The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commi 00054709		2 Total pages fi	led: 3
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Laurie K.			Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	 07/15/2021	
	THE NAME	English		30111/		
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
OFFICEHOLDER MAILING	3369 Hwy. 137					T.
ADDRESS	P.O. Box 2069				Receipt #	Amount
Change of Address	Ozona, TX 76943-2069				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>-</u>	
TREASURER NAME		Lisa A.				
	NICKNAME	 LAST		SUFFIX		
		Harmson		301117		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO PO Box 2069	BOX PLEASE);	AP	T / SUITE #; CITY	; ST	ATE; ZIP CODE
ADDRESS						
(Residence or Business)	Ozona, TX 76943					
	02010, 171.100.10					
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION			
TREASURER PHONE	(325) 392-3963					
8 REPORT TYPE	D January 15	7 20th day hafara	alastian 🗖	Dunoff	15th day often ee	manaiga transurar
	January 15	30th day before	election	Runoff	appointment (offi	mpaign treasurer ceholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Att	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2021	TH	IROUGH	06/30/202	21	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pı	rimary	Runoff	Other	
	11/03/2020	I∏G	eneral	Special		
				ш.		
11 OFFICE	OFFICE HELD (if any)	l		12 OFFICE SOUGH	Γ (if known)	
	District Attorney (Multi-cou	nty) District 112	2		. (
		GO T	O PAGE 2			

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	English, Laurie K. (Th	e Honorable)	14 Filer ID ((Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a deficeholders are required to report this information	the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00
	4. TOTAL POLITIC		\$ 0.00	
CONTRIBUTION BALANCE	REPORTING PE			\$ 2,552.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 8,900.00
17 AFFADAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
			rable Laurie K. Englis	
		Signature of	Candidate or Officehol	aer
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
		aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath
	-	-		

			3 of 3
18 FILER NAME English, Lau	: urie K. (The Honorable)	19 Filer ID 00054709	(Ethics Commission Filers)
20 SCHEDULE S NAME OF SC			SUBTOTAL AMOUNT
1. S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. S	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. S	SCHEDULE E: LOANS		\$
5. S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$
6. S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8. S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10. S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$
11. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00054709		2 Total pages f	iled: 3
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Laurie K.			Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST English		SUFFIX	01/08/2022	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT 3369 Hwy. 137	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	
ADDRESS	P.O. Box 2069				Receipt #	Amount
Change of Address	Ozona, TX 76943-2069				Date Processed	<u> </u>
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME		Lisa A.				
	NICKNAME	LAST		SUFFIX		
		Harmson				
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO PO Box 2069	BOX PLEASE);	AP	T / SUITE #; CITY	/; ST.	ATE; ZIP CODE
(Residence or Business)	Ozona, TX 76943					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (325) 392-3963	E NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15 July 15	30th day before		Runoff Exceeded modified	15th day after ca appointment (off Final Report (Att	
				reporting limit		,
9 PERIOD COVERED	Month Day Year 07/01/2021	TH	IROUGH	Month Day 12/31/20		
10 ELECTION	ELECTION DATE Month Day Year	Pı	rimary	ELECTION TYPE Runoff	Other	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGH	T (if known)	
	District Attorney (Multi-cou	ınty) District 112	2			
		GO T	O PAGE 2			

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	English, Laurie K. (Th	ne Honorable)	14 Filer ID (Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			\$ 0.00
	4. TOTAL POLITIC		\$ 0.00	
CONTRIBUTION BALANCE	REPORTING PE			\$ 2,552.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 8,900.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hono	rable Laurie K. Englis	sh
		Signature of	Candidate or Officehole	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

			3 of 3
18 FILER NAMI English, La	E aurie K. (The Honorable)	19 Filer ID 00054709	(Ethics Commission Filers)
20 SCHEDULE NAME OF S			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
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 CONTRIBUTION	ONS	\$
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00054709		2 Total pages f	iled: 3
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
OFFICEHOLDER NAME	The Honorable	Laurie K.			Date Received ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	_{07/15/2022}	
		English				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked
MAILING	3369 Hwy. 137				Descript #	I A
ADDRESS	P.O. Box 2069				Receipt #	Amount
Change of Address	Ozona, TX 76943-2069				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>-</u>	
TREASURER NAME		Lisa A.				
	NICKNAME	LAST		SUFFIX		
	TVIORIV WILL	Harmson		301117		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO PO Box 2069	BOX PLEASE);	AP	T / SUITE #; CITY	; ST	ATE; ZIP CODE
(Residence or Business)	Ozona, TX 76943					
	Ozona, 17, 70943					
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	XTENSION			
TREASURER PHONE	(325) 392-3963					
8 REPORT TYPE	January 15	30th day before	election	Runoff		ampaign treasurer
					appointment (off	
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Att	acn C/OH-FR)
9 PERIOD	Month Day Year			Month Day		
COVERED	01/01/2022	TH	IROUGH	06/30/20	22	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/03/2020	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGH	T (if known)	
	District Attorney (Multi-cou	ınty) District 112	2		,	
			·			
		GO T	O PAGE 2			

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	English, Laurie K. (Th	ne Honorable)	14 Filer ID 00054709	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exper These expenditures may have been made with I officeholders are required to report this informa	out the candidate's or offic	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAM	E	
		COMMITTEE CAMPAIGN TREASURER ADD	RESS	
16 CONTRIBUTION TOTALS		L ZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	\$ 2,552.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$ 8,900.00
17 AFFIDAVIT		I swear, or affirm, under per true and correct and include under Title 15, Election Coc	s all information required	
		The Ho	norable Laurie K. Engli	ish
		Signatur	e of Candidate or Officeho	lder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of office	er administering oath

			3 of 3
	Laurie K. (The Honorable)	19 Filer ID 00054709	(Ethics Commission Filers)
	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
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 CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Comm 00054709		2 Total pages filed: 5
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Laurie K.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	01/08/2023
	THOIR WILL	English		331177	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ·	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER	3369 Hwy. 137	,	.,	005_	
MAILING ADDRESS	P.O. Box 2069				Receipt # Amount
Change of Address	Ozona, TX 76943-2069				
	,				Date Processed
					Date Imaged
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	
NAME		Lisa A.			
	NICKNAME	LAST		SUFFIX	
		Harmson			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	PO Box 2069				
(Residence or Business)					
	Ozona, TX 76943				
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION		
TREASURER PHONE	(325) 392-3963				
8 REPORT					
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after campaign treasurer
					appointment (officeholder only)
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year
COVERED	07/01/2022	TH	IROUGH	12/31/202	22
10 ELECTION	ELECTION DATE Month Day Year		rimary	ELECTION TYPE Runoff	Other
	Month Day Teal		-		Other
		∐ ^G	eneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
II OFFICE	District Attorney (Multi-cou	unty) District 112	2	12 OFFICE SOUGH	(II KIIOWII)
		•			
	1			1	
		GO T	O PAGE 2		

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	English, Laurie K. (Th	ne Honorable)	14 Filer ID (I 00054709	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 2,552.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 8,900.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hono	rable Laurie K. Englis	sh
			Candidate or Officehold	
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath

FORM C/OH COVER SHEET PG 3

				3 01 5
18 FILER NAME19 Filer IDEnglish, Laurie K. (The Honorable)00054709				sion Filers)
	0 SCHEDULE SUBTOTALS NAME OF SCHEDULE			L AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00
3. X	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0.00
4. X	SCHEDULE E: LOANS		\$	0.00
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			0.00
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	0.00
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

PLE	DGED CONTRIBUT	ΓIONS			SCHEDULE B
Т	he Instruction Guide exp	ains how to comple	ete this form.	1	Total pages Schedule B: Sch: 1/1 Rpt: 4/5
2 FILER N. English.	AME Laurie K. (The Honorable)			3	
4	OF UNITEMIZED PLEDG	ES		\dagger	\$ 0.0
5 Date	6 Full name of pledgor7 Pledgor Address;	out-of-state PAC (ID#:) 8	Amount of pledge (\$)
10 Dringing	occupation / Job title (See Instruc	ntions)	11 5]	Check if travel outside of Texas. Complete Schedul
10 Рппсіраї	occupation / Job title (See Institut	cuoris)	11 Employer (See Inst	ructi	ions)

