The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00088278		2 Total pages	filed: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Katie A.		MI	Date Received	USE ONLY
	NICKNAME	LAST Boggeman		SUFFIX	01/14/2024	CALLY FILED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT 113 West Gilbert Street	/ SUITE#; CIT	ГҮ;	ZIP CODE	Date Hand-delivered	or Date Postmarked Amount
Change of Address	Henrietta, TX 76365				Date Processed Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Ms.	FIRST Diane		MI	<u> </u>	
	NICKNAME	LAST Wines		SUFFIX		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO 9050 FM 172	BOX PLEASE);	AP ⁻	「/SUITE#; CITY	Y; S ⁻	TATE; ZIP CODE
(Residence or Business)	Henrietta, TX 76365					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHON (940) 733-7470	NE NUMBER	EXTENSION			
8 REPORT TYPE	X January 15	30th day before		Runoff Exceeded modified reporting limit	appointment (o	campaign treasurer fficeholder only) ttach C/OH-FR)
9 PERIOD COVERED	Month Day Year 07/01/2023	ті	HROUGH	Month Day 12/31/20		
10 ELECTION	ELECTION DATE Month Day Year 03/05/2024		Primary General	ELECTION TYPE Runoff Special	Other	
11 OFFICE	OFFICE HELD (if any) None Clay			12 OFFICE SOUGH Criminal Distric	IT (if known) ct Attorney Distric	t 97th
		GO -	TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	C / OH NAME Boggeman, Katie A. (Mrs.) 14 Filer ID 00088278							
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	holder's knowledge or				
Additional Pages	COMMITTEE TYPE COMMITTEE NAME							
	GENERAL							
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS	1. TOTAL UNITEM OR GUARANTE	N PLEDGES, LOANS, CTRONICALLY)	\$ 0.00					
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00				
EXPENDITURE TOTALS								
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 257.50				
CONTRIBUTION BALANCE	REPORTING PE			\$ 0.00				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.						
		Mrs. k	Katie A. Boggeman					
		·	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				
		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 01 0	
18 FILER N	AME	19 Filer ID	(Ethics Commis	sion Filers)	
Boggen	nan, Katie A. (Mrs.)	00088278			
	JLE SUBTOTALS OF SCHEDULE		SUBTOTAI	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				
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00	
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	0.00	
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	257.50	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$		
			1		

PLEDGED CONTRIBUTIONS	SCHEDULE B
The Instruction Guide explains how to complete th	form. 1 Total pages Schedule B: Sch: 1/1 Rpt: 4/6
2 FILER NAME Boggeman, Katie A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088278
4 TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
5 Date 6 Full name of pledgorout-of-state PAC (ID#: 7 Pledgor Address; City; State; Zip Code	8 Amount of pledge (\$) In-kind description (If applicable)
	Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (See Instructions) 11 I	loyer (See Instructions)

	LOANS						SCHEDI	JLE E
	The Instruction	on Guide explains how to co	omplete this f	orm.	I		ges Schedule E: L Rpt: 5/6	
2	FILER NAME Boggeman, Kati	e A. (Mrs.)			I	Filer ID 000882	(Ethics Commissio	n Filers)
4	TOTAL OF UN	IITEMIZED LOANS					\$	0.00
5	Date of loan	7 Name of lender	out-of-state PA	C (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 occupation	on / Job title (See Instructions)		13 Employer (See Ins	tructions)			
14	Description of Coll	lateral		15 Check if personal f	unds were d	eposited	into political accoun	
16	GUARANTOR INFORMATION	17 Name of guarantor					19 Amount Guaran	teed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code				
20	Principal occupation	on		21 Employer (See Ins	tructions)			

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: 1/1 Rpt: 6/6 Boggeman, Katie A. (Mrs.) 00088278 Date Payee name 12/19/2023 **Archer County News** 6 Amount (\$) Payee address; City; State; Zip Code \$257.50 104 E. Walnut Reimbursement from political contributions intended Archer City, TX 76351 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** 10 week candidate listing Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

