CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

		· -			
The C/OH Instruction G	Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	Ms / MRS / MR FIRST Mr Matt	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST Bryant	SUFFIX	Date Received RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS					
Change of Address			TARRANT APPRAISAL DISTRICT		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (214) 405-8739	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$		
TREASURER NAME	Mrs Lisa		Date Processed		
	NICKNAME LAST Bryant	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE Southlake, TX 76092				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 244-3087	EXTENSION			
9 REPORT TYPE	January 15 30th day before e	I	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year 1 / 1 / 24 THROUGH 3 / 52 / 24				
11 ELECTION	Month Day Year 5 / 4 / 24	Runoff Other Description Special			
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Tarrant Appraisal District, Place 3				
14 NOTICE FROM POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOON CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOON CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXICAL COMMITTEES.			DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
OCIVIIVIT TEE(O)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME			
	COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
	GO ТО	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	OVER GILEET I O E
15 C/OH NAME Matt Bryant	16 File	er 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)	\$ 26,850.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,579.31
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 22,270.69
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5,000.00
18 SIGNATURE s	wear, or affirm, under penalty of perjury, that the accompanying report is true and c	correct and includes all information
rec	uired to be reported by me under Title 15, Election Code.	,
0	lather Com Matthew Co	Bryon
100	Signature of Candidate	e or Officeholder
	Please complete either option below:	
(1) Affidavit	DAMIANA REYES My Notary ID # 11534841 Expires November 21, 2027	
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by Matthew Charles Bry 47th this the 4	day of April ,
211	which, witness my hand and seal of office.	
	- Damiana Keyes Cysto	mer Service Syperism
Signature of officer administe	1 /	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	7 7
My name is	t Bryant, and my date of birth is	19/1970
My address is	Southlave IX	160NF N 214
Executed in Three	County, State of Texas, on the day of (state)	(zip code) (country)
-	Marty Com	5 (year)
	Signature of Candidate/Off	iceholder (Declarant)

Revised 1/1/2024

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Matt Byant	D Filer ID (Ethics Commis	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	26,850.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	5,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	RIBUTIONS \$	4,579.31
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS \$	
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 BU	JSINESS OF C/OH \$	
11.	SCHEDULE 1: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED \$	

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: 6
2 FILER NAME Matt Bryant			3 Filer ID (Ethics Commission Filers)
4 Date 03/25/2024	Jamie McDole		7 Amount of contribution (\$) 250.00
8 Principal occup Attorney	pation / Job title (See Instructions)	9 Employer (See Instruct Winstead PC	ions)
Date 03/25/2024	Full name of contributor out-of-state PA Raymond Canole Contributor address; City; Westlake, TX	State; Zip Code	Amount of contribution (\$) 1,000.00
Principal occup Executive	ation / Job title (See Instructions)	Employer (See Instruct Future Pak, LLC	ions)
Date 03/24/2024	Luke Tomlin Contributor address; City;	State; Zip Code	Amount of contribution (\$) 500.00
Principal occup Sales	ation / Job title (See Instructions)	Employer (See Instruct SWBC	ions)
Date 03/24/2024	Molly Oitzman Contributor address; City;	State; Zip Code	Amount of contribution (\$) 1,000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct Retired	ions)
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

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SCHEDULE A1

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

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Matt Bryant		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA Terry Redmon	\C (ID#:)	7 Amount of contribution (\$)
03/20/2024	6 Contributor address; City;	State; Zip Code	1,000.00
8 Principal occur Retired	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA	C (ID#:)	Amount of contribution (\$)
03/20/2024	Contributor address; City;	State; Zip Code TX 76248	100.00
Principal occup Retired	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of contribution (\$)
03/20/2024	Contributor address; City;	State; Zip Code TX 76262	1,000.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct Retired	tions)
Date	Full name of contributor out-of-state PA	\C (ID#:)	Amount of contribution (\$)
03/19/2024	Contributor address; City;	State; Zip Code	1,000.00
		ake, TX 76092	
Founder	eation / Job title (See Instructions)	Employer (See Instruction Gore Range Capita	
	ATTACH ADDITIONAL COPIES		

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SCHEDULE A1

ii the reques	sted information is not applicable, D	ONOTIN	clude this page in the	героп.	
The	Instruction Guide explains how to co	mplete this	form.	1 Total pages Schedule A1:	
2 FILER NAME	Matt Bryant			3 Filer ID (Ethics Commission Filers)	
4 Date 03/19/2024	5 Full name of contributor out-of-state PAC (ID#:) Jason Tuls			7 Amount of contribution (\$) 2,500.00	
8 Principal occu Cattle	pation / Job title (See Instructions)		9 Employer (See Instruct Tuls Cattle	ions)	
Date 03/16/2024	Full name of contributor	t-of-state PAC	: (ID#:)	Amount of contribution (\$)	
03/10/2024		ity; Roanol	State; Zip Code (e, TX 76262	500.00	
Principal occup	nation / Job title (See Instructions)		Employer (See Instruct DSD Energy	ions)	
Date 03/14/2024	Full name of contributor ou	ot-of-state PAC	(ID#:)	Amount of contribution (\$)	
	<u></u>	ity; .noke, ⁻	State; Zip Code	500.00	
Principal occup Owner	pation / Job title (See Instructions)		Employer (See Instruct WCM Inc	ions)	
Date	Full name of contributor ou	it-of-state PAC	\$ (ID#:)	Amount of contribution (\$)	
03/14/2024		 _{ity:} outhlak	State; Zip Code e, TX 76092	1,000.00	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct Morgan Stanley	ions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Matt Bryant		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG	(ID#:)	7 Amount of contribution (\$)
03/14/2024	Tim Stewart 6 Contributor address; City; Westlake	500.00	
Real Estate	pation / Job title (See Instructions)	9 Employer (See Instruct Bloomfield Homes	ions)
Date		; (ID#:)	Amount of contribution (\$)
03/14/2024	Contributor address; City;	State; Zip Code	500.00
	Roanoke	e, TX 76262	
Principal occup Supply Chain	ation / Job title (See Instructions)	Employer (See Instruct Axiom Worldwide Lo	
Date		(ID#:)	Amount of contribution (\$)
03/14/2024	Contributor address; City; Colleyville, TX	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	ation / Job title (See Instructions) vices Executive	Employer (See Instruct Prospera Financial	ions)
Date		: (ID#:)	Amount of contribution (\$)
03/14/2024	Contributor address; City;	State; Zip Code	1,000.00
	Roanol	ke, TX 76262	,
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDUL F AS N	EEDED
	If contributor is out-of-state PAC please see instr		

SCHEDULE A1

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

ii (iic reques		noidae and page in the	Topole.
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	Matt Bryant		3 Filer ID (Ethics Commission Filers)
4 Date	4 Date 5 Full name of contributor out-of-state PAC (ID#:) Scott Rawlins		7 Amount of contribution (\$)
03/14/2024	6 Contributor address; City; Colley	State; Zip Code Ville, TX 76034	500.00
8 Principal occu Financial sen	pation / Job title (See Instructions) /ICES	9 Employer (See Instruct Farpointe Wealth	ions)
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
03/13/2024	Contributor address; City;	State; Zip Code ke TX 76092	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct Retired	ions)
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
03/13/2024	Matthew Levy Contributor address; City; Westlake,	State; Zip Code	500.00
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instruct Retired	ions)
Date	Full name of contributor out-of-state Pa	AC (ID#:)	Amount of contribution (\$)
03/13/2024	Contributor address; City; Westlake,	State; Zip Code	2,500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

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

Revised 1/1/2024

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:
2 FILER NAME	Matt Bryant		3 Filer ID (Ethics Commission Filers)
4 Date	l <u> </u>	C (ID#:)	7 Amount of contribution (\$)
03/13/2024	6 Contributor address; City; Roanoke, TX	State; Zip Code	2,500.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct Makers Sales	ions)
Date		C (ID#:)	Amount of contribution (\$)
03/12/2024	Contributor address; City; Southlake	State; Zip Code e, TX 76092	2,500.00
Principal occup Investment M	ation / Job title (See Instructions) anager	Employer (See Instruct Hersh Family Invest	
Date		C (ID#:)	Amount of contribution (\$)
03/12/2024	Contributor address; City; Westla	State; Zip Code	2,500.00
Principal occup Real Estate	ation / Job title (See Instructions)	Employer (See Instruct Self	lions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
03/14/2024	Zach Perry Contributor address; City: Sou	State; Zip Code thlake, TX 76092	1,000.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	lions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instr	ruction guide for additional a	reporting requirements.