	LOANS						SCH	EDULE E
	The Instructio	on Guide explains how to co	omplete this f	orm.	1		ges Schedule E 1 Rpt: 5/5	:
2	FILER NAME English, Laurie k	K. (The Honorable)			3	Filer ID 000547	(Ethics Comm	ission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			I		\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (ID#:)	9 Loan Amou	ınt (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code			10 Interest Ra	
							11 Maturity Da	ate
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See In	structions)			
14	Description of Coll	ateral		15 Check if personal	funds were	deposited	into political ac (See Instru	
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Gu	aranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See In	structions)			

The C/OH Instruction	Guide explains how to comp	lete this form.	1 Filer ID (Ethics Commis 00054709	ssion Filers)	2 Total pages	filed:
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE	USE ONLY
OFFICEHOLDER	The Honorable	Laurie K.				USE ONLY
NAME					Date Received	04117751150
						CALLY FILED
	NICKNAME	LAST		SUFFIX	07/04/2023	
		English				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivere	d or Date Postmarked
OFFICEHOLDER MAILING	3369 Hwy. 137					
ADDRESS	P.O. Box 2069				Receipt #	Amount
Change of Address	Ozona, TX 76943-2069					
					Date Processed	
					Data Imaged	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	IMO / IMIXO / IMIX	Lisa A.				
NAME		LISA A.				
	NICKNAME	LAST		SUFFIX		
	INICKNAIVIE	Harmson		SUFFIX		
		Hamison				
6 CAMPAIGN	STREET ADDRESS (NO PC	BOX DI EVSE).	ΛD7	/ SUITE #; CITY	. 0	TATE; ZIP CODE
TREASURER	PO Box 2069	BOX FLEASE),	AFI	/3011E#, CITT	, 3	TATE, ZIF CODE
ADDRESS	1 O BOX 2003					
(Residence or Business)						
	Ozona, TX 76943					
7 CAMPAIGN	AREA CODE PHOI	NE NUMBER E	EXTENSION			
TREASURER	(325) 392-3963					
PHONE						
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff	15th day after	campaign treasurer officeholder only)
	July 15	8th day before	oloction \square	Exceeded modified	_	Attach C/OH-FR)
	X July 15	our day before	election	reporting limit	Filial Report (A	Allacii C/OH-FK)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TH	HROUGH	06/30/202		
	02/02/2020			00,00,20		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		rimary	Runoff	Other	
			eneral	Special	_	
			eneral	Special		
11 OFFICE	OFFICE LIFL D (if any)			12 OFFICE COLICUS	T (if known)	
II OFFICE	OFFICE HELD (if any) District Attorney (Multi-co	unty) District 11	2	12 OFFICE SOUGHT	i (ii kiiowii)	
	District Attorney (Maiti-co	unity) District 11.	<u>-</u>			
		GO 1	O PAGE 2			

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	English, Laurie K. (Th	14 Filer ID (Ethics Commission Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without a d officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE	\$ 0.00	
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 0.00
CONTRIBUTION BALANCE	REPORTING PE			\$ 2,552.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 8,900.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hono	rable Laurie K. Englis	sh
			Candidate or Officehol	
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

		3 of 3				
18 FILER NAME English, Lau	: urie K. (The Honorable)	19 Filer ID 00054709	(Ethics Commission Filers)			
20 SCHEDULE S NAME OF SC			SUBTOTAL AMOUNT			
1. S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$			
2. S	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4. S	SCHEDULE E: LOANS		\$			
5. S	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$			
6. S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7. S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8. S	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD					
9. S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10. S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$			
11. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$			
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$			

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

Filer ID (Et	hics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
00054709		6			Date Received	
CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONIC	CALLY FILED
OFFICEHOLDER NAME	The Honorable	Laurie K.			02/03/2024	
	NICKNAME	LAST		SUFFIX	1	
		English			Date Hand-delivered	or Date Postmarked
ORIGINAL	X January 15	Runoff	Other (s	pecify)	_ Bate Fland delivered	of Bate 1 ostillarica
REPORT TYPE	July 15	Exceeded modified	reporting limit		Receipt #	Amount
	30th day before election	15th day after camp			-	
	8th day before election	appointment (office	• • •		Date Processed	-
ODICINAL DEDICE	<u> </u>			Year		
ORIGINAL PERIOD COVERED	Month Day Yea	THROUGH	Month Day 12/31/2023	real	Date Imaged	
EXPLANATION OF			12/31/2023			
	ing to start the next campaig	n financo report I real	zod that I had inadvar	tontly overlacks	ad and failed to an	ator information or
AFFIDAVIT						
AFFIDAVIT			ear, or affirm, under procorrect.	enalty of perjury	y, that this correct	ed report is true
AFFIDAVIT		and		, , , ,		ed report is true
AFFIDAVIT		and	correct.	and all applicas: I swear, or aith and without	ble statements: affirm that the ori	ginal report
AFFIDAVIT		and Che	correct. ck the box next to any Semiannual reports was made in good fa	and all applica s: I swear, or aith and without ormation contain swear, or affirm, the 14th busine ginally filed is in	ble statements: affirm that the orian intent to mislened in the report. that I am filing thess day after the diaccurate or incon	iginal report ad or to is corrected late I learned nplete. I
AFFIDAVIT		and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	and all applica s: I swear, or aith and without brmation contain swear, or affirm, the 14th busine ginally filed is in any error or or and faith.	ble statements: affirm that the orian intent to mislened in the report. that I am filing thess day after the diaccurate or incon	iginal report ad or to is corrected late I learned nplete. I
AFFIDAVIT		and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	and all applica I swear, or affirm, the 14th busine ginally filed is ir any error or or or od faith.	ble statements: affirm that the ori an intent to misle ned in the report. that I am filing th ess day after the d accurate or incon mission in the report	iginal report ad or to is corrected late I learned nplete. I
	TAMP / SEAL ABOVE	and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go	and all applica I swear, or affirm, the 14th busine ginally filed is ir any error or or or od faith.	ble statements: affirm that the orian intent to mislened in the report. that I am filing thess day after the diaccurate or inconnission in the report.	iginal report ad or to is corrected late I learned nplete. I
AFFIX NOTARY S	TAMP / SEAL ABOVE cribed before me, by the sa	and Che X	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go The F	and all applica I swear, or aith and without ormation contain the 14th busine ginally filed is in any error or or od faith. Honorable Laure of Candidate	ble statements: affirm that the ori an intent to misle ned in the report. that I am filing these day after the diaccurate or incon mission in the report arie K. English or Officeholder	iginal report lad or to is corrected late I learned inplete. I ort as originally
AFFIX NOTARY S Sworn to and subs		and Che	Semiannual reports was made in good famisrepresent the info Other reports: I sereport not later than that the report as or swear, or affirm, that filed was made in good. The File Signature.	and all applica is: I swear, or aith and without ormation contain swear, or affirm, the 14th busine grangly filed is in any error or or od faith. Honorable Laure of Candidate, this t	ble statements: affirm that the ori an intent to misle ned in the report. that I am filing these day after the diaccurate or incon mission in the report arie K. English or Officeholder	iginal report lad or to is corrected late I learned inplete. I ort as originally
AFFIX NOTARY S Sworn to and subs	cribed before me, by the sa	and Che	Semiannual reports was made in good famisrepresent the info Other reports: I sereport not later than that the report as or swear, or affirm, that filed was made in good. The File Signature.	and all applica is: I swear, or aith and without ormation contain swear, or affirm, the 14th busine grangly filed is in any error or or od faith. Honorable Laure of Candidate, this t	ble statements: affirm that the ori an intent to misle ned in the report. that I am filing these day after the diaccurate or incon mission in the report arie K. English or Officeholder	iginal report lad or to is corrected late I learned inplete. I ort as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

The C/OH Instruction (Guide explains how to comple		1 Filer ID (Ethics Commis 00054709	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	JSE ONLY
OFFICEHOLDER NAME	The Honorable	Laurie K.			Date Received ELECTRONICA	ALLY FILED
	NICKNAME	LAST English		SUFFIX	··· 02/03/2024	
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT 3369 Hwy. 137	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	
ADDRESS	P.O. Box 2069				Receipt #	Amount
Change of Address	Ozona, TX 76943-2069				Date Processed	1
					Date Imaged	
5 CAMPAIGN TREASURER NAME		FIRST Lisa A.		MI		
	NICKNAME	LAST Harmson		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO PO Box 2069	BOX PLEASE);	APT	/ SUITE#; CITY;	STA	TE; ZIP CODE
(Residence or Business)	Ozona, TX 76943					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (325) 392-3963	E NUMBER E	EXTENSION			
8 REPORT TYPE	X January 15	30th day before		Runoff Exceeded modified reporting limit	15th day after car appointment (offic Final Report (Atta	eholder only)
9 PERIOD COVERED	Month Day Year 07/01/2023	TH	IROUGH	Month Day 12/31/202	Year 23	
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		rimary eneral	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) District Attorney (Multi-cou	nty) District 112	2	12 OFFICE SOUGHT District Attorney	「(if known) (Multi-county) Dis	strict 112
		GO T	O PAGE 2			