The C/OH Instruction (Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commission 00088278		2 Total pages filed:14	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY	
NAME	Mrs.	Katie A.			Date Received	
					ELECTRONICALLY FILED	
	NICKNAME			CLIEFIX	02/05/2024	
	NICKNAME	LAST		SUFFIX	02/03/2024	
		Boggeman				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postmarked	i
OFFICEHOLDER MAILING	113 West Gilbert Street					
ADDRESS					Receipt # Amount	
Change of Address	Henrietta, TX 76365					
	·				Date Processed	
					Date Imaged	
					Date illiaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER	Ms.	Diane		IVII		
NAME	IVIS.	Diane				
	NICKNAME	LAST		SUFFIX		
		Wines				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT / S	SUITE #; CITY;	STATE; ZIP C	CODE
ADDRESS	9050 FM 172					
(Residence or Business)						
	Henrietta, TX 76365					
	4554 0055 BUO		-VTENOION			
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(940) 733-7470					
9 DEDODT						
8 REPORT TYPE	January 15	30th day before	election D Pur	noff	15th day after campaign treasure	ar
		Sour day belore	Liceton Li		appointment (officeholder only)	•
	July 15	8th day before		ceeded modified	Final Report (Attach C/OH-FR)	
		_	rep	orting limit	'	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2024	T⊦	IROUGH	02/05/2024	ļ.	
10 ELECTION	ELECTION DATE		[ELECTION TYPE		
	Month Day Year	ХР	rimary	Runoff	Other	
	03/05/2024		eneral	Special	_	
11 OFFICE	OFFICE HELD (if any)	<u> </u>	14.	2 OFFICE SOUGHT	/if known)	
III OFFICE	OFFICE HELD (II ally)		1		District 97 Montague, Archer,	and
				Clay	nstrict 37 Montague, Archer,	, and
		GO T	O PAGE 2			
I						

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expendi These expenditures may have been made withou officeholders are required to report this information	t the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш°	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THATES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOAN	IS)	\$ 9,766.25
EXPENDITURE TOTALS	3. TOTAL UNITEM		\$ 0.00	
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 11,502.19
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 5,463.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS A TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT		I swear, or affirm, under pena true and correct and includes under Title 15, Election Code.	all information required t	
		Mrs.	Katie A. Boggeman	
		Signature o	of Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL ABO	OVE		
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	r administering oath

SUBTOTALS - C/OH

					3 of 14
	ER NAM	n, Katie A. (Mrs.)	19 Filer ID 00088278	(Ethi	cs Commission Filers)
		E SUBTOTALS SCHEDULE			SUBTOTAL AMOUNT
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	9,225.00
2.	Х	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	541.25
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	2,500.31	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	NS	\$	
8.	Х	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	6,770.00
9.	Х	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	2,231.88
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	NS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	ETURNED	\$	

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A			
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/14		
2	FILER NAME Boggeman,	Katie A. (Mrs.)				3	Filer ID (Ethics Commission 00088278	on Filers)	
4	Date 01/22/2024	5 Full name of contributor Anton, Bruce6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code			7	Amount of Contribution (\$)	\$100.00	
8	Principal occu	Dallas, TX 75228 pation / Job title (See Instructions)	9	Employer (See Instructions	;)			
•	Lawyer	panon, eos ano (eos monacas).	,		Self	,			
	Date 01/23/2024	Full name of contributor Anton, Cathy Contributor address; City; St					Amount of Contribution (\$)	\$400.00	
		Dallas, TX 75228							
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Self	s)			
	Date 01/11/2024	Full name of contributor Douthitt, Frank (Mr.) Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code)		Amount of Contribution (\$)	\$1,000.00	
	Deinsinal	Henrietta, TX 76365	`		Frankrick (Control to the other officers	<u></u>			
	attorney	pation / Job title (See Instructions)		Employer (See Instructions self	5)			
	Date 01/11/2024	Full name of contributor Dwyer, William Contributor address; City; St Wichita Falls, TX 76308					Amount of Contribution (\$)	\$200.00	
	Principal occu police officer	pation / Job title (See Instructions)		Employer (See Instructions Olney Police Departmer	•			
	Date 01/17/2024	Full name of contributor Fleming, Paul Contributor address; City; St Henrietta, TX 76365	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$200.00	
	Principal occu CPA	pation / Job title (See Instructions)		Employer (See Instructions	s)			
				<u> </u>					