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Revised 1/1/2024

LOANS

SCHEDULE E

If the requested	information is not applicable, DO NO	Γ include this page in the re	port.
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME	-		3 Filer ID (Ethics Commission Filers)
Matt Bryant			
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)
03/12/2024	Matt Bryant		5,000.00
6 Is lender a financial	8 Lender address; City;	State; Zip Code	10 Interest rate 0.00
Institution?	South	lake, TX 76092	11 Maturity date
12 Principal occupation Real Estate	on / Job title (See Instructions)	13 Employer (See Instructions) Self	
14 Description of Colle	ateral	Check if personal fund account (See Instruct	ds were deposited into political
none		// account (See mandet	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state i	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	ES OF THIS SCHEDULE AS NEEd truction guide for additional re	

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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/Onations 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 Printing Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category col listed above)

Crandidate/Omcenoider/Politica Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	Other (enter a category)	not listed above)
1 Total pages Schedule F1:	2 FILER NAME Matt Bryant		3 Filer ID (Ethics C	ommission Filers)
4 Date	5 Payee name			
03/25/2024	Edgerton Strategies LLC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
4,509.31	Keller	r, Texas 76249		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•	
PURPOSE OF EXPENDITURE	Consulting Expense	Signs. Consult	ting fees, Palm	Cards
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	O	ffice held
Date	Payee name			
02/28/2024	Fort Worth Republican Women			
Amount (\$)	Payee address;	City;	State;	Zip Code
70.00	Fort Worth,TX 7618	5-1613		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	February Luncheon 2.2824		
	Check if travel outside of Texas. Complete Schedule T	Check if Austi	n, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Oi	ffice held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
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 Austi	n. TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED	

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11	CANDIDATE NAME	Mr. Eric B. Crile
12 MODIFIED REPORTING DECLARATION		COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
		•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
		•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
		•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
1 7 7 1	AISAL DISTRICT PRAISER	I do not intend to accept more than \$1,080 in political contributions or make more than \$1,080 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
NECE	APR 0 20% TARRANT APPRAISAL DISTRICT CHIEF APPRAISER	Year of election(s) or election cycle to which declaration applies Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TARRANT COUNTY
FLECTIONS ADMINISTRATION
2024 FEB 14 PM 1: 43

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us

or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	Ms / Mrs / Mr First Charles	MI S	OFFICE USE ONLY
NAME	NICKNAME LAST Chuck Kelley	ŞUFFIX	Date Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX APT / SUITE # Colleyville, Texas 76034	CITY, STATE, ZIP CODE	APR 04 2024
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 235-7883	EXTENSION	TARRANFAPPRAISAL DISTRICT
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Mr. Lew	MI	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Mollenkamp		Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	Fort Worth, Texas 76244	SUITE # CITY;	STATE, ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (469) 585-9898	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year	Month	Day Year
	2 / 6 / 24	тнкоидн 3	/ 25 / 24
11 ELECTION	Month Day Year Primary 5 / 4 / 24 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) Colleyville City Council, Pla	ce 5 TAD Board, Place	•
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR COMMITTEE TYPE COMMITTEE NAME	S MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS	=	
-	SPECIFIC COMMITTEE CAMPAIGN TRE	EASURER NAME	
	COMMITTEE CAMPAIGN TRI	EASURER ADDRESS	
	GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Charles Kelley		1	16 Filer ID (Ethics Con	nmission Fiters)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBU- PLÉDGES, LOANS, OR GUARANTEES OF L CONTRIBUTIONS MADE ELECTRONICALLY OUTPIER TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS TOTAL UNITEMIZED POLITICAL CONTRIB	OANS, OR	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	RANTEES OF LOANS)	\$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDIT	URE.	\$				
	4. TOTAL POLITICAL EXPENDITURES		\$ 4	400.00			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINT OF REPORTING PERIOD	AINED AS OF THE LAST	DAY \$	600.00			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTST LAST DAY OF THE REPORTING PERIOD	ANDING LOANS AS OF	rhe s 1,0	00.00			
	wear, or affirm, under penalty of perjury, that the accor- quired to be reported by me under Title 15, Election Code.		and correct and include	les all information			
		1//	11.00.				
		1	ellu				
		Signature of Cand	didate or Officeholder				
	Disease semplete eithe	audiau halauu					
	Please complete eithe	er option below:					
	-						
	DAMANA DEVE						
/4\ A 60 douile	DAMIANA REYES My Notary ID # 11534841						
(1) Affidavit	Expires November 21, 2027						
	1,2021						
NOTARY STAMP/SEA							
Sworn to and subscribed		Kelley_this the_	4_ day ofA	pril.			
20, to certify	which, witness my hand and seal of office.						
11	Damigna Keyes Supervisor Customer Service						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							
OR							
(2) Unsworn Declaration	on						
My name is	, a	nd my date of birth is _					
My address is				·			
	(street)	(city) (sta	ite) (zip code)	(country)			
Executed in	County, State of, on the	day of (month)	, 20 (year)				
	-	Signature of Candidat	te/Officeholder (Declar	ant)			

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME harles Kelley	20 Filer tD (Ethics Co	mmiss	ion Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	=		SUBTOTAL AMOUNT	
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$	1,000.00		
5,	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	\$	400.00		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	INDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	\$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	\$			

SCHEDULE A1

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

T	he Instruction Guide explains how	to complete thi	s form,	1 Total pages Schedule A1;				
2 FILER NAI	AE .			3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)				
	6 Contributor address;		State; Zip Code					
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)				ctions)				
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)				
	Contributor address;		State; Zip Code					
Principal oc	cupation / Job title (See Instructions)	Employer (See Instruc	ctions)					
Date	Full name of contributor			Amount of contribution (\$)				
	Contributor address;	City;	State; Zip Code					
Principal oc	cupation / Job title (See Instructions)		Employer (See Instruc	ctions)				
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)				
	Contributor address;	City;	State; Zip Code					
Principal oc	cupation / Job title (See Instructions)		Employer (See Instruc	ctions)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 1/1/2024

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

T	he Instruction Guide explains how to complete this for	n.	1 Total pages Schedule A2:			
2 FILER NAM	IE		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIŻED IN-KIND POLITICAL CONTRII	BUTIONS	\$			
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$ description			
	7 Contributor address; City; State;	Zip Code	i i i			
			Check if travel outside of Texas. Complete Schedule T.			
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor'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	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ description			
	Contributor address; City; State;	Zip Code	Check if travel outside of Texas, Complete Schedule T.			
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIAL)(See Instructions)			
Contributor's	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)				
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)						
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDU	LE AS NEEDED			

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

The	Instruction Guide explains how to complete thi	s form,	1 Total pages Sched	ule B:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF	UNITEMIZED PLEDGES		\$		
5 Date	6 Full name of pledgor	tate; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description	
			Check if travel outs	i - ide of Texas, Complete Schedule T.	
10 Principal occu	apation / Job title (See Instructions)	11 Employer (See	Instructions)		
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; S	tate; Zip Code]]	
			Check if travel outs	ide of Texas. Complete Schedule T.	
Principal occuj	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of pledgor out-of-state PAC (ID#:_)	Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; S	tate; Zip Code		 	
			Check if travel outs	ide of Texas. Complete Schedule T.	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)		
Date	Full name of pledgor out-of-state PAC (ID#:_)	Amount of Pledge \$	In-kind contribution description	
	Pledgor address; City; State	e; Zip Code		190	
			Check if travel outs	l , ide of Texas. Complete Schedule T.	
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

LOANS SCHEDULE E

· .			•			
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:			
2 FILER NAME Charles Kello	еу		3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UN	IITEMIZED LOANS		\$ 1,000.00			
5 Date of loan 02/14/2024	Charles Kelley	PAC (ID#:)	9 Loan Amount (\$) 1,000.00			
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0.00			
YN	Colleyville, Texas 76024		11 Maturity date 12/31/2024			
	on / Job title (See Instructions) nsultant / Architect					
14 Description of Coll	ateral	Check if personal fun account (See Instruct	ds were deposited into political tions)			
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	18 Guarantor address; City;	State; Zip Code				
not applicable						
20 Principal Occupat	20 Principal Occupation (See Instructions) 21 Employer (See Instructions)					
Date of Joan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
Is lender a financial	Lender address; City;	State; Zip Code	Interestrate			
Institution?			Maturity date			
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
Description of Colla	aterat	Check if personal fun- account (See Instruct	ds were deposited into political			
none						
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	Guarantor address; City;	State; Zip Code				
not applicable						
Principal Occupation	on (See Instructions)	Employer (See Instructions)				
If Ia	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE				
	care i riej piedes ses ille		barrens radamanianian			

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/Benking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loen 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 c	omplete this form.	Curos former a same	01 9 1101 20101
1 Total pages Schedule F1:	2 FILER NAME Charles Kelley		3 Filer ID (Ethica	s Commission Filers)
4 Date 02/02/2024	5 Payee name Tarrant County (Tim O'Hare - County	Judge)		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Çode
400.00	Fort Worth, Texas 76196			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Campaign Fili	ng Fee	
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE	Category (See Categories listed at the top of this schedule)	Description		
OF EXPENDITURE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Ausli	in, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
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 Austi	n, 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 NEE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address: City; State: Zin Code 9 TYPE OF Political Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description **PURPOSE** EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

т	he Instruction Guide explains how to complete this form.	1	Total p	ages S	chedule F	3.	*
2 FILER NAME		3	Filer ID	(Ethic	s Commis	sion Filers)	
4 Date	5 Name of person from whom investment is purchased						
	6 Address of person from whom investment is purchased; City		•••••		State;	Zip Code	
	7 Description of investment						
	8 Amount of investment (\$)	•				20	
Date	Name of person from whom investment is purchased						
	Address of person from whom investment is purchased; City	 /i	•••••		State;	Zip Code	
	Description of investment			·			
	Amount of investment (\$)						
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS	NEED	ED			