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	English, Laurie K. (Tl	ne Honorable)	14 Filer ID 00054709	(Ethics Comm	ission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendi These expenditures may have been made withou d officeholders are required to report this information	t the candidate's or offic	ceholder's knov	vledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	ESS		
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER TH. ES OF LOANS, OR CONTRIBUTIONS MADE ELI		, \$	0.00
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$	1,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURES		\$	1,250.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE	LAST DAY OF THE	\$	2,802.10
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS ASTRUCTURE PERIOD	S OF THE LAST DAY	\$	8,900.00
17 AFFIDAVIT	•				
		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required		
		The Hon	orable Laurie K. Eng	lish	
			of Candidate or Officeho		
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subso	cribed before me, by the s	aid	, this the		day
of	, 20, to c	ertify which, witness my hand and seal of office.			
Ciamatura et e'''	or administration	Drinted name of officer education	T'M1 -1"	or odvaluistss"	n ooth
Signature of office	er aaministering	Printed name of officer administering	Litie of offici	er administerin	y oatn

			O V EI (OI I E	4 of 6		
18 FILER NA English,	ME Laurie K. (The Honorable)	19 Filer ID 00054709	(Ethics Commi	ssion Filers)		
l	LE SUBTOTALS SCHEDULE		SUBTOTA	AL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,500.00		
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.	SCHEDULE E: LOANS		\$			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	1,250.00		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
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 CONTRIBUTION	ONS	\$			
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$			

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this f	orm.	1 Total pages Sc Sch: 1/1 Rpt:	
2	FILER NAME English, Lau	rie K. (The Honorable)			cs Commission Filers)
4	1 Date 12/11/2023 5 Full name of contributor out-of-state PAC (ID#:			7 Amount of Con	tribution (\$) \$1,000.00
8	Principal occu	McKinney, TX 75071 upation / Job title (See Instructions)	9 Employer (See Instructions	(3)	
ľ	Investigator	pation 7 oob title (See Instituctions)	112th District Attorney's		
	Date 12/22/2023	Full name of contributor out-of-state PAC (ID#:_ Wolfish, Larry (Mr.) Contributor address; City; State; Zip Code		Amount of Con	tribution (\$) \$500.00
	Principal occu	Addison, TX 75001 spation / Job title (See Instructions)	Employer (See Instructions	<u> </u> 	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

		mmittee	Legal Services	xpense	Printing Exp Salaries/Wa	oense ages/Contract Labor			strict	e)
	2						3		(Ethics Commission	ı Filers)
Sch: 1/1 Rpt: 6/6		English, La	aurie K. (The Hono	rable)				00054709		
Date	5									
		•								
	7			State;	Zip Coo	le				
\$1,250.00		807 Brazo	s Street							
		Austin, TX	78701							
PURPOSE	(a)	Category (See Categories listed at the	top of this sch	edule)					
EXPENDITURE		Fees								
								, onicendider livin	у схренас	
						•				
Complete ONLY if direct		Candidate/Of	fficeholder name	C	Office soug	ıht		Office h	eld	
expenditure to benefit C/OI	H E	English, Lαι	urie		District At	torney (Multi-c	ounty	v) District	Attorney (Multi-c	ounty)
	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 6/6 Date 12/06/2023 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Complete ONLY if direct Condidate Office of the Condition of the Conditio	Complete ONLY if direct Candidate/Officeholder (Political Committee Credit Card Payment Candidate/Officeholder/Political Committee Committee Credit Card Payment 2 FILER NAM English, La English (English),	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 6/6 Date 12/06/2023 Amount (\$) PURPOSE OF EXPENDITURE Cift/Awards/Memorials E. Legal Services The Instruction Guid Fig. 12 FILER NAME English, Laurie K. (The Hono Republican Party of Texas 7 Payee address; City; 807 Brazos Street Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the Fees Complete ONLY if direct Candidate/Officeholder name	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 6/6 Date 12/06/2023 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct Credit Card Payment Sch: 1/1 Rpt: 6/6 Fit Instruction Guide explains The Instruction Guide expl	Contributions/ Donations Made By- Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to control pages Schedule F1: Sch: 1/1 Rpt: 6/6 Date 12/06/2023 Amount (\$) Purpose OF EXPENDITURE Complete ONLY if direct Candidate/Officeholder name Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/We Sal	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 6/6 Date 12 FILER NAME English, Laurie K. (The Honorable) 5 Payee name Republican Party of Texas Amount (\$) \$1,250.00 PURPOSE OF EXPENDITURE (a) Category Fees Giff/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. City: State: State: State: Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/6 Payee name Republican Party of Texas Amount (\$) State: State: State: Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Contributions/ Donations Made By-Candidate/Officeholder/Political Committee Credit Card Payment Total pages Schedule F1: Sch: 1/1 Rpt: 6/6 Date 12/06/2023 Amount (\$) PURPOSE OF EXPENDITURE Candidate/Officeholder (See Categories listed at the top of this schedule) Candidate/Officeholder name Cift/Awards/Memorials Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 3 Filting Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 3 Formall Party of Texas Amount (\$) Purpose OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees Candidate/Officeholder name Office sought	Complete QNLY if direct Complete QNLY if direct Complete QNLY if direct Complete QNLY if direct Conditate/Officeholder/Political Committee Complete QNLY if direct Credit Card Payment Complete QNLY if direct Credit Card Payment Citt/Awards/Memorials Expense Salaries/Wages/Contract Labor Travel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Travel Out of Di OTHER (enter a Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 3 Filer ID 00054709 3 Filer ID 00054709 Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 3 Filer ID 00054709 Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form. 3 Filer ID 00054709 Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Travel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter a Salaries/Wages/Contract Labor Tavel Out of Di OTHER (enter	Comblete ONLY if direct Complete ONLY if direct Condidate/Officeholder Condidate/Officeholder Gilful/wards/Memorials Expense Legal Services Candidate/Officeholder robibution Candidate/Officeholder name Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Printing Expense Salaries/Wages/Contract Labor Travel Qut of District OTHER (enter a category not listed above other action) Take (and out of District OTHER (enter a category not listed above other action) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission 00054709) Bayee name Republican Party of Texas Amount (\$) 7 Payee address; City; State; Zip Code \$1,250.00 \$807 Brazos Street Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if faustin, TX, officeholder living expense Filling Fees Complete ONLY if direct Candidate/Officeholder name Office sought Office held

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00054709		2 Total pages filed: 5	
3 CANDIDATE /	MS / MRS / MR	FIRST	•	MI	OFFICE US	E ONLY
OFFICEHOLDER NAME	The Honorable	Laurie K.			Date Received	
					ELECTRONICALL	Y FILED
	NICKNAME	LAST		SUFFIX	02/03/2024	
	MONIVAL	English		301117		
4 CANDIDATE /	ADDRESS / PO BOX; APT		-V·	ZIP CODE	Date Hand-delivered or Da	te Postmarked
OFFICEHOLDER	3369 Hwy. 137	/3011E#, CIT	Ι,	ZIF CODE	Jaco Haria domento da Si	io i odinamou
MAILING ADDRESS	P.O. Box 2069				Receipt #	Amount
Change of Address	Ozona, TX 76943-2069					
	02011a, 174 70040 2000				Date Processed	
					Date Imaged	
					Jate imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME		Lisa A.				
	NICKNAME	LAST		SUFFIX		
		Harmson				
2. 0.1101	2-25-7 122PF00 (NO PO	- 2.7. E. E. A. O.E.).		= : 31 TE	OTATE	712 0005
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	T / SUITE #; CITY;	STATE	; ZIP CODE
ADDRESS	PO Box 2069					
(Residence or Business)	Ozona, TX 76943					
	Uzulla, 17 10945					
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(325) 392-3963					
8 REPORT	 					
TYPE	January 15	30th day before	e election	Runoff	15th day after campa	
			.,		appointment (officeho	
	July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Attach	C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	TH	HROUGH	01/25/202		
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XP	rimary	Runoff	Other	
	03/05/2024	□G	Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
	District Attorney (Multi-cou	ınty) District 112	2		(Multi-county) Distri n, Sutton, and Uptor	
				Crockett, Neagai	TI, Suttori, and Optor	
		GO T	TO PAGE 2			

