#### 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 МІ OFFICE USE ONLY OFFICEHOLDER NAME Date Received 4 CANDIDATE / **OFFICEHOLDER** MAILING **ADDRESS** Change of Address CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ CAMPAIGN TREASURER NAME CAMPAIGN TREASURER Emory **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 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 Month COVERED 1/2020 31/2023 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Other Description Special 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OF POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES 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

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 CLOH NAME	F.	Vititow	<b>16</b> Fi	iler ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS				\$ -0-	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF L	LOANS)	\$ -0-	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$ 1250 90	
	4.	TOTAL POLITICAL EXPENDITURES		\$ 125000	
CONTRIBUTION BALANCE	1 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY				
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAN LAST DAY OF THE REPORTING PERIOD	S AS OF THE	\$ -0-	
18 SIGNATURE I s	wear, or a	firm, under penalty of perjury, that the accompanying repo	rt is true and	correct and includes all information	
rec	quired to be	reported by me under Title 15, Election Code.			
			7/	/-	
		( X M &	1/1		
		Signatur	e of Candidat	te or Officeholder	
		Please complete either option I	pelow:		
		· ····			
		Providence			
		Will A		IFER GAY MANSFIELD	
(4) A 55 -1 14				Public, State of Texas	
(1) Affidavit Comm. Expires 02-07-2024					
		- win	min No	tary ID 132349840	
NOTARY STAMP/SEAL					
		Robert Vititow		11 T.	
This the 7010 day of Chargerery,					
20 24, to certify which, witness my hand and seal of office.					
Gennifes Day	Man	field Jenny Manstield, Non	ary tus	l'c, State of Texas	
Signature of officer administer	ring oath	Printed name of officer administering oath		Title of officer administering oath	
OR SECURITION OF THE PROPERTY					
(2) Unsworn Declaration					
My name is		, and my date of	birth is		
My address is,,,,					
		(street) (city)	(state)	(zip code) (country)	
Executed in		County, State of, on the day of _	(month)	, 20 (year)	
			(month)	(year)	
		Signature of	f Candidate/Of	fficeholder (Declarant)	

### SUBTOTALS - C/OH

19 FILER N	mmission Filers)				
Robert F. Vititow					
21 SCHEDU NAME O	SUBTOTAL AMOUNT				
1.	\$				
2.	\$				
3.	\$				
4.	4. SCHEDULE E: LOANS				
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$		
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			\$		
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$		
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$125000		
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.	2. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER				

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

### SCHEDULE G

#### 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

Candidate/Officeholder/Politi Credit Card Payment	ical Committee	Legal Services			Wages/Contract Labor	Other (enter a cate	gory not listed above)
Credit Gald Payment		The Instruction	n Guide explai	ns how to	complete this form.		
1 Total pages Schedule G:	2 FILER NA	ME				3 Filer ID (Ethic	cs Commission Filers)
/	40h	ert	F V	1+17	tow		
4 Date	5 Payee nar	ne			>		
11/20/2023	The	Reau	skean	Mar	the of	Tuga	5
6 Amount (\$)	7 Payee add	dress; C		p Code	500 Au	stin, T	x 78701
Reimbursement from political contributions intended							
8 PURPOSE	(a) Category	See Categories liste	at the top of this so	chedule) (	b) Description		
OF	Fo.	1-1	- )		Check if travel outs	ide of Texas. Complete Sche	edule T.
EXPENDITURE	1665	(Filing	ree)		Check if Austin,	TX, officeholder living ex	pense
9 Complete ONLY if direct expenditure to benefit C/		ate / Officehold	er name		Office sought		Office held
Date	Payee nar	ne					
	i ayee nai						
Amount (\$)	Payee add	iress; C	ty; State; Zi	p Code			
Reimbursement from political contributions intended							
BURDOCE	Category	See Categories listed	at the top of this sc	hedule) (	b) Description		
PURPOSE					Check if travel outsi	de of Texas. Complete Sche	dule T.
EXPENDITURE					Check if Austin,	TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholde	er name		Office sought		Office held
Date	Payee nan	ne .					
	, ayourian						
A 1 /A							
Amount (\$)	Payee add	ress; C	ty; State; Zi	p Code			
Reimbursement from political contributions intended						1	
PURPOSE	Category	See Categories listed	at the top of this scl	hedule) (	b) Description		
OF					Check if travel outsi	de of Texas. Complete Sche	dule T.
EXPENDITURE					Check if Austin, 7	TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholde	r name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