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 Grif/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made Candidate/Officeholder/Politi			s/Memorials Expense rices	,,,	xpense Expense Wages/Contract Lab	Tra	ivel in District ivel Out Of District ier (enter a categor)	not listed above)
The Instruction	Guide explains	how to co	mplete this form.		USE A NEW PAGE FOR EACH CREDIT CARD ISSUER			ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME					3	FILER ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHAI	RGED TO A	CREDIT CARD			\$		
S CREDIT CARD ISSUER	Name of finan	cial institut	ion			· · · · · · · · · · · · · · · · · · ·		
6 PAYMENT	(a) Amount Cha	rged	(b) Date Expenditu	ure Charged	(c) Date(s) Credit (Card Issuer P	aid	
7 04455	1		<u> </u>		<u></u>			
7 PAYEE	(a) Payee name			(b) Payee add	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (se	e Categories lis	ted at the top of this sche	dule)	(b) Description			
Political Non-Political	(c) Check	if travel out	side of Texas. Complet	e Schedule T.	Che	ck if Austin, TX	, officeholder living	expense
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought				Office Held			
PAYMENT	(a) Amount Char	rged	(b) Date Expenditu	ire Charged	(c) Date(s) Credit (Card Issuer P	aid	
	\$							
PAYEE	(a) Payee name			(b) Payee add	fress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (see	(a) Category (See Categories listed at the top of this schedule) (b) Description						
Political Non-Political	(c) Check	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expen			expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Off	îceholder n	ame	Offi	ice Sought		Office Held	
PAYMENT	(a) Amount Char	rged	(b) Date Expenditu	re Charged	(c) Date(s) Credit (Card Issuer Pa	əid	
	\$:
PAYEE	(a) Payee name			(b) Payee add	lress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description			ý.		
Non-Political	(c) Check	if travel outs	ide of Texas. Complete	e Schedule T.	Ch	neck if Austin,	TX, officeholder livin	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Off		Offi	ce Sought		Office Held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

Forms provided by Texas Ethics Com

Reset Form

CS.S

Reset Page

Revised 1/1/2024

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

_		
		The Instruction Guide explains how to complete this form.
		Complete only if "Report Type" on page 1 is marked "Final Report"
1	C/OH N	NAME 2 Filer ID (Ethics Commission Filers)
3	SIGNA	ATURE
	l do no	t expect any further political contributions or political expenditures in connection with my candidacy. I understand that
	designa	ating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any ign contributions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER splete A & B below only if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Chec	k only one:
		I do not have unexpended contributions or unexpended interest or income earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	B.	ASSETS
	Check	k only one:
		I do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
		Signature of Candidate
		EHOLDER
	* COM	plete this section only if you are an officeholder ↔
	1	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
		Signature of Officeholder

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 Gitt/Awards/Memortals Expense

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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	tegory (See Categories listed at the top of this schedule) (b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	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/0	Candidate / Officeholder name OH	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 S	SCHEDULE AS NEEDI	≣ D

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

		EXPENDITURE CATE	GORIES	S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Cradit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Of Polling E Printing I Salaries	Expense /Wages/Contract Labor	Solicitation/Fundralsi Transportation Equip Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
		The Instruction Guide explai	ns how to	complete this form.		
1 Total pages Schedule H:	2 FILER N	AME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Business	name		•		
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Calegories listed at the top of this s	ichedule)	(b) Description		
	(c) (heck if travel outside of Texas. Complete Sc	thedule T.	Check if Austin	, TX, officaholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this so	chedule)	Description		
	С	heck if travel outside of Texas. Complete Sci	hedule T	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O		ele / Officeholder name		Office sought		Office held
Date	Business	name				
Amount (\$)	Business	address;		City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s	chedule)	Description		
	C	heck if travel outside of Texas. Complete Sci	hedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/O		te / Officeholder name		Office sought		Office held
	ATTA	CHADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

The Instruction Guide explains how to complete this form.					
1 Total pages Schedute I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	instructions regard	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ding type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions regard	ding type of	information
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Name of person from whom amount is received	8 Amount (\$)			
6 Address of person from whom amount is received; City; State	s; Zip Code			
7 Purpose for which amount is received Check if po	olitical contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; State	e; Zip Code			
Purpose for which amount is received Check if po	olitical contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; State				
Purpose for which amount is received Check if po	olitical contribution returned to filer			
Date Name of person from whom amount is received	Amount (\$)			
Address of person from whom amount is received; City; State	e; Zip Code			
Purpose for which amount is received Check if po	olitical contribution returned to filer			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

			The state of the s		
The Instr	uction Guide	explains how to complete	this form.	1 Total pages Schedule T:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor	/ Corporation	or Labor Organization / Pledgo	r / Payee		
5 Contribution / Expend	liture reporter	l on:			
process and the same of the sa		process	p		
Schedule A2	Sch	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sch	edule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
6 Dates of travel	7 Name o	f person(s) traveling			
	8 Departu	re city or name of departure loc	ation		
	9 Destinat	ion city or name of destination I	location		
10 Means of transportat	ion	11 Purpose of travel (including	g name of conference,	seminar, or other event)	
Name of Contributor	/ Corporation	or Labor Organization / Pledgo	r / Payee	100 (100 (100 (100 (100 (100 (100 (100	
Contribution / Expend	liture reported	fon:			
П		add B			
Schedule A2	Sch	edule B Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sch	edule F4 Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel Name of person(s) traveling					
	Departu	re city or name of departure loc	ation		
	Destinat	ion city or name of destination l	location		
Means of transportat	ion	Purpose of travel (including	g name of conference,	seminar, or other event)	
Name of Contributor	Corporation	or Labor Organization / Pledgor	/ Payeo		
ramo di donandidi i	Corporation	or Labor Organization / Preogor	/ rayeo		
Contribution / Expend	liture reported	lon:			
Schedule A2	Schedu	lle B Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedu		Schedule H	Schedule COH-UC Schedule B-SS	
Dates of travel	Name o	person(s) traveling			
	Departure city or name of departure location				
	Destinat	ion city or name of destination l	ocation		
Means of transportati	ion	Purpose of travel (including	g name of conference, s	seminar, or other event)	
	ΑT	TACH ADDITIONAL COPIES	S OF THIS SCHEDUL	E AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.						
Complete only if "Report Type" on page 1 is marked "Final Report"							
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)				
_							
3	3 SIGNATURE I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that						
	designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.						
		Signatur	re of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Check	only one:					
		I do not have unexpended contributions or unexpended interest or income earned fro	om political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	В.	ASSETS					
	Check	only one:					
		I do not retain assets purchased with political contributions or interest or other income	e from political contributions.				
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.						
		8	ignature of Candidate				
5		HOLDER					
	Com	elete this section only if you are an officeholder **					
		am aware that I remain subject to filing requirements applicable to an officeholder who dile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as				
		Sig	gnature of Officeholder				

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID	(Ethics Commission Filers)	
4 Date	5 Payee name		Y-,	

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 FIRST 3 CANDIDATE / М OFFICE USE ONLY OFFICEHOLDER GEORGE NAME Date Received NICKNAME LAST SUFFIX FOWLER IT IRAE 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: CITY STATE; ZIP CODE **OFFICEHOLDER** TX. 76117 MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmerked **OFFICEHOLDER** (817) 925-6122 PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN FIRST **TREASURER** Date Processed NAME NICKNAME LAST SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 7 CAMPAIGN CITY: STATE ZIP CODE TREASURER **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Year COVERED 2/16 24 THROUGH 3 11 ELECTION **ELECTION DATE** ELECTION TYPE Primary Rupoff Month Other Day Year Description X Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) TAD BOARD PLACE ONE NONE 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME NONE COMMITTEE ADDRESS GENERAL Additional Pages RECEIVED COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS APR 1 2 2024 TARRANT APPRAISAL DISTRICT **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE PEPOPT

RECEIVED

APR 1 2 2820VER SHEET PG 2

OAMII AIGI	4 1 1142	ANOL ILLI OILI			
15 C/OH NAME	RAE	FOWLER	TARRANT APPRA	196L PARTIE	BIQEthics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOA CONTRIBUTIONS MADE ELECTRONICALLY)	•		\$ 0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARAN	NTEES OF LOANS)		\$ 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	Ε.		\$ 1,400.00
	4.	TOTAL POLITICAL EXPENDITURES			\$ 1,400.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAIN OF REPORTING PERIOD	ED AS OF THE LAS	T DAY	\$ 0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANI LAST DAY OF THE REPORTING PERIOD	DING LOANS AS OF	THE	\$ 0.00
		firm, under penalty of perjury, that the accompa reported by me under Title 15, Election Code.	anying report is true	and corre	ect and includes all information
			1	TI	
				1	
			Signature of Car	ndidate or	Officeholder
	Please complete either option below:				
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed	before me	by	this the _		day of,
20, to certify which, witness my hand and seal of office.					
Signature of officer administe	ring oath	Printed name of officer administering	oath	T	Title of officer administering cath
		OR			
(2) Unsworn Declaration	on				
My name is	E To		my date of birth is	11/	17/1965 16117 TARRANT
Executed in TARRANT County, State of TEXAS, on the 4 TH day of APACL, 20 24.					
		S	ignature of Candid	ato/Chicoh	older (Declarant)