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	English, Laurie K. (Th	e Honorable)	14 Filer ID 00054709	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expend These expenditures may have been made witho officeholders are required to report this informa	ut the candidate's or offic	eholder's knowledge or		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш°	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME	:			
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 8,250.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 3,024.12		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 8,058.99		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE LAST DAY	\$ 8,900.00		
17 AFFIDAVIT		I swear, or affirm, under pen true and correct and includes under Title 15, Election Code	all information required			
		The Ho	norable Laurie K. Engli	ish		
		Signature	of Candidate or Officeho	older		
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
of	, 20, to ce	ertify which, witness my hand and seal of office.				
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath		

			CC	3 of 5
18 FIL	ER NAN	IE	19 Filer ID	(Ethics Commission Filers)
En	glish, L	aurie K. (The Honorable)	00054709	
l		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	\$ 8,250.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 2,993.11
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 31.01
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

I	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	_E A1
٦	The Instru	ction Guide explains how to complete this	form.	1	Fotal pages Schedule A1: Sch: 1/1 Rpt: 4/5	
	FILER NAME English, Lau	rie K. (The Honorable)		3 F	Filer ID (Ethics Commission)	on Filers)
4 [Date Date D1/05/2024 5 Full name of contributor out-of-state PAC (ID#:) Sims, Randall 6 Contributor address; City; State; Zip Code			7 4	Amount of Contribution (\$)	\$8,000.00
8 F	Principal occu	Amarillo, TX 79105 upation / Job title (See Instructions)	9 Employer (See Instructions	9)		
		rict Attorney	2 Employer (See manuchons	3)		
	Date 01/11/2024	Full name of contributor out-of-state PAC (ID# Smith, Steve Contributor address; City; State; Zip Code	:)		Amount of Contribution (\$)	\$250.00
	Principal occu Hospital Adn	Sonora, TX 76950 upation / Job title (See Instructions) ministrator	Employer (See Instructions Lillian M. Hudspeth Mer		ıl	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political C Credit Card Payment		/ - al Co		Expense morials Expense	Office Overhead Polling Expense Printing Expens Salaries/Wages	e		Travel in District Travel Out of Dis	quipment & Related Expense trict category not listed above)
	Credit Cara r ayment		The Instructi	on Guide explains h	how to comple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 1/1 Rpt: 5/5		English, Laurie K. (The	: Honorable)				00054709	
4	Date	5	Payee name				_		
	01/24/2024		3d Signs						
<u>-</u>	Amount (\$)	7	Payee address; City;	State:	Zip Code				
ľ	\$2,993.11	ľ	7986 1st Street	State,	Zip Couc				
	Ψ2,990.11		7300 131 311001						
L		L	Somerset, TX 78069						
8	PURPOSE	(a)	Category (See Categories list	ted at the top of this sche	edule) (b)	Description			
	OF EXPENDITURE		Advertising Expense			_		de of Texas. Com	
						_		officeholder living	expense
						Campaign Sig	yns	•	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder nar	ne O	Office sought			Office he	eld
	exportantare to benefit 676								
l									
l									
l									

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
	00054709		15			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONI	CALLY FILED
	OFFICEHOLDER NAME	The Honorable	Laurie K.			02/25/2024	
		NICKNAME	LAST		SUFFIX		
			English			Date Hand-delivere	d or Date Postmarked
4	ORIGINAL	January 15	Runoff	Other (specify)	Date Hand-delivere	d of Date i ostillarked
	REPORT TYPE	July 15	Exceeded modified	I reporting limit		Receipt #	Amount
		30th day before election				-	
		X 8th day before election	appointment (office	• •		Date Processed	
_	ODICINAL DEDICE		<u> </u>		Vasu	_	
5	ORIGINAL PERIOD COVERED	Month Day Yea	ar THROUGH	Month Day 02/24/2024	Year	Date Imaged	
_	EXPLANATION OF C			02/24/2024			
		ox indicating that the \$1,00	20.00 11			16 1 1 1 1	
	corrected.						
	AFFIDAVIT						
,	AFFIDAVIT			rear, or affirm, under ρ correct.	enalty of perjur	y, that this correc	ted report is true
	AFFIDAVIT		and	correct.	, , ,		ted report is true
7	AFFIDAVIT		and		, , ,		ted report is true
•	AFFIDAVIT		and	correct. eck the box next to any Semiannual report was made in good f	y and all applica s: I swear, or aith and withou	able statements: r affirm that the or t an intent to misle	riginal report ead or to
7	AFFIDAVIT		and	correct. eck the box next to any Semiannual report	y and all applica s: I swear, or aith and withou	able statements: r affirm that the or t an intent to misle	riginal report ead or to
7	AFFIDAVIT		and	Semiannual report was made in good f misrepresent the inf Other reports:	y and all applica s: I swear, or aith and without formation contains swear, or affirm	able statements: r affirm that the or t an intent to misle ined in the report. , that I am filing th	riginal report ead or to nis corrected
7	AFFIDAVIT		and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than	y and all applica s: I swear, or aith and without formation contain swear, or affirm the 14th busing	able statements: r affirm that the or t an intent to misle ined in the report. , that I am filing thess day after the o	riginal report ead or to nis corrected date I learned
7	AFFIDAVIT		and Che	Semiannual report was made in good f misrepresent the inf Other reports:	y and all applica s: I swear, or aith and without formation contains swear, or affirm the 14th busing iginally filed is int any error or or	able statements: r affirm that the or t an intent to misle ined in the report. , that I am filing the ess day after the on accurate or income	riginal report ead or to nis corrected date I learned mplete. I
7	AFFIDAVIT		and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go	y and all applica s: I swear, or aith and without ormation contain swear, or affirm the 14th busine iginally filed is int any error or or bood faith.	able statements: r affirm that the or t an intent to misle ined in the report. , that I am filing thess day after the on accurate or income	riginal report ead or to nis corrected date I learned mplete. I
7	AFFIDAVIT		and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go	y and all applicants: I swear, or aith and without formation contains wear, or affirm the 14th busing iginally filed is interest any error or	able statements: r affirm that the or t an intent to misle ined in the report. , that I am filing the ess day after the or naccurate or incomission in the report. urie K. English	riginal report ead or to nis corrected date I learned mplete. I
		AMP / SEAL ABOVE	and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go	y and all applicants: I swear, or aith and without formation contains wear, or affirm the 14th busing iginally filed is interest any error or	able statements: r affirm that the or t an intent to misle ined in the report. , that I am filing the ess day after the or naccurate or inco- mission in the rep	riginal report ead or to nis corrected date I learned mplete. I
,	AFFIX NOTARY ST		and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go The I	y and all applicates: I swear, or aith and without ormation contains swear, or affirm the 14th busine iginally filed is intany error or or or or faith. Honorable Laure of Candidate	able statements: r affirm that the or t an intent to misle ined in the report. , that I am filing the ess day after the of naccurate or inco- mission in the report urie K. English e or Officeholder	riginal report ead or to nis corrected date I learned mplete. I ort as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sa	and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go The I	y and all applicates: I swear, or aith and without ormation contains swear, or affirm the 14th busine iginally filed is intany error or or or or faith. Honorable Laure of Candidates.	able statements: r affirm that the or t an intent to misle ined in the report. , that I am filing the ess day after the of naccurate or inco- mission in the report urie K. English e or Officeholder	riginal report ead or to nis corrected date I learned mplete. I ort as originally
,	AFFIX NOTARY ST Sworn to and subsc		and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go The I	y and all applicates: I swear, or aith and without ormation contains swear, or affirm the 14th busine iginally filed is intany error or or or or faith. Honorable Laure of Candidates.	able statements: r affirm that the or t an intent to misle ined in the report. , that I am filing the ess day after the of naccurate or inco- mission in the report urie K. English e or Officeholder	riginal report ead or to nis corrected date I learned mplete. I ort as originally
,	AFFIX NOTARY ST Sworn to and subsc of	ribed before me, by the sa	and Che	Semiannual report was made in good f misrepresent the inf Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go The I	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in any error or or bood faith. Honorable Lau ure of Candidate, this fe.	able statements: r affirm that the or t an intent to misle ined in the report. , that I am filing the ess day after the of naccurate or inco- mission in the report urie K. English e or Officeholder	riginal report ead or to nis corrected date I learned mplete. I ort as originally