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/14	
2	FILER NAME Boggeman, I	Katie A. (Mrs.)			3	Filer ID (Ethics Commission 00088278	on Filers)
4	Date 01/05/2024	5 Full name of contributor Jennings, Harper (Ms.)6 Contributor address; City; Sta	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$1,000.00
0	Dringing con	TX		D Employer (See Instructions	<u>,,</u>		
0	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	5)		
	Date 01/31/2024	Full name of contributor Knowlton, WIlliam Contributor address; City; Sta			•	Amount of Contribution (\$)	\$125.00
		Henrietta, TX 76365		5 1 (2 1 1 1	Ĺ		
	Attorney	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 01/22/2024	Full name of contributor Knowlton, William Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
		Henrietta, TX 76365					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions self	S)		
	Date 01/15/2024	Full name of contributor Maness, Judy Contributor address; City; Sta Wichita Falls, TX 76310				Amount of Contribution (\$)	\$50.00
	Principal occu cosmetologis	pation / Job title (See Instructions)		Employer (See Instructions business owner	5)		
	Date 01/10/2024	Full name of contributor Martin, Heather Contributor address; City; Sta	out-of-state PAC (ID#:		•	Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	<u>.</u> S)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS		SCHEDUI	LE A1
	The Instru	ction Guide explains how	to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/14	
2	FILER NAME Boggeman,	Katie A. (Mrs.)			3	Filer ID (Ethics Commission 00088278	on Filers)
4	Date 01/25/2024	5 Full name of contributor Mathews, Mark6 Contributor address; City; S	out-of-state PAC (ID#:_		7	Amount of Contribution (\$)	\$250.00
_		Henrietta, TX 76365					
8	Principal occu	pation / Job title (See Instructions	s)	9 Employer (See Instructions	s)		
	Date 01/10/2024	Full name of contributor McGaughey, Darlene Contributor address; City; S				Amount of Contribution (\$)	\$1,000.00
	Deinsinal	Nocona, TX 76255	,	Formless (Construction	<u> </u>		
	retired	pation / Job title (See Instructions	5)	Employer (See Instructions retired	s)		
	Date 01/20/2024	Full name of contributor Pezanosky, Steve Contributor address; City; S	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
		Fort Worth, TX 76109					
	Principal occu attorney	pation / Job title (See Instructions	s)	Employer (See Instructions Varghese Summersett	5)		
	Date 01/24/2024	Full name of contributor Pezanosky, Steve Contributor address; City; S Fort Worth, TX 76109				Amount of Contribution (\$)	\$500.00
	Principal occu attorney	pation / Job title (See Instructions	5)	Employer (See Instructions Varghese Summersett	5)		
	Date 02/03/2024	Full name of contributor Pickett, Jack Contributor address; City; Si Henrietta, TX 76365	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
	Principal occu	pation / Job title (See Instructions	s)	Employer (See Instructions	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/14	
2	FILER NAME Boggeman, I	Katie A. (Mrs.)				3	Filer ID (Ethics Commission 00088278	on Filers)
4	Date 01/07/2024	5 Full name of contributor Rush, Versel6 Contributor address; City; S	out-of-state PAC (ID#:ate; Zip Code)	7	Amount of Contribution (\$)	\$100.00
_	Dringing age	Bowie, TX 76230	. T	_	Employer (Coo Instructions	<u></u>		
8	Attorney	pation / Job title (See Instructions	5)	9	Employer (See Instructions State of Texas	5)		
	Date 01/30/2024	Full name of contributor Rush, Versel Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
	Dringing aggr	Bowie, TX 76230			Employer (See Instructions	<u></u>		
	attorney	pation / Job title (See Instructions)		State of Texas	·)		
	Date 01/09/2024	Full name of contributor Scaling, Ann (Mrs.) Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
		Henrietta, TX 76365						
	Principal occu Retired	pation / Job title (See Instructions	;) 		Employer (See Instructions n/a	5)		
	Date 01/09/2024	Full name of contributor Scaling, Wilson (Mr.) Contributor address; City; S Henrietta, TX 76365)		Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions n/a	5)		
	Date 02/02/2024	Full name of contributor Schenk , Cyndi Contributor address; City; S Wichita Falls, TX 76308	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions	(5)		Employer (See Instructions	5)		

	MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/14
2	FILER NAME Boggeman, Katie A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088278
4	Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution (\$) \$100.00
_	Fort Worth, TX 76137	
8		oyer (See Instructions) aulics, Inc.
	Date Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$500.00
	Principal occupation / Job title (See Instructions) Empl	byer (See Instructions) Watson Whitman

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: 9/14 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Boggeman, Katie A. (Mrs.) 00088278 \$ TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 6 Full name of contributor 9 In-kind contribution out-of-state PAC (ID#: Amount of contribution (\$) description 01/08/2024 Nieman Print and Design \$541.25 Banner purchase 7 Contributor address; City; State; Zip Code Saginaw, TX 76179 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) 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)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Event Exper Accounting/Banking Fees
Consulting Expense Food/Bever Contributions/ Donations Made By - Gift/Awards

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

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

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 10/14	Boggeman, Katie A. (Mrs.) 00088278
4	Date	5 Payee name
	01/23/2024	Imprints One
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$513.31	3911 Kell Blvd Ste. C
		Wichita Falls, TX 76308-1519
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 push cards and door hangers
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
	Date	Payee name
	01/01/2024	Legend Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.00	
		TX 76365
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Ordered checks
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	02/02/2024	The Nocona News
	Amount (\$)	Payee address; City; State; Zip Code
	\$600.00	PO Box 539
		Nocona, TX 76255-0539
	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
		The Nocona News paper advertisement
		The first is paper during the first is a second in the first in the first is a second in the first i
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

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/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
_	T.1 C.1.1.=:	The Instruction Guide explains how to complete this form.	1 5 1 1 5 1 1 5 1 1 1 1 1 1 1 1 1 1
1	Total pages Schedule F1: Sch: 2/2 Rpt: 11/14	2 FILER NAME Boggeman, Katie A. (Mrs.)	3 Filer ID (Ethics Commission Filers) 00088278
_			00000270
4	Date 01/31/2024	5 Payee name The Shopper	
6	Amount (\$) \$1,366.00	7 Payee address; City; State; Zip Code 306 Lindsey Street Bowie, TX 76230	
8	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. n, TX, officeholder living expense r Advertisements
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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	/ - Gift/Awards	s/Memorials Expense	Printing Expense T	ravel in District ravel Out of District ITHER (enter a category not listed above)
		The Insti	ruction Guide explains h	ow to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 12/14	Boggeman, Katie A	. (Mrs.)		00088278
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED	
l	ISSUER	Citil	oank	EXPENDITURES CHARGED TO A CREDIT	- \$
				CARD	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid
l		\$6,770.00	01/08/2024		
		, , , , , , , , ,			
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Code
l				2303 Old Jacksboro High	ıway
l		Wichita Falls Truck	Center		•
				Wichita falls, TX 76302	
8	PURPOSE OF	(a) Category		(b) Description	
l	EXPENDITURE	(See Categories listed at the top	of this schedule)	Banner and yard sign pri	nting
	X Political	Printing Expense			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule	T. Check if Austin. TX	, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder		fice sought	Office held
	xpenditure to benefit C/OH				