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

RECEIVED

APR 19CHEPULE G

If the requested information is not applicable, DO NOT include this page in the repartant APPRAISAL DISTRICT

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)

	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule G:	2 FILER NAME TRAK FOUL SE	3 Filer ID (Ethics Commission Filers)	
4 Date 4/4/24	TRAK FOWLER 5 Payee name NEKL & PARTUA	ees	
6 Amount (\$) 1 000.00 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code HRH TX 76180
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISTAL EXPENSE		HRH TX 76180 TE/DESZAN
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if trevel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	n. TX, officeholder living expense Office held
Date	Payee name	Province of the Control of the Contr	500 A C C C C C C C C C C C C C C C C C C
Amount (\$) Reimbursement from political contributions intended	Payee address;	City	State, Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	The second state of the se	
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zíp Code
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 NEED	DED

RECEIVED

SUBTOTALS - C/OH

APR # OR M4C/OH COVER SHEET PG 3

		TARRANT APP	RAISAL DISTRICT
19	FILER NAME	20 Filer ID (Ethics Co	
	TRAK FOWLKR		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		5 0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4.	SCHEDULE E: LOANS		\$ 0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	NTRIBUTIONS	\$ 0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 1,166.05
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (CONTRIBUTIONS	\$ 0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 1,000.00
. 10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	IONS RETURNED	\$ 0.00

UNPAID INCURRED OBLIGATIONS

RECEIVED SCHEDULE F2

APR 1 2 2024

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

CARRANT APPRAISAL DISTRICT

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 Gift/Awards/Memorials Expense

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

	Legal Cortion	Common Fragos Con India Editor	Culei (alter a category not listed above)		
The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F2:	2 FILER NAME	- 1 7 4 4	3 Fiter ID (Ethics Commission Filers)		
ONK	FOWLER FO	R IAD			
4 TOTAL OF UNITER	TEMIZED UNPAID INCURRED OBLIGATIONS \$ 1,166.05				
5 Date	6 Payee name				
4/6/24	RED BROND MI	EOTA			
7 Amount (\$) 327.00	8 Payee address;	City;	State; Zip Code		
839.05	 	- 1/2-11 -	- 3: :=0		
I Hala oc		FT. WOYCTH	Tx. 76179		
9 TYPE OF EXPENDITURE	Political	Non-Political			
10	(a) Category (See Categories listed at the top of	this schedule) (b) Description			
PURPOSE OF		10	C		
EXPENDITURE	ADVERTISING EXPE	ISE LUSH	CARAS		
	(c) Check if travel outside of Texas. Comple	le Schedule T. Check if Au	ustin, TX, officeholder living expense		
11 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/O)	TRAK FOWLER	T44 82.40	0, , , , , , , , , , , , , , , , , , ,		
	IRAFE TOWLER	TAS BOARD	ELACE UNE NONE		
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
TYPE OF EXPENDITURE	Political	Non-Political			
	11.000				
	Category (See Categories listed at the top of	this schedule) Description			
PURPOSE OF					
EXPENDITURE					
	Check if travel outside of Texas. Compl	ete Schedule T. Check if A	Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/ON	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDIN E AS NO	EEDED		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics Co	ommission Filers)	2 Total pages filed:	6
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	FIRST Eric		S	OFFICEUS	TXICE
NAME	NICKNAME	Morris		SUFFIX	APR 0	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX	; APT / SUITE #; (CITY; STATE;	ZIP CODE	TARRANT APPRA	AISAL DISTRICT
ADDRESS Change of Address		Halto	m City TX	76117	CHIEF AP	PRAISER
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (817) 70	PHONE NUMBER 19 - 9169	EXTENSION	ON	Date Hand-delivered or	
6 CAMPAIGN TREASURER	MS/MRS/MR Mr.	FIRST		Š	Receipt #	Amount \$
NAME	NICKNAME	Morris	• • • • • • • • • • • • • • • • • • • •	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI		 	STATE;	ZIP CODE
ADDRESS (Residence or Business)			Haltom C	ity	X 761/	7
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER					*	
PHONE	(817)709-9169					
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
	July 15	8th day before ele	rouoti	eded Modified orting Limit	Final Report (A	ttach C/OH - FR)
10 PERIOD COVERED	Month Ol	Day Year / 03 / 2024	THROUGH	O3	Day Year / 25 / 2021	4
11 ELECTION	ELECTION DA	TE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	05 /04	2024 X General	Special Special			
12 OFFICE	OFFICE HELD (if any) Haltom Cit	y Council Place		ought (if known)	ectors Place	; 1
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFK	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIRED	S MAY HAVE BEEN MADE W	NTHOUT THE CAND	IDATE'S OR OFFICEHOLDER	R'S KNOWLEDGE OR
COMMITTEE(G)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	Eric	Morris	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,100.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4.	TOTAL POLITICAL EXPENDITURES	\$ 4,909.23
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA	\$621.08
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE \$ ()
		affirm, under penalty of perjury, that the accompanying report is trube reported by me under Title 15, Election Code.	e and correct and includes all information
	•	Ga	
		Signature of Ca	andidate or Officeholder
		Please complete either option below	v:
	ð	atting	
	\$	DAMIANA REYES	
(1) Affidavit		My Notary ID # 11534841	
(:) Amdavit	- 1	Expires November 21, 2027	
NOTARY STAMP/SEA	AL		
Sworn to and subscribed			2 day of April.
20 24 , to certify	y which, w	itness my hand and seal of office.	stomer Service Sypervisor
Signature of officer administ	ering nath	Printed name of officer administering oath	Title of officer administering oath
oliginatore of officer administra	enny cam	OR	Title of offices adminustering oats
(O) Hanning Dealers		OR	
(2) Unsworn Declarat	ion		
My name is		, and my date of birth is	
			state) (zip code) (country)
Executed in		_ County, State of, on theday of	, , , , , , , , , , , , , , , , , , , ,
			date/Officeholder (Declarant)
			,

SUBTOTALS - C/OH

19		Filer ID (Ethics Commission Filers)				
	Eric Morris					
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$5,100.00				
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 CONTI	*4,478.92				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS \$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 430.31				
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BL	JSINESS OF C/OH \$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED \$				

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	form.		1 Total pages Schedule A1: 1		
2 FILER NAME	Eric Morris	160			3 Filer ID (Ethics Commission Filers)		
4 Date 02/05/2024	5 Full name of contributor [Eric Mornis	out-of-state PAC)	7 Amount of contribution (\$)		
المحالاتالين			State: Zip of TX 761		\$ 100.00		
	pation / Job title (See Instructions) Ly Technician	į	9 Employer (Walgree		ons)		
Date	Full name of contributor [Stacy Reddy	out-of-state PAC	(ID#:		Amount of contribution (\$)		
02/15/2024	Contributor address;	City;	State; Zip		\$ 5,000.00		
Principal occup	ation / Job title (See Instructions)	usung Hitch		See Instruction	one)		
	rchitect	Security					
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)		
	Contributor address;	City;	State; Zip 0	Code			
РгілсіраІ оссир	ation / Job title (See Instructions)		Employer (See Instruction	ons)		
Date	Full name of contributor	Out-of-state PAC	(ID#;		Amount of contribution (\$)		
	Contributor address;	City;	State; Zip C	Code			
Principal occupation / Job title (See Instructions) Employer (See Instructions)							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wases/Contract Lebor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Salaries/Vi Suide explains how to c	/ages/Contract Labor complete this form.	Other (enter a categor	ry not listed above)	
1 Total pages Schedule F1:	FILER NAME Eric N	lorris		3 Filer ID (Ethics	Commission Filers)
4 Date 02 15 1024	Payee name Anedot,					
6 Amount (\$)	Payee address;		City;	State;	Zip Code	
\$200.30		Bato	n Rouge L	A 70808		
8 PURPOSE OF EXPENDITURE	Solicitation/Fundy		Online Doni Processing	ation Fee		
	(C) Check if travel outside of Te	exas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder na Eric Morris	TAD Board	Office sought	Haltom City	Council Pl	4
Date	Payee name					
03/19/2024	Edgerton 3	trategies,	LLC			
Amount (\$)	Payee address;		City;	State;	Zip Code	
\$4,278.62			Keller TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at		Consulting, Website	Signs, Pa	lm cards,	
	Check if travel outside of Te	exas. Complete Schedule T.	Check if Aust	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder na	TAD Boo	Office sought	Haltom City	Council Pl	4
Date	Payee name					
Amount (\$)	Payee address;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at	t the top of this schedule)	Description			
	Check if travel outside of Te	xas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder r	name	Office sought		Office held	
	ATTACH ADDITIONA	AL COPIES OF THIS	SCHEDULE AS NEI	EDED		