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

The C/OH Instruction	Guide explains how to comple	ete this form.	1 Filer ID (Ethics Commis 00054709	sion Filers)	2 Total pages file		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY	
NAME	The Honorable	Laurie K.			Date Received ELECTRONICA	LLY FILED	
	NICKNAME	LAST English		SUFFIX	02/25/2024		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT 3369 Hwy. 137	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or		
ADDRESS	P.O. Box 2069				Receipt #	Amount	
Change of Address	Ozona, TX 76943-2069				Date Processed	•	
					Date Imaged		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Lisa A.		MI	•		
	NICKNAME	LAST Harmson		SUFFIX			
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO PO Box 2069	BOX PLEASE);	AP1	/ SUITE#; CITY;	STA	TE; ZIP CODE	
(Residence or Business)	Ozona, TX 76943						
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (325) 392-3963	E NUMBER E	EXTENSION				
8 REPORT TYPE	☐ January 15 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	30th day before		Runoff Exceeded modified reporting limit	15th day after can appointment (offic	eholder only)	
9 PERIOD COVERED	Month Day Year 01/26/2024	TH	IROUGH	Month Day 02/24/202	Year 24		
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		rimary eneral	ELECTION TYPE Runoff Special	Other		
11 OFFICE	OFFICE HELD (if any) District Attorney (Multi-cou	nty) District 112	2		(if known) (Multi-county) Dis n, Sutton, and Up		
	GO TO PAGE 2						

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	English, Laurie K. (Th	ne Honorable)		14 Filer ID 00054709	(Ethics Comr	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures ma	cepted or political expenditury have been made without to red to report this information	he candidate's or offi	ceholder's kno	wledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш .	GENERAL					
		COMMITTEE ADDRES	SS			
	SPECIFIC					
		COMMITTEE CAMPAI	GN TREASURER NAME			
		COMMITTEE CAMPAI	GN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			RIBUTIONS (OTHER THAN NTRIBUTIONS MADE ELEC		\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR	GUARANTEES OF LOANS	5)	\$	2,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EXPE	NDITURES		\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES			\$	7,970.56
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE LA	AST DAY OF THE	\$	3,678.99
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	9,900.00
17 AFFIDAVIT		true	ear, or affirm, under penalty and correct and includes al er Title 15, Election Code.			
			The Honor	rable Laurie K. Eng	llish	
			Signature of	Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
Sworn to and subs	cribed before me, by the s	aid		, this the		_ day
of	, 20, to co	ertify which, witness my	hand and seal of office.			
Signature of offi	cer administering	Printed name of o	fficer administering	Title of offic	er administerir	ng oath

FORM C/OH COVER SHEET PG 3

					+ 01 13
18 FI	_ER NAM	ΛΕ	19 Filer ID	(Eth	ics Commission Filers)
Ei	nglish, L	aurie K. (The Honorable)	00054709		
	CHEDUL		SUBTOTAL AMOUNT		
N/	AME OF	SCHEDULE	_		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,800.00	
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	250.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE E: LOANS	\$	1,000.00	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	\$	7,180.00	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	790.56
10	. 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. 🔲	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

MONET	ARY POLITICAL CONTRIBUTIO	ONS		SCHEDU	LE A1
The Instru	ction Guide explains how to complete this fo	orm.	1	Total pages Schedule A1: Sch: 1/1 Rpt: 5/15	
FILER NAME English, Lau	ırie K. (The Honorable)		3	Filer ID (Ethics Commissi 00054709	on Filers)
Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ Lee, Angelia Contributor address; City; State; Zip Code	7	Amount of Contribution (\$)	\$500.00	
	Mobil, AL 36695 upation / Job title (See Instructions)	s)			
Date 02/23/2024	Full name of contributor out-of-state PAC (ID#: Mason, Mary Jo Contributor address; City; State; Zip Code Ozona, TX 76943	Self-Employed		Amount of Contribution (\$)	\$300.00
Principal occu Retired	upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> S)		
Date 02/22/2024	Full name of contributor out-of-state PAC (ID#:_McMaster , John (Mr.) Contributor address; City; State; Zip Code Garden City, TX 79738		•	Amount of Contribution (\$)	\$1,000.00
Principal occu Rancher	upation / Job title (See Instructions)	Employer (See Instructions Self	<u>I</u> S)		

NON-MONETARY (IN-KIND) POLITICAL SCHEDULE A2 **CONTRIBUTIONS** 1 Total pages Schedule A2: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 6/15 FILER NAME 3 Filer ID (Ethics Commission Filers) English, Laurie K. (The Honorable) 00054709 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 02/15/2024 Suarez, Karen \$250.00 Decorated Custom-baked 7 Contributor address; City; State; Zip Code Cookies for political forum Fort Stockton, TX 79735 Check if travel outside of Texas. Complete Schedule T. (See instructions) 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions) 11 Employer (FOR NON-JUDICIAL) 112th District Attorney's Office Legal Assistant 12 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

	LOANS				SCHEDULE E
	The Instruction	on Guide explains how to complete this f	orm.	ı	ages Schedule E: 1 Rpt: 7/15
2	FILER NAME English, Laurie I	K. (The Honorable)			(Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS			\$
5	Date of loan 02/22/2024	7 Name of lender out-of-state PA English, Laurie (The Honorable)	.C (ID#:)	9 Loan Amount (\$) \$1,000.00
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
	No	Ozona, TX 76943			11 Maturity Date
12		on / Job title (See Instructions)	13 Employer (See Instructions	s)	
1.4	112th District At Description of Col		State of Texas 15 Check if personal funds we	vo dopositor	d into political account
14	X None	ialei ai	X X	re depositet	(See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor	l		19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City; State;	Zip Code		
20	Principal occupation	on	21 Employer (See Instructions	;)	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid	pense	_	nse es/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commission Filers	5)
	Sch: 1/4 Rpt: 8/15	English, I	Laurie K. (The Honor	rable)				00054709		
4	Date	5 Payee nar	 ne							
	02/16/2024	3d Signs								
6	Amount (\$)	7 Payee add		State:	Zip Code	<u> </u>				
	\$2,329.00	7986 1st		,	_,,					
	, ,									
		Somerse	t, TX 78069							
8	PURPOSE	(a) Category	(See Categories listed at the t	top of this sched	_{dule)} (b) Description				
	OF EXPENDITURE		ng Expense						plete Schedule T.	
						Political Mail		officeholder living	expense	
						i ontical ividil	UI J			
9	Complete ONLY if direct	Candidate/	Officeholder name	Of	fice sough	t		Office he	7ld	
	expenditure to benefit C/O		Sinceriolael Hame		nce sough			Office file	aru -	
	Date	Payee nar	ne							
	02/05/2024	Ft. Stock	ton Pioneer/Alpine A	valanche						
	Amount (\$)	Payee add	dress; City;	State;	Zip Code)				
	\$450.00	210 N. N	elson							
		Fort Stoc	kton, TX 79735							
	PURPOSE	(a) Category	(See Categories listed at the t	top of this sched	dule) (b) Description				
	OF EXPENDITURE		ng Expense			ш			plete Schedule T.	
	ZA ZABITORZ							officeholder living	expense	
						Newspaper a	au			
_	Complete ONLY if direct	Candidato/(Officeholder name	Of	fice sough	t t		Office he	nid	
	expenditure to benefit C/O		Sinceriolaer name	Oil	nce sough	ıı		Office He	au	
L	Dete									
	Date	Payee nar		volonska						
	02/10/2024		ton Pioneer/Alpine A							
	Amount (\$)	Payee add		State;	Zip Code)				
	\$450.00	210 N. N	eison							
		Fort Stoc	kton, TX 79735							
	PURPOSE OF		(See Categories listed at the t	top of this sched	_{dule)} (k) Description				
	EXPENDITURE	Advertisii	ng Expense			<u> </u>		e of Texas. Com officeholder living	plete Schedule T.	
						Newspaper a		meenoluel liviliệ	опренас	
	Complete ONLY if direct	Candidate/0	Officeholder name	Of	fice sough	t		Office he	eld	
	expenditure to benefit C/OI				3					