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	- I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E			Travel in D		
	Credit Card Payment		The Instruction Guide explains	how to co	omplete this form.				
1	. •	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/2 Rpt: 13/14	Boggeman,	Katie A. (Mrs.)				000882	278	
4	Date	5 Payee name							
	01/06/2024	Archer Cou	nty Jr. Livestock Show						
6	Amount (\$)	7 Payee addre	ss; City; State;	Zip Co	ode				
	\$1,750.00								
	Reimbursement from political contributions intended	TV							
_		TX			(a) D	7.01		d autoida of Taura Campleta Cabadula T	_
8	PURPOSE OF		ee Categories listed at the top of this sch	edule)	(b) Description	=		el outside of Texas. Complete Schedule T. in, TX, officeholder living expense	
	EXPENDITURE	Advertising	Expense		Jr. Livestock pre	_			
					or. Envesteen pres		m adout		
9	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held	-
	expenditure to benefit C/OH								
									=
	Date 01/06/2024	Payee name	. Ir Livertook Chow						
			y Jr. Livestock Show	Zip Co	ado.				_
	Amount (\$) \$103.00	Payee addre	ss; City; State;	Zip Ct	oue				
	Reimbursement from								
	political contributions intended	Henrietta, T	X 76365						
	PURPOSE	Category (s	ee Categories listed at the top of this sch	edule)	Description	Ch	neck if trave	el outside of Texas. Complete Schedule T.	-
	OF EXPENDITURE	Advertising	Expense			Cr	neck if Austi	in, TX, officeholder living expense	
	EXI ENDITORE				Jr. Livestock Cor	ntrib	outions		
	Complete <u>ONLY</u> if direct expenditure to benefit	Candidate/Office	holder name		Office sought			Office held	
	C/OH								
	Date	Payee name							=
	01/22/2024	,	nt Shop and Design						
	Amount (\$)	Payee addre	ss; City; State;	Zip Co	ode				_
	\$216.50	308 Meado	w Street						
	Reimbursement from political contributions								
	intended	Saginaw, T	X 76179						
	PURPOSE OF		ee Categories listed at the top of this sch	edule)	Description	=		el outside of Texas. Complete Schedule T.	
	EXPENDITURE	Printing Exp	pense		L		IECK II AUSU	in, TX, officeholder living expense	
					Banners				
	Complete ONLY if direct	Candidate/Office	holder name		Office sought			Office held	_
	expenditure to benefit				Coo oougin			5555id	
	C/OH								_

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: 2/2 Rpt: 14/14 Boggeman, Katie A. (Mrs.) 00088278 Date Payee name 01/25/2024 **TNT Signs** 6 Amount (\$) Payee address; City; State; Zip Code \$162.38 6301 Southwest Parkway Reimbursement from political contributions intended Wichita Falls, TX 76310 **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 **Printing Expense EXPENDITURE** Magnets for cars Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

			T		T	
The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00088278		2 Total pages file 1	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE L	JSE ONLY
OFFICEHOLDER NAME	Mrs.	Katie A.			Date Received	
					ELECTRONICA	71 I A EII ED
					02/26/2024	(LL) I ILLD
	NICKNAME	LAST		SUFFIX	0212012024	
		Boggeman			l	
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	ΓΥ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	113 West Gilbert Street					
ADDRESS					Receipt #	Amount
Change of Address	Henrietta, TX 76365					
O. Marigo de l'alla alla	Heimella, 17 10505				Date Processed	
					Date Imaged	
5 CAMPAIGN		FIRST		MI		
TREASURER NAME	Ms.	Diane				
	NICKNAME	LAST		SUFFIX		
		Wines				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE)	AF	PT / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	9050 FM 172	DOX 1 227.02,	•	1700112, 5,	C	
ADDRESS	3030 I W 172					
(Residence or Business)	,,					
	Henrietta, TX 76365					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER	EXTENSION			
TREASURER		IE NOIVIDEIX	EXILINGION			
PHONE	(940) 733-7470					
a DEDORT	 					
8 REPORT TYPE	January 15	30th day before	e election	Runoff	15th day after can	nnainn treasurer
		_ Journay Below	e election	L	appointment (office	
	July 15	8th day before	election	Exceeded modified	Final Report (Atta	ch C/OH-FR)
		-	_	reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	02/06/2024	T!	HROUGH	02/24/202	:4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	XF	Primary	Runoff	Other	
	03/05/2024					
			General	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
						strict 97 Montague,
				Archer, and Clay	1	
		co.	TO PAGE 2			
		GO	IO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Boggeman, Katie A. (Mrs.)	14 Filer ID (00088278	Ethics Commission Filers)				
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expe These expenditures may have been made with I officeholders are required to report this inform	hout the candidate's or office	holder's knowledge or				
Additional Pages COMMITTEE TYPE COMMITTEE NAME								
	GENERAL	COMMITTEE ADDRESS						
	SPECIFIC							
		COMMITTEE CAMPAIGN TREASURER NAI	ME					
		COMMITTEE CAMPAIGN TREASURER ADI	DRESS					
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 200.00				
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LO	DANS)	\$ 15,725.00				
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00				
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 31,165.70				
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF T RIOD	HE LAST DAY OF THE	\$ 5,434.03				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	S AS OF THE LAST DAY	\$ 0.00				
17 AFFIDAVIT								
			enalty of perjury, that the acc les all information required to de.					
			rs. Katie A. Boggeman	 				
		Signatu	re of Candidate or Officeholo	der				
AFFIX NO	TARY STAMP / SEAL AB	OVE						
		aid		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				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				3 of 15			
18 FILER NAM Boggeman	E , Katie A. (Mrs.)	19 Filer ID 00088278	(Ethics Con	nmission Filers)			
	SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	15,725.00			
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	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	16,665.70			
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	14,500.00			
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	DNS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$				