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/Benking 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/Politi Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor Other The Instruction Guide explains how to complete this form.	(enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Eric Morris 3 Fil	er ID (Ethics Commission Filers)
4 Date 01/17/2024	5 Payee name Tarrant County	
Amount (\$) 400.00 Reimbursement from political contributions intended	7 Payee address; City; Fort Worth	State; Zip Code X 76/96
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fee's (b) Description Filing Fee (c) Check if the value field of Taxon Complete Schedule T	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if Lavel outside of Texas. Complete Schedule T. Check if Austin, TX, office and Chec	Office held
03/22/2014	Custom Awards and Trophies	
\$ 30.31 Reimbursement from political contributions intended	Payee address; City; Farmers Branch 7	State; Zip Code X 75234
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, offi	ceholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name Office sought H Eric Morris TAD Board Pl 1 Haltom	Office held City Covecil Pl 4
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, office	ceholder living expanse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	

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 / OFFICE USE ONLY **OFFICEHOLDER** NAME **Date Received** SUFFIX RECEI 4 CANDIDATE / ADDRESS / PO BOX. APTY SUITE # STATE ZIP CODE **OFFICEHOLDER** 4 2024 **MAILING ADDRESS** Change of Address TARRANT APPRAISAL DISTRICT CANDIDATE/ AREA CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX 7 CAMPAIGN STATE ZIP CODE **TREASURER ADDRESS** (Residence or Business) AREA CODE **CAMPAIGN** EXTENSION **TREASURER** Conun Expires 08-10-2025 PHONE (682) 651 549 METROY (D. 1332):9338 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD COVERED 2024 THROUGH **ELECTION DATE** 11 ELECTION **ELECTION TYPE** Primary Month 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED ON POLITICAL EXPENDITURES MADE BY FOLITICAL COMMINITALES TO SOFT ON THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL **Additional Pages** COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

			
15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTS	TEES OF LOANS, OR	\$ O
(7.	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS		\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDIT	URES	\$3,158.35
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	INS MAINTAINED AS OF THE LA	\$3,158.35 AST DAY \$6,841.65
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING		\$ \0,000
Notary	IE E. WOODDELL Public, State of Texas 1. Expires 08-10-2025 ary ID 133259338 Please comple	Signature of Control o	Candidate or Officeholder
(1) Affidavit			
Signature of officer administ (2) Unsworn Declarat	which, witness my hand and seal of office. Printed name of office on	Doddell r administering oath	Title of officer administering oath
		, and my date of birth	is
My address is	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of		
		0,	didata/Office holder (Declaret)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethi	cs Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1,5	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 6
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ O
4	SCHEDULE E: LOANS	10,000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$171.75
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s O
7,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 2986,60
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ O
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	он \$ О
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

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

		<u> </u>		
	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2	FILER NAME			3 Filer 1D (Ethics Commission Filers)
4	Date	5 Full name of contributor	(ID#:)	7 Amount of contribution (\$)
		6 Contributor address; City;		
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
	Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
		Contributor address; City;		
	Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
	Date	Full name of contributor	(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	(ID#:)	Amount of contribution (\$)
		Contributor address; City	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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 (enter a category not listed above)

Candidate/Officeholder/Politica	l Committee	Legal Services	Salaries/Wa	ges/Contract Labor	Other (enter a cate	gory not listed above)
Credit Card Payment		The instruction Guide exp	plains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER N	ie lianer			3 Filer ID (Eth	ics Commission Filers)
4 Date 3/22/2024	5 Payee na	EX Office	2			
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
120.77				Graper	rine, TX	76051
8	(a) Category	y (See Calegories listed at He top of	f this schedule)	(b) Description	•	
PURPOSE OF EXPENDITURE	Prir	Iting Expe	nse	Push C	avds	
	(c)	Check if travel outside of Texas. Compl	lete Schedule T	Check if Austin	n, TX, afficeholder livi	ng expense
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	W.	Office sought		Office held
Date	Payee na	me				
3/23/2024	Fede	Office				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
50.98				Grapen	ne, IX	76051
	Category	(See Categories listed at the top of t	this schedule)	Description	·	
PURPOSE OF EXPENDITURE	Print	ing Exper	15e	Push Ca	ards	8
		Check if travel outside of Texas. Comple	ete Schedule T	Check if Austin	n, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
Amount (\$)	Payee ad	dress;		City;	State	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of t	this schedule)	Description		
		Check if travel outside of Texas. Comple	ete Schedule T	Check if Austin), TX, officeholder livin	ng expense
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

LOANS

SCHEDULE E

If the requeste	d information is not applicable, DO NO	OT include this page in the re	port.
The	Instruction Guide explains how to comp	elete this form.	1 Total pages Schedule E:
2 FILER NAME Callie	Rigney		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF U	NITEMIZED LOANS		\$
5 Date of loan 3/8/2024	7 Name of lender out-of-state Loan to Self	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address: City;	State; Zip Code VILLE TX 76034	10 Interest rate 11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	J
14 Description of Col	lateral	Check if personal fundaccount (See Instruct	ds were deposited into political lons)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupa	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
YN			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal fund account (See Instruction	ds were deposited into political ions)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City;	State; Zip Code	
	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COP	IES OF THIS SCHEDULE AS NEE	

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

		EXP	ENDITURE CA	LEGORIES	FOR BOX 1	0(a)	1
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi The Instruction	cal Committee	Gift/Awards Legal Servi	rage Expense s/Memorials Expense	Office O Polling E Printing	payment/Reimbu verhead/Rental E Expense Expense Wages/Contract	Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) EACH CREDIT CARD ISSUER
1 TOTAL PAGES	2 FILER NAME		25.10				
SCHEDULE F4:	2 FILLY (CAIME		ie Ric	mey			3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHA	RGED TO A	CREDIT CARD	J (\$ 2986.60
5 CREDIT CARD ISSUER	Name of finan		munit	u (ve	1+- 111	in	("""
6 PAYMENT	(a) Amount Cha		(b) Date Expendit		(c) Date(s) Cre		ar Paid
1/150	l	378	3/2-2.1	7-1774		25/2	
7 PAYEE	/ 0	V,	01001	1000		-510	
Vistago Print,	DV+ C		Signs	(h) Pavee ad	drace.	Cit	Lago TX 78645
8 PURPOSE OF EXPENDITURE	(a) Category (se	e Categories list	ted at the top of this sche	dule)	(b) Description	n	
Political	<u> P</u>	anh	natko	ense	Sio	Ins	
Non-Political	(c) Check	k if travel outs	ide of Texas. Complet	te Schedule T.		Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Of	ficeholder n	ame		ice Sought		Office Held
expenditure to benefit C/OH	Callie,	Riane	V T	AD BOO	ard Plac	ce 2 (ollewille Mayor Fem
PAYMENT	(a) Amount Cha	rged	(b) Date Expendit		(c) Date(s) Cre		
Visa	\$ 39?	3,26	3/22/	2024	3/2	5/20	724
Print LLC	(a) Payee name		Signs	(b) Payee ad	dress;	Cit	Vista IX 78645
PURPOSE OF	(a) Category (Se	e Categories list	ted at the top of this sche	dule)	(b) Description	n	
EXPENDITURE	Pri	ntin	a EXDEN	250.	PINCL	1 (ar	715
Political Non-Political			ide of Texas. Complet	te Schedule T.			n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Of				ice Sought		
expenditure to benefit C/OH				TADE	Board P	are,2	Colleville Mayor Tem
PAYMENT	(a) Amount Cha	rged	(b) Date Expendit	ure Charged	(c) Date(s) Cre	dit Card Issue	er Paid
VISA	\$306.	50	3/21/2	02A			
PAYEE	(a) Payee name			(b) Payee ad	dress;	Cit	y, State, Zip Code
	Kiche	1/ CON	morun\/				Irvina TX 75039
PURPOSE OF	(a) Category (se	e Categories list	ed at the top of this sche	dule)	(b) Description	n	
EXPENDITURE	Advo	4500	M PNO	PVCO	510	127	
V Political	/ X/V(/	11011	B) CXP1	JIX		113	
Non-Political		6,770	ide of Texas. Complet		<u>L.J</u>	Check if Aus	tin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Of	ticeholder n	A		ice Sought	0 8	Office Held
	Callie	KIDY	ney 1HD	Board	Place	26	olleyville Mayor ProTer
	ATTAC	H ADDIT	' IONAL COPIE	S OF THIS	SCHEDULE	AS NEED	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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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. 2 FILER NAME 1 Total pages Schedule G: 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) 7 Payee address; City; State: Zip Code Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** OF **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code Reimbursement from political contributions intended 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 Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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. 3 CANDIDATE/ MS / MRS / MR **FIRST** М OFFICE USE ONLY **OFFICEHOLDER** Mrs Sayeda В NAME Date ReceRECEIVED NICKNAME LAST SUFFIX Syed 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE APR 04 2024 **OFFICEHOLDER** Colleyville, Texas 76034 MAILING **ADDRESS** TARRANT APPRAISAL DISTRICT Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** (817 913-0474 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN МІ **TREASURER** Adnan Mr Н Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Syed STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE: ZIP CODE TREASURER Colleyville Texas 76034 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER **EXTENSION TREASURER** PHONE 817 913-1093 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Month Day Year COVERED 4 24 6 4 2 24 **THROUGH ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Other Description General Special 24 5 OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) Tarrant Appraisal District, Board of Directors, Place 1 14 NOTICE FROM 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 **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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)	\$ 13,162.05
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,162.05
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,528.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 7,033.91
OUTSTANDING LOAN TOTALS	6. 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 juired to be reported by me under Title 15, Election Code. Signature of Cana	didate or Officeholder
	Please complete either option below:	
(1) Affidavit	DAMIANA REYES My Notary ID # 11534841 Expires November 21, 2027	
NOTARY STAMP/SEAL		
Swom to and subscribed	before me by Sayeda Bilgees Syed this the _	4 day of April.
20 24 to certify	which, witness my hand and seal of office. Davniavia Reyes Superu	isor Customer Service
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	·
	· · · · · · · · · · · · · · · · · · ·	
	(street) (city) (sta	ite) (zip code) (country)
Executed in	County, State of , on the day of(month)	, 20 (year)
	Signature of Candidat	te/Officeholder (Declarant)