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

mbursement Solicitation/Fundraising Expense
tal Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 9/15	English, Laurie K. (The Honorable) 00054709
4	Date	5 Payee name
	02/18/2024	Ft. Stockton Pioneer/Alpine Avalanche
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$450.00	210 N. Nelson
		Fort Stockton, TX 79735
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Newspaper ads
		ινεωσμαμεί αυσ
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	02/19/2024	Ft. Stockton Pioneer/Alpine Avalanche
H	Amount (\$)	Payee address; City; State; Zip Code
	\$270.00	210 N. Nelson
	Ψ210.00	ZIO IN. INCISOTI
		Fort Stockton, TX 79735
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Newspaper ads
L	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name Magkad Didar Dublications
	02/05/2024	Masked Rider Publications
	Amount (\$)	Payee address; City; State; Zip Code
	\$720.00	P.O. Box 1115
		Eldorado, TX 76936
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Newspaper ad
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
ı		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Mac Candidate/Officeholder/Po Credit Card Payment	
1 Total pages Schedule F	
Sch: 3/4 Rpt: 10/15	English, Laurie K. (The Honorable) 00054709
4 Date 02/10/2024	5 Payee name Masked Rider Publications
6 Amount (\$) \$720.0	7 Payee address; City; State; Zip Code P.O. Box 1115 Eldorado, TX 76936
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper ad
Complete ONLY if direct expenditure to benefit Complete.	
Date	Payee name
02/18/2024	Masked Rider Publications
Amount (\$)	Payee address; City; State; Zip Code
\$958.0	0 P.O. Box 1115
	Eldorado, TX 76936
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 Newspaper ads
Complete <u>ONLY</u> if direct expenditure to benefit C	
Date	Payee name
02/24/2024	Melissa, Perner (Mrs.)
Amount (\$) \$390.5	Payee address; City; State; Zip Code P.O. Box 2500
	Ozona, TX 76943
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. Check if Austin, TX, officeholder living expense Designer for Newspaper ads
Complete <u>ONLY</u> if direct expenditure to benefit C	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/4 Rpt: 11/15	English, Laurie K. (The Honorable) 00054709
4	Date	5 Payee name
	02/10/2024	The Crane News
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$90.00	401 S. Gason
		Crane, TX 79731
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Newspaper ad
		ινονοραροί αι
Ļ	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
	02/11/2024	The Crane News
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.00	401 S. Gason
		Crane, TX 79731
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Newspaper ad
		Νέννσμαρεί αυ
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	•
H		
	Date	Payee name
	02/18/2024	The Crane News
	Amount (\$)	Payee address; City; State; Zip Code
	\$262.50	401 S. Gason
		Crane, TX 79731
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
I		Newspaper ads
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/OI	¬

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	nse	Polling Ex Printing Ex			Travel in Travel Ou	District enter a category not list	
Credit Card Fayment			The Instruction Guide	explains h	ow to co	mplete this form.					
1	Total pages Schedule G:	2	FILER NAME					3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 1/4 Rpt: 12/15		English, Laı	urie K. (The Honora	ble)				00054	709	
4	Date	5	Payee name								
	02/06/2024		Ace Hardwa	are							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de				
	\$73.35		1821 Knicke	erbocker Road							
	Reimbursement from political contributions										
	x political contributions intended		San Angelo	, TX 76904							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top	of this sched	dule)	(b) Description	_		el outside of Texas. Co	
	OF EXPENDITURE		Advertising	Expense			L			tin, TX, officeholder livir	ng expense
							zip ties for politic	cal s	signs		
9	Complete ONLY if direct expenditure to benefit	Can	ididate/Officel	nolder name			Office sought			Office held	
	C/OH										
	Date		Payee name								
	02/13/2024		Dollar Gene	eral							
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$10.55		100 E. 2nd	Street							
	Reimbursement from										
	X political contributions intended		Big Lake, T	X 76932							
	PURPOSE		Category (Se	ee Categories listed at the top	of this sched	dule)	Description	CI	heck if trav	el outside of Texas. Co	mplete Schedule T.
	OF EXPENDITURE		Advertising	Expense						tin, TX, officeholder livir	ng expense
							thumbtacks, mai	rker	s for pu	ıshcards	
	Complete ONLY if direct expenditure to benefit	Can	ididate/Officel	nolder name			Office sought			Office held	
	C/OH										
	Date	Π	Payee name								
	02/15/2024		Dollar Tree								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de				
	\$5.41		1700 W. Did	ckinson Blvd							
	Reimbursement from political contributions										
	intended		Ft. Stockton	ı, TX 79735							
	PURPOSE OF		• • • • • • • • • • • • • • • • • • • •	ee Categories listed at the top	of this sched	dule)	Description	_		el outside of Texas. Co	·
	EXPENDITURE		Event Expe	nse			L	_		tin, TX, officeholder livir	ng expense
							napkins/plates fo	סו וכ	num CO	UKIES	
	Complete ONLY if direct	Can	ıdidate/Officel	nolder name			Office sought			Office held	
	expenditure to benefit	_ 007					22 33ug.1t			220	
	C/OH										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gu	Expense		xpense Vages/Contract Labor		Travel in Dis Travel Out o OTHER (ent		
1	Total pages Schedule G:	2	FILER NAME	Ξ				3	Filer ID	(Ethics Commission Filers)	
	Sch: 2/4 Rpt: 13/15		English, La	urie K. (The Hone	orable)				0005470	9	
4	Date	5	Payee name								
	02/08/2024		HEB Fuel								
6	Amount (\$)	7	Payee addre	ess; City;	State;	Zip Co	ode				
	\$144.01		5510 Sherv	vood Way							
	Reimbursement from political contributions intended		San Angelo	o, TX 76943							
8	PURPOSE	(a)	Category (S	ee Categories listed at th	e top of this sch	edule)	(b) Description	Cł	neck if travel o	outside of Texas. Complete Schedule T	
	OF EXPENDITURE		Travel In D	istrict				Cł	neck if Austin,	TX, officeholder living expense	
							fuel expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Office	holder name			Office sought			Office held	
	Date		Payee name								
	02/05/2024		Office Depo	ot							
	Amount (\$)		Payee addre	ess; City;	State;	Zip Co	ode				
	\$80.27		4272 Sunse	et Drive							
	Reimbursement from political contributions intended		San Angelo	o, TX 76904							
	PURPOSE OF		Category (S	ee Categories listed at th	e top of this sch	edule)	Description	=		outside of Texas. Complete Schedule T	
	EXPENDITURE		Advertising	Expense			-	_		TX, officeholder living expense	
							labels, envelope	S, C	aras		
	Complete ONLY if direct	Cal	ndidate/Office	holder name			Office sought			Office hold	_
	Complete <u>ONLY</u> if direct expenditure to benefit	Cai	ndidate/Onice	noider name			Office Sought			Office held	
	C/OH										
	Date	Π	Payee name	1							_
	02/17/2024		Office Depo	ot							
	Amount (\$)	T	Payee addre	ess; City;	State;	Zip Co	ode				
	\$37.31		4272 Sunse	et Drive							
	Reimbursement from										
	X political contributions intended		San Angelo	, TX 76904							
	PURPOSE	T	Category (S	ee Categories listed at th	e top of this sch	edule)	Description	Cł	neck if travel o	outside of Texas. Complete Schedule T	_
	OF EXPENDITURE		Advertising	Expense				_		TX, officeholder living expense	
							labels for pushca	ards	5		
		<u>_</u>								26	_
	Complete ONLY if direct expenditure to benefit	Cai	ndidate/Office	noider name			Office sought			Office held	
L	C/OH										

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polli y - Gift/Awards/Memorials Expense Prin	ce Overhead/Rental Expense ing Expense ting Expense uries/Wages/Contract Labor	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)
	Sch: 3/4 Rpt: 14/15	English, Laurie K. (The Honorable)		00054709
4	Date	5 Payee name		
	02/17/2024	Office Depot		
6	Amount (\$)	7 Payee address; City; State; Zip	Code	
	\$177.97	4272 Sunset Drive		
	Reimbursement from			
	X political contributions intended	San Angelo, TX 76904		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
	EXPENDITURE		printer ink for lab	
			copy paper for vo	oter lists
9		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	Date	Payee name		
	02/17/2024	Sam's Club		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$119.01	5749 Sherwood Way		
	X Reimbursement from political contributions			
	intended	San Angelo, TX 76904		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District	L	Check if Austin, TX, officeholder living expense
			Fuel	
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought	Office held
	C/OH			
	Date	Payee name		
	02/08/2024	Walmart Fuel		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$113.00	2610 W. Dickson		
	Reimbursement from			
	X political contributions intended	Fort Stockton, TX 79735		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
	EXI ENDITORE		Fuel Expense	
L				
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
\vdash				

