROM       THIS BOX IS FOR NOTICE OF Political contributions accepted or political expenditures made by political constributions and periceholders and periceholde		THROUGH THROUGH
14 NOTICE FROM POLITICAL COMMITTEE(S)       THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGY THE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGY CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURE COMMITTEE TYPE         COMMITTEE (S)       GENERAL       COMMITTEE ADDRESS         GENERAL       COMMITTEE ADDRESS       ,         SPECIFIC       COMMITTEE CAMPAIGN TREASURER NAME	11 ELECTION	Month Day Year Primary Runoff Other Description
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Additional Pages	POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPO THE CANDIDATE / OFFICEHOLDER, THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT, CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES COMMITTEE TYPE COMMITTEE NAME
COMMITTEE CAMPAIGN TREASURER ADDRESS	Additional Pages	General ,
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## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

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#### FORM C/OH **COVER SHEET PG 2**

15 C/OH NAME			16 File	r ID (Ethics Con	nmission Filers)
17 CONTRIBUTION TOTALS		TICAL CONTRIBUTIONS (OTHER T ARANTEES OF LOANS, OR LECTRONICALLY)	HAN	\$ Q	3
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	RIBUTIONS OANS, OR GUARANTEES OF LOA	NS) _	\$ 109	3.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	ICAL EXPENDITURE.		\$ 38	8:20
	4. TOTAL POLITICAL EXPE	NDITURES		\$ 38	8. ƏB
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE	LAST DAY	\$. 20.	S. 50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS	S OF THE	\$	X
18 SIGNATURE I si	wear, or affirm, under penalty of perjury	, that the accompanying report is	true and co	rrect and incluc	des all information
req	uired to be reported by me under Title 15	5, Election Code.	$\mathcal{A}($	$\mathbf{O}$ .	
		<u> </u>	X		
1		Signature of	Candidate	or Officeholder	
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2) Unsworn Declaratio	n				
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rms provided by Texas Ethi	ics Commission www.	ethics.state.tx.us		к	Revised 11/15/202

# SUBTOTALS - C/OH

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#### FORM C/OH COVER SHEET PG 3

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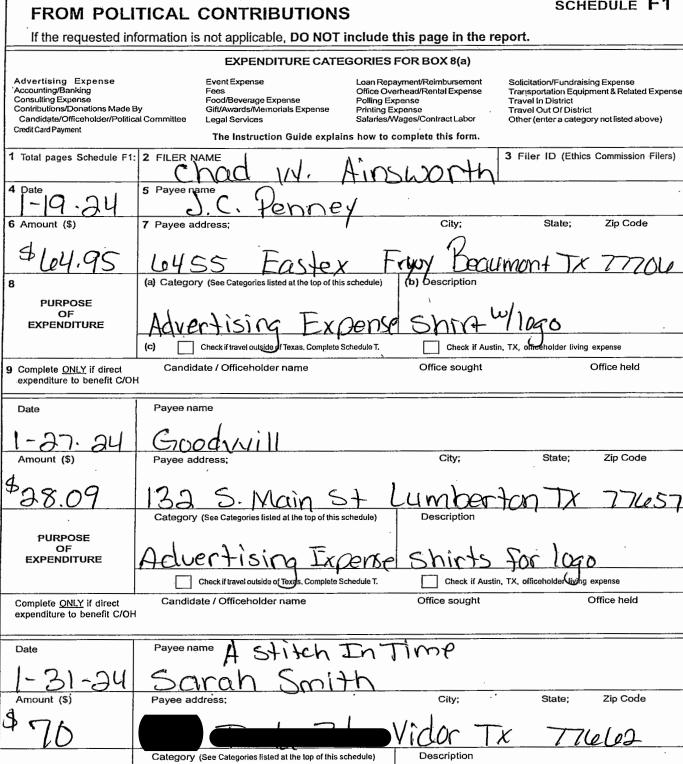
19	FILER NAME 20 Filer ID (Ethics Con	mmission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s Ø			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 38820			
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	S			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$			
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$			

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Revised 11/15/2022

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1



Forms provided by Texas Ethics Commission

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

> ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED www.ethics.state.tx.us

as. Complete Schedule T.

Check if travel outside o

Candidate / Officeholder name

Revised 11/15/2022

Office held

Check if Austin, TX, officeholder living

Office sought

## 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 E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fæs Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ove Polling Exp Printing Ex		Solicitation/Fundral: Transportation Equi Travel In District Travel Out Of Distric Other (enter a categ	pment & Related Expense	
Credit Card Payment The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F1: 2 FILER NAME				orth	3 Filer ID (Ethic	s Commission Filers)	
4 Date 5 Payee name Blue Ori				at Company			
6 Amount (\$)	7 Payee address: City; State; Zip Co						
\$ 225.16				Beaum	ont, Tx	10777	
8	(a) Category	(See Categories listed at the top o	( lhis schedule)	(b) Description		-	
PURPOSE OF EXPENDITURE	Adre	rtising Exc	ponse	Signs			
	(C) Check if travel, outside of Texas. Complete Schedule T.		ete Schedule T.	Check If Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		te / Officeholder name		Office sought		Office held	
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PURPOSE OF EXPENDITURE	Category	(See Calegories lisled at the top of t	his schedule)	Description			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

Forms provided by Texas Ethics Commission