SUBTOTALS - C/OH

ı	FILER NAME ayeda Bilqees Syed	20 Filer ID (Ethics Commis	ssion Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	13,162.05		
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 CO	STRIBUTIONS \$	6,128.14		
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 FUN	IDS \$	400.00		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS \$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED \$			

SCHEDULE A1

pages Schedule A1: ID (Ethics Commission Filers) unt of contribution (\$) 567.00 unt of contribution (\$)					
unt of contribution (\$) 567.00 unt of contribution (\$)					
567.00					
10,000.00					
Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired					
l,000.00					
unt of contribution (\$)					
500.00					
1					

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

SCHEDULE A1

If the reques	sted information is not applicable	∍, DO NOT ir	nclude this page in the	report.	
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME Sayeda B	ilqees Syed			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor Ntishyt Patel			7 Amount of contribution (\$)	
04/01/2024	6 Contributor address;	City;	State; Zip Code ille TX 76034	1,000.00	
8 Principal occu Electrical Eng	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date 04/04/2024	Full name of contributor Samuel Van Bever	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
04/04/2024	Contributor address;	city: lleyville T	State; Zip Code X 76034	95.05	
Principal occup Retired	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)	
:	Contributor address;	City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)	
:	Contributor address;	City;	State; Zip Code		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIO If contributor is out-of-state PAC, p	NAL COPIES (please see Instr	OF THIS SCHEDULE AS Nuction guide for additional r	EEDED eporting requirements.	

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

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 Sayeda Bilqees Syed		3 Filer ID (Ethic	cs Commission Filers)	
4 Date	5 Payee name			_	
02/22/2024	Staples Inc.				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
19.47	-	Southlake,	TX 76092		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	Printing Expense	Business Card	s		
OF EXPENDITURE					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
03/18/2024	Discount Banners & Signs				
Amount (\$)	Payee address;	City:	State;	Zip Code	
3,605.21	Keller TX 76244				
	Category (See Categories listed at the top of this schedule)	Description		-	
PURPOSE	Printing Expense/ Advertising	Yard Signs			
OF EXPENDITURE	expense				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
03/18/2024	Farah J Photography				
Amount (\$)	Payee address;	City;	State;	Zip Code	
Amount (\$)	Keller, TX 762			,	
226.50					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Other	Photo for Camp	paign purpos	ses	
OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Auslin	n, TX, officeholder livin	g expense	
Complete 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 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

Event Expense Fees Food/Beverage Expense Gift/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 (nallet a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Other (enter a cate)	ory not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Sayeda Bilgees Syed		3 Filer ID (Ethic	s Commission Filers)		
4 Date	5 Payee name					
03/22/2024	Truist Bank			<u> </u>		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
14.55	Colleyville TX 76034					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	OF STATE OF					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder livin	g expense		
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH						
Date	Payee name		-			
03/25/2024	Tarrant Campaign services					
Amount (\$)	Payee address;	City;	State;	Zip Code		
2,165.00	Grand Prairie,	Texas 75054				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising expense	Yard Signs				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	axpense		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	-	Office held		
Date	Payee name					
03/28/2024	Staples Inc					
Amount (\$)	Payee address;	City;	State;	Zip Code		
97.41		Euless, TX 760	39			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Printing	Post Cards		_		
	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 NEED	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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sayeda Bilqees Syed 4 Date 5 Payee name 02/01/2024 Tarrant County 6 Amount (\$) 7 Payee address; City: State: Zip Code 400.00 Fort Worth TX 76196 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Campaign Filing Fee Fee **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Reimbursement from political contributions intended 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 Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; State; Zip Code City; Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CAMPAIGN FINANCE REPORT						FORM C/OH SHEET PG 1
The C/OH Instruction	Guide explains hov	w to complete this form.	1 Filer ID (Ethics Co	mmission Filers)	2 Total pages	filed
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR	FIRST MATT		MI	OFFIC	E USE ONLY
NAME	NICKNAME	BRYANT		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	AODRESS / PO BOX	X: APT / SUITE #	CITY: STATE:	7609à		
Change of Address	70100				1 - 1 -	
5 CANDIDATE/ OFFICEHOLDER PHONE	(2)4)	405-\$ 139	EXTENSIO	N	Date Hand-delivere	ed or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR MRS	FIRST LISA		МІ	Receipt #	Amount \$
NAME	NICKNAME	BRYANT		SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE) AP / S		Tit. A.s.	STATE:	76097
(Residence or Business)			300	THLAKE	1 X	10014
8 CAMPAIGN TREASURER PHONE	AREA CODE	244-3087	EXTENSION	N	ECEIVED	
9 REPORT TYPE	January 15 July 15	30th day before a	ection Excee		15th day a	after campaign appointment its COVICT on (Allach COOH - FR)
10 PERIOD COVERED	Month 3	Day Year / 26/24	THROUGH	Month 4	Day Yes / 24 / 24	ar
11 ELECTION	Month Day	Year Primary General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)	10 m	NUGHT (if known)		ct, Place 3
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFI	ICE OF POLITICAL CONTRIBUTIONS ICEHOLDER. THESE EXPENDITURES IS AND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLITICAL E	XPENDITURES MA	ADE BY POLITICAL CO	MMITTEES TO SUPPORT
COMMITTEE(3)	COMMITTEE TYPE	Tarrant Tarray	- Advocates	500		
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	ASURER NAME	Keller,	TX 76249	<u> </u>
	LISPECIFIC	Andrew Charles				.0
		The second of the second	The last MM	Kelleg	7x 7624	8
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITION PLEDGES, LOANS, OR GUA CONTRIBUTIONS MADE EL		THAN \$
	2. TOTAL POLITICAL CONTI (OTHER THAN PLEDGES, LO	RIBUTIONS DANS, OR GUARANTEES OF LOA	(NS) \$ 39.74), KR
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	CAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPEN	NOITURES	\$34,420,95
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIB OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE	* 6 049,74
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS A ING PERIOD	\$ 5,600.00
	Please com	plete either option be	low:
	Please com		low:
(1) Affidavit	My Notary ID # 11534 Expires November 21,	1841	
NOTARY STAMP/SEAL			
Sworn to and subscribed I	before me by Matthew Charle	s Bryant this	the $\frac{2b}{}$ day of $\frac{April}{}$,
20 24 to certify v	which, witness my hand and seal of office.		Superviser Customer Berry
Signature of officer administer		officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaratio	n		
My name is		, and my date of bir	h is
My address is			,,
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of	onth) 20 (year)
		Signature of Ca	andidate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	9 FILER NAME 20 Filer ID (Ethics Com					
1	naH	Brygnt	1000			
		JLE SUBTOTALS F SCHEDULE	I Harat	SUBTOTAL AMOUNT		
1.	1. SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	SCHEDULE E: LOANS					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
6.	\$					
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/OH					
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS					
2.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$		

SCHEDULE A1

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

Date Full name of contributor out-of-state PAC (ID#:	See Instructions) STIC UNDERWRITERS Amount of contribution (\$)
3/21/2024 YOGESH KUMAR 6 Contributor address: City: State: Zip Contributor address: City: State: Zip Contributor address: City: State: Zip Contributor Date	Scode 2,500,00 362 See Instructions) STIC UNDERWRITERS Amount of contribution (\$)
Principal occupation / Job title (See Instructions) FUTURI. PUTURI. PUTURI. Out-of-state PAC (ID#:	Amount of contribution (\$)
JAMES SHOMA Contributor address; City: State; Zip Contributor address	
Principal occupation / Job title (See Instructions) Employer (S	3,500,00
	Gee Instructions) Leterial Hamilians
Date Full name of contributor Out-of-state PAC D#:	Amount of contribution (\$) $2,500.00$
	See Instructions) 11. Usy
Date Full name of contributor aut-of-state PAC (ID#:	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions) Employer (S	Real Estate Group