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/4 Rpt: 15/15 English, Laurie K. (The Honorable) 00054709 Date Payee name 01/26/2024 Walmart 6 Amount (\$) Payee address; City; State; Zip Code \$29.68 2610 W. Dickinson Reimbursement from political contributions intended Х Ft. Stockton, TX 79735 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense **Event Expense EXPENDITURE** Markers, ribbons, candy for table at political forum Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple		1 Filer ID (Ethics Commis 00054709	sion Filers)	2 Total pages file		
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY	
OFFICEHOLDER NAME	The Honorable	Laurie K.			Date Received ELECTRONICA	LLY FILED	
	NICKNAME	LAST English		SUFFIX	07/14/2024		
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; APT 3369 Hwy. 137	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or		
ADDRESS	P.O. Box 2069				Receipt #	Amount	
Change of Address	Ozona, TX 76943-2069				Date Processed		
					Date Imaged		
5 CAMPAIGN TREASURER NAME		FIRST Lisa A.		MI			
	NICKNAME	LAST Harmson		SUFFIX			
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO PO Box 2069	BOX PLEASE);	APT	/ SUITE#; CITY;	STA	TE; ZIP CODE	
(Residence or Business)	Ozona, TX 76943						
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (325) 392-3963	E NUMBER E	EXTENSION				
8 REPORT TYPE	January 15	30th day before	election \square	Runoff Exceeded modified	15th day after cam appointment (office	eholder only)	
		-		reporting limit	_		
9 PERIOD COVERED	Month Day Year 02/25/2024	ТН	IROUGH	Month Day 06/30/202	Year 24		
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		rimary eneral	ELECTION TYPE Runoff Special	Other		
11 OFFICE	OFFICE HELD (if any) District Attorney (Multi-cou	nty) District 112	2	12 OFFICE SOUGHT District Attorney	(if known) (Multi-county) Dis	strict 112	
GO TO PAGE 2							

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 10

13 C / OH NAME	English, Laurie K. (Th	Ethics Commission Filers)							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder. These expenditures may have been made without the candidate's or office consent. Candidates and officeholders are required to report this information only if they receive r								
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS						
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 300.00					
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 4,040.56					
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 210.43					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 8,900.00					
17 AFFIDAVIT		I swear, or affirm, under penalt							
		true and correct and includes a under Title 15, Election Code.	ll information required to	o be reported by me					
		The Hono	rable Laurie K. Englis	sh					
		Signature of	Candidate or Officehole	der					
AFFIX NO	TARY STAMP / SEAL AB	DVE							
Sworn to and subs	cribed before me, by the s	aid	, this the	day					
		ertify which, witness my hand and seal of office.							
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

					3 of 10
l	LER NAN nglish, L	(Ethics Co	ommission Filers)		
l	AME OF	SUB	TOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	300.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	4,040.56
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		\$			
10). 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$	272.00

NET	ARY POLITICAL CONTRIBUTION) NC	S		SCHEDULE A1
Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 1/1 Rpt: 4/10		
R NAME sh, Lau				3	Filer ID (Ethics Commission Filers) 00054709
e 5 Full name of contributor out-of-state PAC (ID#:) 15/2024 Pfeister, Edward (Mr.) 6 Contributor address; City; State; Zip Code				7	Amount of Contribution (\$) \$300.00
	Los Angeles, CA 90039	1_	<u> </u>		
pal occu ney	upation / Job title (See Instructions))	
	Instru R NAME sh, Lau 5/2024	Instruction Guide explains how to complete this for the Report NAME sh, Laurie K. (The Honorable) 5 Full name of contributor out-of-state PAC (ID#: Pfeister, Edward (Mr.) 6 Contributor address; City; State; Zip Code Los Angeles, CA 90039 pal occupation / Job title (See Instructions)	Instruction Guide explains how to complete this form R NAME Sh, Laurie K. (The Honorable) 5 Full name of contributor out-of-state PAC (ID#: Pfeister, Edward (Mr.) 6 Contributor address; City; State; Zip Code Los Angeles, CA 90039 pal occupation / Job title (See Instructions) 9	sh, Laurie K. (The Honorable) 5 Full name of contributor out-of-state PAC (ID#:) Pfeister, Edward (Mr.) 6 Contributor address; City; State; Zip Code Los Angeles, CA 90039 pal occupation / Job title (See Instructions) 9 Employer (See Instructions)	Instruction Guide explains how to complete this form. R NAME Sh, Laurie K. (The Honorable) 5 Full name of contributor out-of-state PAC (ID#: 7 Pfeister, Edward (Mr.) 6 Contributor address; City; State; Zip Code Los Angeles, CA 90039 pal occupation / Job title (See Instructions) 9 Employer (See Instructions)

SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/5 Rpt: 5/10	English, Laurie K. (The Honorable) 00054709
4	Date	5 Payee name
	03/06/2024	Bryant, Mikensi
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$225.00	2001 Winchester St
		McKinney, TX 75072
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		online advertising assistance
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	H
	Date	Payee name
	03/15/2024	English, Laurie
	Amount (\$)	Payee address; City; State; Zip Code
	\$790.56	P.O. Box 2069
		Ozona, TX 76943
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Reimbursement for political expenses paid Check if travel outside of Texas. Complete Schedule T. from personal funds Check if Austin, TX, officeholder living expense
		from personal funds Check if Austin, TX, officeholder living expense reimburse campaign expenses paid from personal
		funds.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/15/2024	English, Laurie
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 2069
		Ozona, TX 76943
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Reimburse loan to campaign made on 02/22/2024
		Reinibulse loan to campaign made on 02/22/2024
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

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

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

ment Solicitation/Fundraising Expense
ense 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 comp	elete this form.
1	Total pages Schedule F1: Sch: 2/5 Rpt: 6/10	FILER NAME English, Laurie K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00054709
4	Date 02/28/2024	5 Payee name Fort Stockton Pioneer	
6	Amount (\$) \$320.00	7 Payee address; City; State; Zip Code 210 N. Nelson Fort Stockton, TX 79735	
8	PURPOSE OF EXPENDITURE		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper Ad
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sough	t Office held
	Date 03/15/2024	Payee name Fort Stockton Pioneer	
	Amount (\$) \$150.00	Payee address; City; State; Zip Code 210 N. Nelson Fort Stockton, TX 79735	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper ads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held
	Date 02/28/2024	Payee name Masked Rider Publications	
	Amount (\$) \$720.00	Payee address; City; State; Zip Code P.O. Box 1115	
		Eldorado, TX 76936	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	 Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Newspaper ads
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t Office held

SCHEDULE F1

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

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer	rs)
	Sch: 3/5 Rpt: 7/10	English, Laurie K. (The Honorable) 00054709	
4	Date	5 Payee name	
	03/05/2024	Masked Rider Publications	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$210.00	P.O. Box 1115	
		Eldorado, TX 76936	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Newspaper ads	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/05/2024	Perner, Melissa (Mrs.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$122.50	P.O. Box 2500	
		Ozona, TX 76943	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Designer for Newspaper ads	
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/28/2024	Pinnacle Bank	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.00	502 S. Koenigheim	
		San Angelo, TX 76903	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Bank Service Charge	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	Н	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	-		Vages	/Contract Labor		OTHER (enter a	category not listed above)
1	Total pages Schedule F1:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 4/5 Rpt: 8/10	English, Laurie K. (The	Honorable)				00054709	
4	Date	5 Payee name						
	04/28/2024	Pinnacle Bank						
6	Amount (\$)	7 Payee address; City;	State; Zip Co	ode				
	\$15.00	502 S. Koenigheim						
		San Angelo, TX 76903						
8	PURPOSE OF	(a) Category (See Categories liste	ed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Accounting/Banking			느		de of Texas. Com officeholder living	
					Bank Service			l expense
					Barik Gervice	٥.	large	
9	Complete ONLY if direct	Candidate/Officeholder nam	ne Office sou	laht			Office he	ald.
9	expenditure to benefit C/O		ic Office Suc	igill			Office He	Jiu
\vdash	Data							
	Date	Payee name						
	05/28/2024	Pinnacle Bank						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$15.00	502 S. Koenigheim						
		San Angelo, TX 76903						
	PURPOSE	(a) Category (See Categories liste	ed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting/Banking			=		de of Texas. Com	
					Bank Service		officeholder living	expense
					Dank Service	Ci	iaiye	
	Complete ONLY if direct	Candidate/Officeholder nam	ne Office sou	ıaht			Office he	old.
	expenditure to benefit C/O		ie Office soc	ignt			Office fie	au
_	2.							
	Date	Payee name						
	06/28/2024	Pinnacle Bank						
	Amount (\$)	Payee address; City;	State; Zip Co	ode				
	\$15.00	502 S. Koenigheim						
		San Angelo, TX 76903						
	PURPOSE	(a) Category (See Categories liste	ed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE	Accounting/Banking			ш		de of Texas. Com	
							officeholder living	expense
					Bank Service	Cr	iaiye	
_	Complete ONLY if direct	Candidata/Officabaldar = ===	Office and	ıabt			Office	ald.
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder nam	ne Office sou	ıyrıt			Office he	tiu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made B