	MONEI	ARY POLITICAL COI	VIRIBUTIO	NS		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this for	rm.	1	Total pages Schedule A1: Sch: 1/7 Rpt: 4/15	
2	FILER NAME Boggeman, I	Katie A. (Mrs.)			3	Filer ID (Ethics Commission 00088278	n Filers)
4	Date 02/07/2024	Adkins, Shelley 6 Contributor address; City; State; 2	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$200.00
8	Principal occu retired	Montague, TX 76251 pation / Job title (See Instructions)	9	Employer (See Instructions retired	<u> </u> s)		
	Date 02/23/2024	Anton, Bruce Contributor address; City; State; 2	out-of-state PAC (ID#:)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 02/09/2024	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
		Henrietta, TX 76365 pation / Job title (See Instructions)	atribution by	Employer (See Instructions	<u> </u> s)		
	Date 02/09/2024	Full name of contributor Gonds, Missy Contributor address; City; State; 2 Fort Worth, TX 76179	out-of-state PAC (ID#:	self		Amount of Contribution (\$)	\$500.00
	Principal occu Rancher	pation / Job title (See Instructions)		Employer (See Instructions self	<u>l</u> s)		
	Date 02/12/2024	Full name of contributor Grown, Clint Contributor address; City; State; 2 Saint Jo, TX 76265	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this f	orr	n.	1	Total pages Schedule A1: Sch: 2/7 Rpt: 5/15	
2	FILER NAME Boggeman, I	Katie A. (Mrs.)				3	Filer ID (Ethics Commission 00088278	on Filers)
4	Date 02/08/2024	5 Full name of contributor Brown, Ronald6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Nocona, TX 76255 pation / Job title (See Instructions	2)	9	Employer (See Instructions	<u>:)</u>		
•	attorney	pation / 300 title (See Instructions	9)	3	self	•)		
	Date 02/12/2024	Full name of contributor Cecil, Carol Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
		Nocona, TX 76255						
	Principal occupation / Job title (See Instructions) Employer (See Instructions)				s)			
	Date 02/12/2024	Full name of contributor Chamberlain, D Contributor address; City; S	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2,000.00
		Saint Jo, TX 76265						
	Principal occu retired	pation / Job title (See Instructions	s)		Employer (See Instructions retired	s)		
	Date 02/09/2024	Full name of contributor Clint, Shirley Contributor address; City; S Fort Worth, TX 76108)		Amount of Contribution (\$)	\$500.00
	Principal occu Estes Expres	pation / Job title (See Instructions ss Lines	s)		Employer (See Instructions Supervisor	5)		
	Date 02/08/2024	Full name of contributor Crowe, Bill Contributor address; City; S Nocona, TX 76255	out-of-state PAC (ID#:_)	•	Amount of Contribution (\$)	\$250.00
	Principal occu CPA	pation / Job title (See Instructions	s)		Employer (See Instructions Self	s)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUL	E A1