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

14			
C/B 024 (YALY 2214)			3 Filer ID (Ethics Commission Filers)
5 Full name of contributor Rhonda Gruenguald 6 Contributor address;		State; Zip Code	7 Amount of contribution (\$) \$ 750,00
pation / Job title (See Instructions)		9 Employer (See Instru Rekred	uctions)
Full name of contributor	out-of-state PAC	(ID#:	Amount of contribution (\$)
Contributor address:	City.	State; Zip Code	1,000,00
ation / Job title (See Instructions)	We)Tlake	Employer (See Instru	octions)
Full name of contributor John Muffhew's Contributor address;	City;	State; Zip Code	Amount of contribution (\$)
ation / Job title (See Instructions)		Employer (See Instru Retired	uctions)
Full name of contributor Melginge Lorinh Contributor address:	City;	State; Zip Code	Amount of contribution (\$)
ation / Job title (See Instructions)		Employer (See Instru	ctions)
	Full name of contributor Tohn Buckshan Contributor address: ation / Job title (See Instructions) Full name of contributor Tohn Muffhas Contributor address; ation / Job title (See Instructions) Full name of contributor Tohn Muffhas Contributor address; ation / Job title (See Instructions) Full name of contributor Melane Contributor Melane Contributor address;	Gontributor address; Southlake pation / Job title (See Instructions) Full name of contributor John Buchann Contributor address; City: We) Hake ation / Job title (See Instructions) Full name of contributor John Mathaw) Contributor address; City: Wellake Wellake Contributor Contributor	Southlake Zip Code

SCHEDULE A1

		·		
The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME MGH RM	1n F			3 Filer ID (Ethics Commission Filers)
4 Date 4 112/304	5 Full name of contributor Pam Shrum 6 Contributor address;	City:	State; Zip Code Ty 76092	7 Amount of contribution (\$)
8 Principal occu ReHild	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor Todd Vynci	Out-of-state PAC	C (ID#:)	Amount of contribution (\$)
4/18/2024	Contributor address;	city; Rognote	State; Zip Code TX 7626)	1,000.00
	etion / Job title (See Instructions)		Employer (See Instruction 70 dd V4~c;)	tions)
Date U .	Full name of contributor Brigh Stern	out-of-state PAC	C (ID#)	Amount of contribution (\$)
4122/2024	Contributor address;	city. Westlare	State; Zip Code TX 76262	250,60
	ation / Job title (See Instructions) Mhnay! men+		Employer (See Instruc	· ·
7/22/2034	Full name of contributor Robby Whites Contributor address;	City:	State: Zip Code T Y 76092	Amount of contribution (\$) $2,500,60$
Entrepren	ation / Job title (See Instructions)		Employer (See Instruc	tions)
			OF THIS SCHEDULE AS N	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form	1 Total	I pages Schedule A2:
2 FILER NAME Mn ++ Brygn+	3 Filer	ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	UTIONS \$	
5 Date 6 Full name of contributor □ out-of-state PAC (ID#: 14/11 2024 7 Contributor address: City: State: Killer Tx	Cor Zip Code 12,5: 76248 □ Che	ount of description stribution \$ 9 In-kind contribution description 0 0 0 0 0 0 0 0 0
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 conti	ributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date Full name of contributor out-of-state PAC (ID#	Zip Code 9,01	ount of In-kind contribution description UP Texture CAR D Texture Texture Ck if travel outside of Texas. Complete Schedule
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR	NON-JUDICIAL)(See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job	title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contr	ributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	ille i	

LOANS

SCHEDULE E

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule E:
FILER NAME MUHAYAN				3 Filer ID (Ethics Commission Filer
TOTAL OF UN	NITEMIZED LOANS			\$ 5,000,00
3/12/2031	7 Name of lender 0	ut-of-state PAC (ID#	}	9 Loan Amount (\$) 5,000,60
Is lender a financial Institution? Y		siny: Southlate,	State: Zip Code	10 Interest rate 11 Maturity date
Principal occupation	on / Job title (See Instructions)	13 Emp	loyer (See Instructions)	
4 Description of Coll none	ateral	15	Check if personal ful account (See Instru	nds were deposited into political
GUARANTOR INFORMATION	17 Name of guarantor 18 Guarantor address; C	Dity;	State; Zip Code	19 Amount Guaranteed (\$)
Principal Occupat	tion (See Instructions) Name of lender	21 Emp	loyer (See Instructions)	Loan Amount (\$)
Date of loan	Name of lender	ut-of-state PAC (ID#:		
Date of loan Is lender a financial Institution?	Name of lender		loyer (See Instructions)	Loan Amount (\$) Interest rate Maturity date
Date of loan Is lender a financial Institution? Y N	Name of lender	ut-of-state PAC (ID#:		Interest rate
Date of loan Is lender a financial Institution? Y N	Name of lender o	ut-of-state PAC (ID#:	State; Zip Code	Interest rate Maturity date ands were deposited into political
Is lender a financial Institution? Y N Principal occupation	Name of lender o	ut-of-state PAC (ID#:	State; Zip Code loyer (See Instructions) Check if personal fur	Interest rate Maturity date ands were deposited into political
Date of loan Is lender a financial Institution? Y N Principal occupation Description of Coll. none GUARANTOR	Name of lender o	ut-of-state PAC (ID#:	State; Zip Code loyer (See Instructions) Check if personal fur	Interest rate Maturity date Inds were deposited into political stions)

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

Event Expense Fees Food/Beverage Expense Git/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)

Total pages Schedule F1	2 FILER NAME		2 Files ID (Fibin Commission Files)	
2	Mg H Brygn +		3 Fifer ID (Ethics Commission Filers	
3/25/2024	Ali Wood Photosisphy		Prime -	
Amount (\$)	7 Payee address;	City;	State; Zip Code	
1217.81		Pallas	TX 75230	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
100	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name	E		
\$/11/2024	Tarrant Tarpayer Advocates			
Amount (\$)	Payee address;	City;	State; Zip Code	
7,250.60		Keller	Tx 76248	
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 <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
1/18/3094	Turant Taypayer Advocats			
Amount (\$)	Payee address;	City;	State; Zip Code	
7,345,00		Killer	TX 76248	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE				
365	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	Candidate / Officeholder name	Office sought	Office held	

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

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 rategory not listed above)

Check if Austin, TX, officeholder fiving expense

Check if Austin, TX, officeholder living expense

Office sought

Office sought

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) Matt Bryant 5 Payee name 4/24/1024 Edgetton Stratesies, LLL 6 Amount (\$) 7 Payee address City; State: Zip Code 10,673,28 Keller 76248 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought 9 Complete ONLY if direct Office held expenditure to benefit C/OH Payee name 4/24/3624 Tarrant Taxpayer Advocates City: State: Zip Code 7,934,86 76248 Keller TX Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE

Payee address;	City;	State;	Zip Code
Category (See Categories listed at the top of this schedule)	Description		

Check if travel outside of Texas. Complete Schedule T.

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Candidate / Officeholder name

Payee name

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Complete ONLY if direct

expenditure to benefit C/OH

Complete ONLY if direct

Date

expenditure to benefit C/OH

Office held

Office held

		E / OFFICEHOLDER FINANCE REPORT	FORM C/OH COVER SHEET PG 1				
Tŀ	e C/OH Instruction G	uide explains how to complete thi	s form.		2 Total pages filed: 11		
3	CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRS	т	MI	OFFICE USE ONLY		
	NAME	Lee			Date Received		
		NICKNAME LAST	derson	SUFFIX			
4	CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT / SUIT	E#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked		
	ADDRESS				Receipt # Amount		
	Change of Address	Fort Worth, TX 76107			Date Processed		
					Date Imaged		
5	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST	J	MI			
		NICKNAME LAST		SUFFIX			
		Eu	ans				
6	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX F	PLEASE); APT	T / SUITE #; CITY;	RECEIVED ZIP CODE		
		Fort Worth	, TX 74		APR 26 2024		
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM	MBER EXTENSION 9 - 4365	TARR	ANT APPRAISAL DISTRICT		
8	REPORT TYPE	January 15 30t	h day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)		
		July 15 X 8th	day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)		
9	PERIOD COVERED	Month Day Year 03/26/2024	THROUGH	Month Day 04/24/2024	Year		
10	ELECTION	ELECTION DATE Month Day Year 05/04/2024	Primary X General	ELECTION TYPE Runoff Special	Other		
11	OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (Tarrant Appraisal	if known) District Board of Directors Place 3		
			GO TO PAGE 2				
- OI	ms provided by Tëv	as Ethics Commission	www.ethics.state.tx.u		Version V3.5.1.5b35d027		

CANDIDATE / OFFICEHOLDER REPORT:

SUPPORT	& IUIALS				2 of 11
13 C / OH NAME	Henderson, Lee		14 Filer ID		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditures may have been made without I officeholders are required to report this information	the candidate's or office	holder's kno	wledge or
Additional Pages	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)					0.00
	2. TOTAL POLITIC (OTHER THAN F	\$	2,097.07		
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	23,126.31
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	18,869.73
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	30,000.00
17 AFFIDAVIT	DAMIANA REYES My Notary ID # 11534841 Expires November 21, 2027	I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code. Signature of		o be reported	
AFFIX NO	TARY STAMP / SEAL ABO	DVE			
Sworn to and subs	cribed before me, by the sa	rify which, witness my hand and seal of office.	, this the $\frac{26}{}$		_ day
Signature of offi	cer administering	Printed name of officer administering	Supervisor Title of officer	Cutton	er Servi g oath

SUBTOTALS

FORM C/OH

SOBIOTALS - CION	COVER SHEET PG 3 3 of 11
18 FILER NAME Henderson, Lee 19 Filer ID)
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,097.07
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. X SCHEDULE E: LOANS	\$ 20,000.00
5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 12,118.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 11,008.31
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 CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

	MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this form.	Total pages Schedule A1: Sch: 1/4 Rpt: 4/11			
2	FILER NAME Henderson, l		3 Filer ID			
4	Date 04/14/2024	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$5	500.00		
8	Principal occup unemployed	pation / Job title (See Instructions) 9 Employer (See Instructions) unemployed				
	Date 04/13/2024	Full name of contributor out-of-state PAC (ID#:) Bradshaw, Kent Contributor address; City; State; Zip Code Fort Worth, TX 76110	Amount of Contribution (\$) \$1	100.00		
	Principal occup Consultant	pation / Job title (See Instructions) Employer (See Instructions) Self				
	Date 04/12/2024	Full name of contributor out-of-state PAC (ID#:) Cockerell, Susan Contributor address; City; State; Zip Code Fort Worth, TX 76104	Amount of Contribution (\$) \$1	.00.00		
	Principal occup Retired	pation / Job title (See Instructions) Employer (See Instructions) Retired				
	Date 04/18/2024	Full name of contributor out-of-state PAC (ID#:) Dunson, Stephen Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$2	260.59		
	Principal occup Consultant	pation / Job title (See Instructions) Employer (See Instructions) IntegraTax, Inc.				
	Date 04/19/2024	Full name of contributor out-of-state PAC (ID#:) Durant, Laura Contributor address; City; State; Zip Code Southlake, TX 76092	Amount of Contribution (\$) \$2	60.59		
	Principal occup Writer	pation / Job title (See Instructions) Employer (See Instructions) Classic Chevrolet				
		ny Texas Ethics Commission was athics state ty us	Version V3 5 1 5h'			

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 2/4 Rpt: 5/11 FILER NAME 3 Filer ID Henderson, Lee Date Full name of contributor out-of-state PAC (ID#: 7 Amount of Contribution (\$) 04/12/2024 Geiger, Doreen \$50.00 6 Contributor address; City; State; Zip Code Fort Worth, TX 76116 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Retired Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/15/2024 LaMasters, Byron \$100.00 Contributor address; City; State; Zip Code Washington, DC 20001 Principal occupation / Job title (See Instructions) Employer (See Instructions) Consultant InFocus Campaigns Date Full name of contributor ut-of-state PAC (ID#; Amount of Contribution (\$) 04/14/2024 Lampe, Mary Beth \$50.00 Contributor address; City; State; Zip Code Fort Worth, TX 76109 Principal occupation / Job title (See Instructions) Employer (See Instructions) unemployed unemployed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/12/2024 Miller, Peter \$100.00 Contributor address; City; State; Zip Code Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) Self Employed Pavonia LLC Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/24/2024 Mondragon, Carlos \$10.72 Contributor address; City; State; Zip Code Euless, TX 76039 Principal occupation / Job title (See Instructions) Employer (See Instructions) Truck driver Self Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.5b35d0

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. Sch: 3/4 Rpt: 6/11 FILER NAME 3 Filer ID Henderson, Lee Date 5 Full name of contributor ut-of-state PAC (ID#; 7 Amount of Contribution (\$) 04/24/2024 Pilcher, Rachel \$21.13 6 Contributor address; City; State; Zip Code Aledo, TX 76008 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Librarian **Tarrant County College District** Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID# 04/19/2024 Ray, Ryan \$260.59 Contributor address; City; State; Zip Code CROWLEY, TX 76036 Principal occupation / Job title (See Instructions) Employer (See Instructions) Attorney Ryan Ray Date Full name of contributor Amount of Contribution (\$) out-of-state PAC (ID#: 04/13/2024 Reck, Heather \$26.34 Contributor address; City; State; Zip Code Fort Worth, TX 76110 Principal occupation / Job title (See Instructions) Employer (See Instructions) unemployed unemployed Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/13/2024 Scudder, Kendall \$52.37 Contributor address; City; State; Zip Code Dallas, TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner** Self Date Full name of contributor out-of-state PAC (ID#: Amount of Contribution (\$) 04/22/2024 Scudder, Kendall \$52.37 Contributor address; City; State; Zip Code Dallas, TX 75214 Principal occupation / Job title (See Instructions) Employer (See Instructions) **Business Owner** Self Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V3.5.1.5b35d02

	MONET	-Δ	RY POLITICAL CONTRIBUTIONS		SCHEDUL	E A1
	The Instru	ct	ion Guide explains how to complete this form.	1	Total pages Schedule A1: Sch: 4/4 Rpt: 7/11	<u> </u>
2	FILER NAME Henderson,		e	3	Filer ID	
4	Date 04/12/2024	l	Full name of contributor out-of-state PAC (ID#:) Simmons, Marcia	7	Amount of Contribution (\$)	\$52.37
		6	Contributor address; City; State; Zip Code			
			Fort Worth, TX 76109			
8	Principal occu unemployed		tion / Job title (See Instructions) 9 Employer (See Instructions unemployed)		
	Date 04/13/2024	Γ	Full name of contributor out-of-state PAC (ID#:) Weimer, Natalie		Amount of Contribution (\$)	\$100.00
			Contributor address; City; State; Zip Code			
			Fort Worth, TX 76116			
	Principal occu Owner	ıpa	tion / Job title (See Instructions) Employer (See Instructions Weimer Properties)		

	LOANS					SCHEDULE E	
	The Instruction	on Guide explains how to complet	e this f	orm.	1 Total pages Schedule E: Sch: 1/1 Rpt: 8/11		
2	FILER NAME Henderson, Lee				3 Filer ID		
4	TOTAL OF UN	IITEMIZED LOANS				\$	
5	Date of loan 04/22/2024	7 Name of lender out-o	of-state PA	C (ID#:		9 Loan Amount (\$) \$20,000.00	
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate 11 Maturity Date	
	NU	Fort Worth, TX 76107				11 Maturity Date	
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Instructions)		
14	Description of Coll X None	ateral		15 Check if personal funds we	re deposited	into political account (See Instructions)	
16	GUARANTOR INFORMATION	17 Name of guarantor		1 —		19 Amount Guaranteed (\$)	
	X not applicable	18 Guarantor address; City;	State;	Z p Code			
20	Principal occupation	on		21 Employer (See Instructions)	;	
-01	ms provided by T	exas Ethics Commission www	w.ethics	s.state.tx.us		Version V3.5.1.5b35d027	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

8

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense
Printing Expense
Salaries/Wages/Contract Labor 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. Total pages Schedule F1: 2 FILER NAME Filer ID Sch: 1/2 Rpt: 9/11 Henderson, Lee 4 Date 5 Payee name 04/22/2024 Angle Mastagni Mathews Political Strategies 6 Amount (\$) Payee address; City; State; Zip Code \$2,000.00 Fort Worth, TX 76111 **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 Eypense

EXPENDITURE CATEGORIES FOR BOX 8(a)

	EXPENDITURE	Check if Austin, TX, officeholder living expense Text Messaging
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/18/2024	Angle Mastagni Mathews Political Strategies
	Amount (\$) \$6,118.00	Payee address; City; State; Zip Code Fort Worth, TX 76111
	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 Phone Calls
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/15/2024	Panthertown Strategies LLC
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code Fort Worth, TX 76107
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T.

Candidate/Officeholder name

Complete ONLY if direct

expenditure to benefit C/OH

Office sought

Check if Austin, TX, officeholder living expense

Office held

Campaign Management

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

	CONTRIBUTION	140					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		EXPENDITURE CA Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services The Instruction Guide 6	Office Overhe Polling Expense Printing Expe Salaries/Wag	nent/Reimbursement ead/Rental Expense ise nse es/Contract Labor	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: Sch: 2/2 Rpt: 10/11	2 FILER NAM Henderson				B Filer ID	
4	Date 04/17/2024	5 Payee nam					
6	Amount (\$) \$2,000.00	7 Payee addr	ess; City;	State; Zip Code			
8	PURPOSE OF EXPENDITURE	(a) Category (Consulting	See Categories listed at the top Expense	of this schedule) (b		ntside of Texas. Complete Schedule T CX, officeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/O	ficeholder name	Office sough	t	Office held	
			Ťs				
			ion Manau			Varcion V2 5 1 5h25r	

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Solicitation/Fundraising Expense Transportation Equipment & Related Expense Advertising Expense Accounting/Banking Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By Travel in District Travel Out of District Polling Expense Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 1/1 Rpt: 11/11 Henderson, Lee Name of financial institution TOTAL OF UNITEMIZED **CREDIT CARD EXPENDITURES ISSUER** Chase CHARGED TO A CREDIT CARD PAYMENT (a) Amount Charged (b) Date of Charge (c) Date(s) Credit Card Issuer Paid \$11,008.31 04/22/2024 PAYEE (a) Payee name (b) Payee address; City, State, Zip Code Angle Mastagni Mathews Political

Fort Worth, TX 76111

Check if Austin, TX, officeholder living expense

Office held

(b) Description

Office sought

Text Messaging

PURPOSE OF

X

EXPENDITURE

Political Non-Political

Complete ONLY if direct

expenditure to benefit C/OH

(a) Category

Advertising Expense

(See Categories listed at the top of this schedule)

Candidate/Officeholder name

(C) Check if travel outside of Texas. Complete Schedule T.