		CEHOLDER E REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	Guide explains how t	o complete this form.	1 Filer ID (Ethics Commission F	ilers) 2 Total pages filed:
CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR  NICKNAME	FIRST  Toe  LAST	K	HOLLY OF TON FASS COUNTY, TEXAS
OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;		CITY; STATE; ZIP COD	FEB 20 2024  By DEPUTY
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
CAMPAIGN TREASURER NAME	MS / MRS / MR  MR  NICKNAME	FIRST  JOC  LAST  Sheeling	MI K SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (N			STAȚE; ZIP CODE
(Residence or Business) CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	10HLET IX 776 EXTENSION	<b>/</b>
REPORT TYPE	January 15	30th day before e	, <u> </u>	15th day after campaign treasurer appointment (Officeholder Only)
:	July 15	8th day before ele	ction Exceeded Modif Reporting Limit	ied Final Report (Attach C/OH - FR)
0 PERIOD COVERED	Month	Day Year	M	onth Day Year

PHONE	(409)	189 2588		•	Possint #1	- Amount C	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST Joc		MI K	Receipt #  Date Processed	Amount \$	
NAME	NICKNAME	Sterling		SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (	NO PO BOX PLEASE); ART S	SUITE #; C	CITY;	STATE	ZIP CODE	
(Residence or Business)		ال	40ALE, TX	77615		•	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	•	ENSION			
FHONE	(409) L	109-75	88		• • • • • •	\$	-
9 REPORT TYPE	January 15	30th day before	election	Runoff	└── treasure	ay after campaign er appointment nolder Only)	
	July 15	8th day before el	ection	Exceeded Modified Reporting Limit	Final R	eport (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year / 26 / 24	THROUGH	Month	Day /2	Year 4	÷ .
11 ELECTION	ELECTION DA	Year Primary	Runoff	Other Description	-	•	
	03 05	Z4 General	Special				· -
12 OFFICE	OFFICE HELD (if any)	le Rt.#6	13 OFFI	CE SOUGHT (if know	1+6		·
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE CONSENT. CANDIDATES	E OF POLITICAL CONTRIBUTIONS EHOLDER, THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	S MAY HAVE BEEN MA	DE WITHOUT THE CAN	DIDATE'S OR OFFICE	COMMITTEES TO SUPPO EHOLDER'S KNOWLEDGE CE OF SUCH EXPENDITURE	OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME					
Additional Pages	GENERAL	COMMITTEE ADDRESS		A Alexander			
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME				
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	S			
GO TO PAGE 2							

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 57,42		
	4. TOTAL POLITICAL EXPENDITURES	\$ 51,42 \$ 51,42		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
18 SIGNATURE IS	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information		
	quired to be reported by me under Title 15, Election Code.	and contest and morados an important		
		,		
		1.		
	be L	loi Ving		
	Signature of Ca	ndidate or officeholder		
		•		
	Please complete either option below	<i>r</i> :		
i isas triipiota ainiai apiatii				
<b>)</b>				
1 /	KANDI DAVIS Notary Public, State of Texas			
(d) Affidouit	My Commission Expires			
(1) Affidavit	January 07, 2027 NOTARY ID 13006895-0			
)_	MOTAL ID 19000930-0			
NOTARY STAMP/SEA	•			
7:1	before me by Joc Skrling this the	20 day of <i>Feb</i> ,		
20, 29, to certify	which, witness my hand and seal of office.	10 d == 10001		
Lunu L	MUIZ KUNUI IMUIZ	Hamin. 4357.		
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
(2) Unsworn Declarati	on			
My name is	, and my date of birth is	·		
My address is				
	(street) (city) (s	state) (zip code) (country)		
Consented in	County Olate of	, (=,, (==,-,),		
Executed in	County, State of , on the day of (month	, ZU (vear)		
	(month	, , , , , , , , , , , , , , , , , , , ,		
	Signature of Candid	late/Officeholder (Declarant)		

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONT	RIBUTIONS \$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) P	OLITICAL CONTRIBUTIONS \$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES	MADE FROM POLITICAL CONTRIBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGAT	ions \$
7. SCHEDULE F3: PURCHASE OF INVESTMEN	TS MADE FROM POLITICAL CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY	\$ 51.4Z
9. SCHEDULE G: POLITICAL EXPENDITURES	SEREDIT CARD \$51.42  MADE FROM PERSONAL FUNDS \$51,42
10. SCHEDULE H: PAYMENT MADE FROM POLI	TICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURE	S MADE FROM POLITICAL CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, TO FILER	REFUNDS, AND CONTRIBUTIONS RETURNED \$

### **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

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

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense
Fees
Food/Beverage Expense
Girl/Neards/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 Contests and Report and History (No. 1)

Candidate/Officeholder/Politica	, , , , , , , , , , , , , , , , , , , ,	expense s/Wages/Contract Labor o complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME Joe Sterling	3	Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A C	CREDIT CARD \$	51,42
5 Date <b>Z-12,-24</b>	6 Payee name  Best Impressions		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
		Silsbee	TX 77656
9 TYPE OF EXPENDITURE	Political Non-	Political	
10 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
OF EXPENDITURE	Advertising	CARDS (	500)
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Constable Fo	Office held
Date	Payee name		
Amount (S)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non	-Political	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF Expenditure			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Camplete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED .

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

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

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	o complete this form.		
1 Total pages Schedule G:	l ,	3 Filer ID (Ethics Commission Filers)	)	
	Joe K Sterling			
4 Date	5 Payee name			
2-18-24	Joe K Sterling  5 Payee name  Jee K Sherling			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
SI,4Z Reimbursement from political contributions intended	EJA	OALE, Tx., 77615		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	PADUEDHSING EXDONSE	CARDS (SOO)		
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9	Candidate / Officeholder name	Office sought Office held		
Complete ONLY if direct expenditure to benefit C/OH	Joe Sterling	Constable Pot#6		
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
Reimbursement from political contributions intended		T 77615		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought Office held	-	
Date	Payee name			
Amount (\$)	Payee address;	City; State; Zip Code		
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				