	The Instruc	ction Guide explains hov	ı to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 3/7 Rpt: 6/15	
2	FILER NAME Boggeman, I	Katie A. (Mrs.)				3	Filer ID (Ethics Commission 00088278	on Filers)
4	Date 02/09/2024	5 Full name of contributor Decker, D.C.6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8		Nocona, TX 76255 pation / Job title (See Instructions	5)	9	Employer (See Instructions	<u> </u> 5)		
	Cowboy Emp	porium			owner/operator			
	Date 02/07/2024	Full name of contributor Fenoglio, David Contributor address; City; S)		Amount of Contribution (\$)	\$2,500.00
		Nocona, TX 76255						
	Principal occu Real Estate	pation / Job title (See Instructions	s)		Employer (See Instructions Self	5)		
	Date 02/07/2024	Full name of contributor Fenoglio, Robert Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00
	Deinsinalassa	Nocona, TX 76255	<u>.</u>		(O(O	<u></u>		
	real estate	pation / Job title (See Instructions	5)		Employer (See Instructions self	5)		
	Date 02/09/2024	Full name of contributor Goolsby, Christi Contributor address; City; S Nocona, TX 76255	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor Herndon, Robert Contributor address; City; S nocona, TX 76255	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$200.00
	Principal occu retired	pation / Job title (See Instructions	5)		Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS	5		SCHEDUI	LE A1
	The Instru	ction Guide explains hov	to complete this f	form.		1	Total pages Schedule A1: Sch: 4/7 Rpt: 7/15	
2	FILER NAME Boggeman,	Katie A. (Mrs.)				3	Filer ID (Ethics Commission 00088278	on Filers)
4	Date 02/12/2024	5 Full name of contributor Leatherwood, Joanne6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$100.00
_	Dringing Loggy	Nocona, TX 76255	A)	lo r	maleyer (Coe Instructions			
ð	Principal occu	pation / Job title (See Instructions	5)	9 =	imployer (See Instructions)		
	Date 02/16/2024	Full name of contributor Lennon, Kristin Contributor address; City; S)		Amount of Contribution (\$)	\$100.00
	Dringing agg	Henrietta, TX 76365	5)	T =	imployer (See Instructions	_		
				Clay County	')			
	Date 02/07/2024	Full name of contributor MF Real Estate Holdings Contributor address; City; S					Amount of Contribution (\$)	\$250.00
		Nocona, TX 76255						
	Principal occu	pation / Job title (See Instructions	5)	E	imployer (See Instructions	i)		
	Date 02/12/2024	Full name of contributor McGaughey, Darlene Contributor address; City; S Nocona, TX 76255)		Amount of Contribution (\$)	\$500.00
	Principal occu retired	pation / Job title (See Instructions	s)		imployer (See Instructions etired	5)		
	Date 02/10/2024	Full name of contributor Miller, Don Contributor address; City; S Dallas, TX 75219	out-of-state PAC (ID#:_				Amount of Contribution (\$)	\$2,500.00
	Principal occu Real Estate	pation / Job title (See Instructions	(5)		mployer (See Instructions Owner	i)		
				•				

