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 Мі CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** IOLLY THOMAS, COUNTY CLER NAME DaigASPER COUNTY, TEXAS SUFFIX NICKNAME ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX: CITY: STATE: **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ МΙ 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX NICKNAME Date Imaged STREET ADDRESS APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN TREASURER **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER PHONE 1651-6275 9 REPORT TYPE 15th day after campaign 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Day Year 10 PERIOD Month Month Day Year COVERED THROUGH **ELECTION TYPE ELECTION DATE** 11 ELECTION Runoff Month Day Description General Special OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE 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 14 NOTICE FROM **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

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) | \$ Ø |
| EXPENDITURE TOTALS | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ \$705.50 |
| | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 719.16 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 719.16 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD | T DAY \$ |
| OUTSTANDING LOAN TOTALS | TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD | THE \$ |
| | wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code. | and correct and includes all information |
| | CROS | |
| | Signature of Car | ndidate or Officeholder |
| | | |
| | Please complete either option below | : |
| | | |
| (1) Affidavit | The state of the s | |
| Sworn to and subscribed | before me by Chal Hinsworth this the | 13 day of March |
| to certify to certify | which, witness my hand and seal of office. | apply clerk |
| Signature of officer administer | mary 1st | Title of officer administering oath |
| (2) Unsworn Declaration | OR | |
| | | |
| | , and my date of birth is | · · · · · · · · · · · · · · · · · · · |
| My address is | | tate) (zip code) (country) |
| Executed in | County, State of, on theday of(month) | , |
| | Signature of Candida | ate/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 |
| 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 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 | \$ |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OF | \$ |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

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

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

Transportation Equipment & Related Expense
Travel In District

Solicitation/Fundraising Expense

| Contributions/Donations Made I Candidate/Officeholder/Politic | | Printing Expense Salaries/Wages/Contract Labor | 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 W. AINSWO | rt h | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/23/24 | 5 Payee name Kirbyville Fuel | Sta | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| \$400 | | Kichyvi | lle Tx 75956 |
| 8 | (a) Category (See Categories listed at the top of this so | | |
| PURPOSE OF EXPENDITURE | Travel in Distoir | ct Fuel | |
| | (C) Check if travel outside of Texas. Complete Sch | edule T. Check if Austin | n, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| Date | Payee name | | |
| 2/6/24 | Get N Go | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| \$ 400 | | Evadale | TX 77615 |
| | Category (See Categories listed at the top of this sch | edule) Description | |
| PURPOSE OF EXPENDITURE | Travel in Dista | ict Firel | |
| | Check if travel outside of Texas. Complete Scho | edule T. Check if Austin | , TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 2/29/24 | Get N. Go | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| \$ 22.50 | | Evadale, 7 | x 77415 |
| | Category (See Categories listed at the top of this scho | edule) Description | |
| PURPOSE OF | Frank Evance | Tre | |
| EXPENDITURE | Event Expense Check if travel outside of Texas, Complete Sche | | . TX, officeholder living expense |
| Complete ONLY if direct | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OF | | | |
| | ATTACH ADDITIONAL COPIES O | F THIS SCHEDULE AS NEE | DED |

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 **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) Zip Code (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name Date Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District 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 (Ethics Commission Filers) linsworth 4 Date 5 Pavee name 6 Amount (\$) 7 Payee address; State; Zip Code (a) Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete **ONLY** if direct expenditure to benefit C/OH Payee name Date State: Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE** EXPENDITURE Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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

| Advertising Expense | | | |
|--|--|------------------------------|---|
| Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment | Fees Office Ove Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense | | Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) |
| Great dator ayment | The Instruction Guide explains how to c | omplete this form. | |
| 1 Total pages Schedule F1: | Chad W. Ainswo | rth | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3 - 2 - 2 4 | 5 Payee name Speech Ston | | |
| 6 Amount (\$) | 7 Payee address; | City; | State; Zip Code |
| \$ 6000 | Lun | pherton. | Tx 77657 |
| 8 | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| PURPOSE OF EXPENDITURE | Travel in District | Firel | |
| | (c) Check if travel outside of Texas. Complete Schedule T. | Check if Austin | n, TX, officeholder living expense |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| 2/28/24 | Get N. Go | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| \$ 4.50 | | Evada | le Tx 774.95 |
| | Category (See Categories listed at the top of this schedule) | Description | |
| PURPOSE OF EXPENDITURE | Event Expense | Ice for | (Drinks |
| | Check if travel outside of Texas. Complete Schedule T. | | , TX, officeholder living expense |
| Complete ONLY if direct | · | | |
| expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| • | Candidate / Officeholder name | Office sought | Office held |
| • | Candidate / Officeholder name | Office sought | Office held |
| expenditure to benefit C/OF | Candidate / Officeholder name | <u></u> | Office held |
| expenditure to benefit C/OF | Candidate / Officeholder name | Office sought City; | Office held State; Zip Code |
| Date 3-5-24 | Payee name Donut Palace | <u></u> | State; Zip Code |
| Date 3-5-24 | Payee name Donut Palace | <u></u> | |
| Date 3-5-24 | Payee name Donut Palace Payee address; Exactal Category (See Categories listed at the top of this schedule) | City; | State; Zip Code |
| Date 3-5-24 Amount (\$) PURPOSE | Payee name Donut Palare Payee address; Exada Category (See Categories listed at the top of this schedule) Event Expense | City; Tx Description Food | State; Zip Code |
| Date 3-5-24 Amount (\$) PURPOSE OF | Payee name Donut Palace Payee address; Exactal Category (See Categories listed at the top of this schedule) | City; Tx Description Food | State; Zip Code |
| Date 3-5-24 Amount (\$) PURPOSE OF | Payee name Donut Polare Payee address; Exada: Category (See Categories listed at the top of this schedule) Event Expense Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name | City; Tx Description Food | State; Zip Code |