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Serv	rices			Wages	Contract Labor		OTHER (enter	a category not listed above)
L					ruction Gu	iide explai	ns how to co	omple	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME							3	Filer ID	(Ethics Commission Filers)
l	Sch: 5/5 Rpt: 9/10		English, Lau	ırie K. (The Hon	orable)					00054709	
┰	Date	5	Payee name									
	02/28/2024		The Crane N	lowe								
L	02/20/2024		THE Clane I	MEM2								
6	Amount (\$)	7	Payee address	s; (City;	Sta	ate; Zip C	ode				
	\$330.00		401 S. Gaso	n								
l												
l			Cropo TV 7	0721								
L			Crane, TX 7	9731								
8	PURPOSE	(a)	Category (Se	e Categori	es listed at th	ne top of this	schedule)	(b)	Description	1		
l	OF EXPENDITURE		Advertising									nplete Schedule T.
l	LAFENDITORE								_		officeholder livir	ig expense
l									Newspape	er ads		
l												
9	Complete ONLY if direct	C	Candidate/Offic	eholder	name		Office sou	ught			Office h	ield
l	expenditure to benefit C/O	4						Ū				
⊨	<u> </u>											
l	Date		Payee name									
l	03/05/2024		The Crane N	lews								
	Amount (\$)		Payee addres	ss; (City;	Sta	ate; Zip C	ode				
l	\$112.50		401 S. Gaso	n								
l												
			Crane, TX 7	9731								
l	PURPOSE	(a)	Category (Se	e Categori	es listed at th	ne top of this	schedule)	(b)	Description	١		
l	OF EXPENDITURE		Advertising	Expens	e							mplete Schedule T.
l	LAFENDITORE								_		officeholder livir	ig expense
l									Newspape	er ads		
l												
Г	Complete ONLY if direct		Candidate/Offic	eholder	name		Office sou	ught			Office h	eld
l	expenditure to benefit C/O	4										
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INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 10/10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) English, Laurie K. (The Honorable) 00054709 5 Name of person from whom amount is received 8 Amount (\$) 04/15/2024 \$272.00 Masked Rider Publications 6 Address of person from whom amount is received; City; State; Zip Code Eldorado, TX 76936 7 Purpose for which amount is received Check if political contribution returned to filer 272.00

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00054709		2 Total pages filed: 6			
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY		
OFFICEHOLDER NAME	The Honorable	Laurie K.			Date Received			
					ELECTRONIC	CALLY FILED		
	NICKNAME	LAST		SUFFIX	12/19/2024			
		English						
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered	or Date Postmarked		
OFFICEHOLDER MAILING	3369 Hwy. 137				Denoise #			
ADDRESS	P.O. Box 2069				Receipt #	Amount		
Change of Address	Ozona, TX 76943-2069				Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>			
TREASURER NAME		Lisa A.						
	NICKNAME	LAST		SUFFIX				
		Harmson						
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE).	ΔΡ	/ SUITE#; CITY	· ST	TATE; ZIP CODE		
TREASURER	PO Box 2069	BOXT ELNOL),	7 11	7 30112 ", 0111	,	7.172, 211 0002		
ADDRESS								
(Residence or Business)	Ozona, TX 76943							
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION					
TREASURER PHONE	(325) 392-3963							
FHONE								
8 REPORT TYPE	X January 15	7 20th day before	alastian 🗖	Runoff [15th day after a	ampaign tracaurar		
	X January 15	30th day before	election	L	appointment (of	ampaign treasurer ficeholder only)		
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (At	tach C/OH-FR)		
9 PERIOD	Month Day Year			Month Day	Year			
COVERED	07/01/2024	TH	IROUGH	12/31/20				
				,,				
10 ELECTION	ELECTION DATE			ELECTION TYPE				
	Month Day Year	XP	rimary	Runoff	Other			
	03/05/2024	G	eneral	Special				
				_				
11 OFFICE	OFFICE HELD (if any)	t) District 110	,	12 OFFICE SOUGH	T (if known)			
	District Attorney (Multi-cou	inty) District 112	<u>2</u>					
		GO T	O PAGE 2					
I								

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 6

13 C / OH NAME	English, Laurie K. (Th	e Honorable)	14 Filer ID 00054709	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expend These expenditures may have been made witho I officeholders are required to report this informa	ut the candidate's or offic	ceholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME	:	
		COMMITTEE CAMPAIGN TREASURER ADDR	ESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER TIES OF LOANS, OR CONTRIBUTIONS MADE E		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOA	NS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A	AS OF THE LAST DAY	\$ 8,689.57
17 AFFIDAVIT		I swear, or affirm, under pen true and correct and include under Title 15, Election Code	all information required	
		The Ho	norable Laurie K. Engl	lish
		Signature	of Candidate or Officeho	older
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
Sworn to and subs	cribed before me, by the s	aid	, this the	day
of	, 20, to ce	ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of office	er administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

3 of 6

				3 01 0		
18 FILER NAM		19 Filer ID	(Ethics Commis	ssion Filers)		
	aurie K. (The Honorable)	00054709				
20 SCHEDULE NAME OF S			SUBTOTA	AL AMOUNT		
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00		
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00		
3. X	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS					
4. X	SCHEDULE E: LOANS		\$	0.00		
5. X	\$	0.00				
6. X	\$	0.00				
7. X	\$	0.00				
8. X	\$	0.00				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00		
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11. X	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTI	ONS	\$	210.43		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$			
			1			

PLE	OGED CONTRIBUTIONS		SCHEDULE B
TI	he Instruction Guide explains how to c	complete this form.	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/6
2 FILER NA	AME Laurie K. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00054709	
<u></u>	OF UNITEMIZED PLEDGES	\$ 0.00	
5 Date	6 Full name of pledgor out-of-state F 7 Pledgor Address; City; State; Z		3 Amount of pledge (\$)
10 Dringing	occupation / Job title (See Instructions)	111 - 1 (0)	Check if travel outside of Texas. Complete Schedule
10 Рипсіраї	occupation / Job title (See Instructions)	11 Employer (See In:	structions)

LOAN	S		SCHEDULE E
The Ins	ruction Guide explains how to complete this form.		ges Schedule E: L Rpt: 5/6
2 FILER NA English,	ME aurie K. (The Honorable)	3 Filer ID 000547	(Ethics Commission Filers)
4 TOTAL	OF UNITEMIZED LOANS	•	\$ 0.00
5 Date of lo	7 Name of lender out-of-state PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial institution	8 Lender address; City; State; Zip Code		10 Interest Rate
			11 Maturity Date
12 Principal	ccupation / Job title (See Instructions) 13 Employer (See Instructions)	ructions)	
14 Description	of Collateral 15 Check if personal fu	unds were deposited	into political account (See Instructions)
16 GUARAN INFORMA			19 Amount Guaranteed (\$)
not ap	icable 18 Guarantor address; City; State; Zip Code		
20 Principal	ccupation 21 Employer (See Instr	ructions)	

SCHEDULE |

		The Instruction Guide explains how to complete this form.
1	Total pages Schedule I: Sch: 1/1 Rpt: 6/6 Date 09/15/2024	2 FILER NAME English, Laurie K. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00054709 5 Payee name English, Laurie
6	Amount (\$) 180.43	7 Payee Address; City; State; Zip P.O. Box 2069 Ozona, TX 76943
8	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Loan Repayment/Reimbursement (b) Description (See instructions regarding type of information required.) Partial loan reimbursement
	Date 09/05/2024	Payee name Pinnacle Bank
	Amount (\$) 15.00	Payee Address; City; State; Zip 502 S. Koenigheim San Angelo, TX 76903
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) bank fees
	Date 08/05/2024	Payee name Pinnacle Bank
	Amount (\$) 15.00	Payee Address; City; State; Zip 502 S. Koenigheim San Angelo, TX 76903
	PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories) Accounting/Banking (b) Description (See instructions regarding type of information required.) bank fees