				1
The C/OH Instruction G	Guide explains how to complete this	s form.	er ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRS/MR Rohe	~L	F.	OFFICE USE ONLY
NAME	NICKNAME LAST	0 4 l	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SU 368 PR 7946	Emory	STATE; ZIP CODE  TX 75440	FOR RECO
Change of Address				- 12 Ω Ω Ω
5 CANDIDATE/ OFFICEHOLDER PHONE	(903) 473	9571	EXTENSION	Date Hand-delivered or Date Postmarked RCVd By: Kwner
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  FIRST  Robe /  NICKNAME  LAST		SUFFIX	Receipt # Amount \$  Date Processed     /01/2024
	1/: 1.	tow	SULLIY	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE 368 PR 7944	E); APT / SUITE #,	Emory	STATE; ZIP CODE  TX 75440
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (903) 473	95.7 i	EXTENSION	
9 REPORT TYPE		day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th d.	day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Y	Year 2024 TH	Menth IROUGH	Day Year / 30 / 2024
11 ELECTION		Primary General	Runoff Cther Description  Special	
12 OFFICE	Rains County A	Horney	13 OFFICE SOUGHT (if known	Hy Attorney
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF FOLITICAL CON THE CANDIDATE / OFFICEHOLDER. THESE E. CONSENT. CANDIDATES AND OFFICEHOLDER	NTRIBUTIONS ACCEPTED EXPENDITURES MAY HAVE RS ARE REQUIRED TO REF	E BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
	COMMITTEE TYPE   COMMITTEE NAM	ME		
Additional Pages	GENERAL COMMITTEE ADD	DRESS		
	SPECIFIC COMMITTEE CAM	MPAIGN TREASURER I	NAME	
	COMMITTEE CAN	MPAIGN TREASURER	ADDRESS	
		GO TO PAGE	2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME KODERT	F. Vititow	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$ -0-			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-			
	4. TOTAL POLITICAL EXPENDITURES	\$ -0-			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ - O -			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	* - O -			
	wear, or affirm, under penalty of perjury, that the accompanying report is truured to be reported by me under Title 15, Election Code.	e and correct and includes all information			
	alled to be reported by the driver that to, election code.	1/2			
	H plut &	Tetitows			
	Signature of Ca	andidate or Officeholder			
Millian	Please complete either option below	w·			
NINI AURA I	VA Lining	•			
THIN O RA V	W. Polling				
= : 0	**************************************				
(1) Affidavit					
NOTARY STAMPUSEA	1.20 minut				
Sworn to and subscribed before me by Robert F. Vititow this the 135 day of November					
20 24, to certify which, witness my hand and seal of office.					
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath					
Signature of officer administering oath  Printed name of officer administering oath  OR					
(2) Unsworn Declaration					
	, and my date of birth is				
, 404100010		(state) (zip code) (country)			
Executed in	County, State of, on the day of(mont	, 20 h) (year)			
	(mont	(you)			
	Signature of Candi	date/Officeholder (Declarant)			

#### **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. 2 3 CANDIDATE/ MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** NAME 4 CANDIDATE/ **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ **EXTENSION OFFICEHOLDER** (903) PHONE 6 CAMPAIGN **TREASURER** Date Processed NAME SUFFIX Date Imaged STATE; CAMPAIGN TREASURER TXEmory **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign 30th day before election | January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 101/2024 THROUGH 11 ELECTION **ELECTION DATE** ELECTION TYPE Runoff Other Description Special 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ASSEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S KNOWLEGGE OR CONSENT. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	ert F. Vititou	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)	\$ -0-			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ - 0 -			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0 -			
	4. TOTAL POLITICAL EXPENDITURES	\$ -0-			
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAG     OF REPORTING PERIOD	ST DAY \$ - 0 -			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	* - 0 -			
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  Signature of Candidate or Officeholder					
Please complete either option below:  (1) Affidavit  NOTARY STAMP SEAL  NOTARY STAMP SEAL  Sworn to and subscribed before me by Pobert F. Vitteu this the lot day of November.  20 24, to certify which, witness my hand and seal of office.  Amy Laura Uallare  Signature of officer administering oath  Printed name of officer administering oath  Title of differ administering oath					
OR					
(2) Unsworn Declaration					
My name is	, and my date of birth is	S			
My address is		·			
Executed in	County, State of, on theday of(mont	h) (year)			
1	Signature of Candi	idate/Officeholder (Declarant)			