SCHEDULE F1

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

| 1-29-24 A Stitch In Time 6 Amount (\$) 4 70 Vidor Tx 77662 | EXPENDITURE CATEGORIES FOR BOX 8(a) | | | | | | | |
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| State Stat | 1 Total pages Schedule F1: | 2 FILER NAI | ad In | 1. Ai | ns VV | orth | 3 Filer ID (E | Ethics Commission Filers) |
| Society Complete ONLY if direct expenditure to benefit C/OH Condidate / Officeholder name Office sought Office held | 1-29-24 | 5 Payes nam | Stitch | In | Tim | e | | |
| PURPOSE EXPENDITURE Complete QNIX filtrent object of Texas Complete Schodule T. Check II Austin, TX, office held of Texas Complete Schodule T. Check II Austin, TX, office held office office held office office held office held office held office office held office held office held office held office office office held office held office office office held office held office office office office office held office held office office office office office office held office held office office office office office office held office held office office office office office held office office office office held office office office office office held office o | 6 Amount (\$) \$ 70 € | 7 Payee add | ress; | | V | idar T | _ | |
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| Somplete ONLY if direct expenditure to benefit C/OH Date Payee name Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Payee name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Candidate / Office held Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Candidate / Office held Candidate / Office held Candidate / Office of this schedule) Candidate / Office of this schedule) Candidate / Office held Category (See Categories listed at the top of this schedule) Categor | OF | Advery | | Exper | re | | | |
| Date Payee name Category (See Categories listed at the top of this schedulo) Description | | | | | hedule T. | | ustin, TX, officeholder | |
| Amount (\$) Payee address: City: State: Zip Code PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Camplete ONLY if direct expenditure to benefit C/OH Payee address: City: State: Zip Code Candidate / Office holder name City: State: Zip Code Bura, Tx 77/Le/2 Description Description Description Description Candidate / Office holder name Office sought Office sought City: State: Zip Code City: State: Zip Code City: State: Zip Code Description Fundale Tx 77/Le/3 Description Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Purpose OF EXPENDITURE Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Office holder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held | | | e / Officeriolder | name . | | Office sought | · · · · · · · · · · · · · · · · · · · | Office field |
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| Advertising Expense 8 Cincle Blocks Check if travelouside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense | | | | at the top of this sc | hedule) | Description | | |
| Complete ONLY if direct expenditure to benefit C/OH Date 3-11-34 Fuadae ISD Amount (\$) Payee address; City: State: Zip Code Fuadae TX 771e15 Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office sought Office held | OF | Adver | tising | Expe | nse | 8 Ci | inder B | locks |
| Date 3-11-34 Fuccale ISD Amount (\$) Payee address; City; State; Zip Code Fundate Tx 77/6/15 Category/(See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held | | CI | neck if travel outside of | Texas. Complete Sci | nedule T. | Check if A | ustin, TX, officeholder | living expense |
| Amount (\$) Payee address; City; State; Zip Code \$\frac{4}{350}\$ Purpose OF EXPENDITURE Category/ (See Categories listed at the top of this schedule) Category/ (See Categories listed at the top of this schedule) Description Furdale TX 77415 Description Description Category/ (See Categories listed at the top of this schedule) | | | e / Officeholder r | name | | Office sought | | Office held |
| FURPOSE OF EXPENDITURE Category/(See Categories listed at the top of this schedule) Category/(See Categories listed at the top of this schedule) Description Football Program Ad Check if travel outside of Texas, Complete Schedule T. Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Candidate / Officeholder name Office sought Office held | Date | Payee nam | ie , | | | | | |
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| Complete ONLY if direct | OF | Adver | tisina | Exa | nse | Footbo | all Progr | rom Ad |
| expenditure to benefit C/OH | | Ch | eck if travel outside | Texas, Complete Sch | nedule T. | Check if Au | ustin, TX, officebolder | living expense |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | e / Officeholder | name | | Office sought | | Office held |
| | | ATTA | CH ADDITION | AL COPIES (| OF THIS SO | CHEDULE AS N | EEDED | |