	MONET	ARY POLITICAL CONTRIBU	ITION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete t	his forr	n.	1	Total pages Schedule A1: Sch: 5/7 Rpt: 8/15	
2	FILER NAME Boggeman,	Katie A. (Mrs.)			3	Filer ID (Ethics Commission 00088278	n Filers)
4	Date 5 Full name of contributor out-of-state PAC (ID#:) O'Dwyer, Paul 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00		
_	Daine in all access	Haslet, TX 76052	- 10	Frankrije (Ozakastice			
8	Real Estate	pation / Job title (See Instructions)	9	Employer (See Instructions self	5)		
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00	
	Principal occu	Haslet, TX 76052		Employer (See Instructions	-, 		
Principal occupation / Job title (See Instructions) Self Employer (See Self			>)				
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00	
		Nocona , TX 76255					
	Principal occu Business	pation / Job title (See Instructions)		Employer (See Instructions self	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC Poe, Pattie and Sammie Contributor address; City; State; Zip Code Nocona, TX 76255)		Amount of Contribution (\$)	\$500.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/12/2024 Rippy Investment LLC Contributor address; City; State; Zip Code Gainsville, TX 76240			Amount of Contribution (\$)	\$300.00		
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
			1				

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 6/7 Rpt: 9/15	
2	FILER NAME Boggeman, I	Katie A. (Mrs.)			3	Filer ID (Ethics Commission 00088278	n Filers)
4	Date 02/12/2024 5 Full name of contributor out-of-state PAC (ID#:) Ryan, Harry 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$50.00		
8	Principal occu	Nocona, TX 76255 pation / Job title (See Instructions)	ام	Employer (See Instructions			
0	retired	pation / 300 title (See Instructions)		retired)		
	Date 02/23/2024	Full name of contributor Sharp, Beverly Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$75.00
		Fort Worth, TX 76137					
		Employer (See Instructions Hyrdaulics, Inc.)				
	Date Full name of contributor out-of-state PAC (ID#:_02/07/2024 Spencer, Susan Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$100.00
		Nocona, TX 76255					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 02/07/2024	Terrell, Donna	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
Principal occupation / Job title (See Instructions) retired			Employer (See Instructions retired)			
	Date Full name of contributor out-of-state PAC (ID#:) 102/07/2024 Trace, J. Lynne Contributor address; City; State; Zip Code Nocona, TX 76255			Amount of Contribution (\$)	\$50.00		
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
			1				

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E A1
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 7/7 Rpt: 10/15	
2	FILER NAME Boggeman,	Katie A. (Mrs.)		3	Filer ID (Ethics Commission 00088278	n Filers)
4	Date 02/12/2024	02/12/2024 Wiley, Shane 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00
_	Dein ein al. a a a	Henrietta, TX 76365	10 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
8	GM	pation / Job title (See Instructions)	9 Employer (See Instructions JAC			
	Date Full name of contributor out-of-state PAC (ID#:) 02/16/2024 Williams, Jo Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$200.00	
	Henrietta, TX 76365 Principal occupation / Job title (See Instructions) Employer (See Instructions		5)			
	Owner Livestock market Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	5)		
	Date 02/12/2024	Full name of contributor out-of-state PAC (ID#:_Yowell, Tommy Contributor address; City; State; Zip Code Nocona, TX 76255			Amount of Contribution (\$)	\$450.00
	Principal occu Landman	pation / Job title (See Instructions)	Employer (See Instructions Self	5)		

Boggeman, Katie A. (Mrs.) TOTAL OF UNITEMIZED PLEDGES S Date 6 Full name of pledgor	PLEDGED CONTRIBUTIONS	SCHEDULE B
2 FILER NAME Boggeman, Katie A. (Mrs.) TOTAL OF UNITEMIZED PLEDGES 5 Date 6 Full name of pledgor Out-of-state PAC (ID#:	The Instruction Guide explains how to complete this form.	
TOTAL OF UNITEMIZED PLEDGES 6 Full name of pledgor	2 FILER NAME Boggeman, Katie A. (Mrs.)	3 Filer ID (Ethics Commission Filers)
pledge (\$) (If applicable) 7 Pledgor Address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T.	TOTAL OF UNITEMIZED PLEDGES	\$ 0.00
Check if travel outside of Texas. Complete Schedule T.		8 Amount of pledge (\$) 9 In-kind description (If applicable)
	7 Pleagor Address; City; State; Zip Code	
Lamplayer (See Instructions) Lamplayer (See Instructions)	10 Drivering Leavestien / Joh Hills (Con Instructions)	
	10 Principal occupation / Job title (See Instructions) 11 Employer (See Ins	structions)

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to co	omplete this f	orm.		l pages Schedule E: : 1/1 Rpt: 12/15
2	FILER NAME Boggeman, Kati	e A. (Mrs.)				ID (Ethics Commission Filers) 88278
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 Amount (\$)
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
						11 Maturity Date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Ins	structions)	1
14	Description of Coll	lateral		15 Check if personal	funds were depos	ited into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupation	on		21 Employer (See Ins	structions)	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	-
	Sch: 1/2 Rpt: 13/15	Boggeman, Katie A. (Mrs.) 00088278	
4	Date	5 Payee name	_
	02/07/2024	Bowie News	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$567.00	200 Walnut Street	
		Bowie, TX 76230	
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 advertising	
		Newspaper auvertising	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
H	Date	Payee name	=
	02/06/2024	Clay County Leader	
┝	Amount (\$)	Payee address; City; State; Zip Code	_
	\$623.70	PO Drawer 10	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Henrietta, TX 76365	
┝	PURPOSE		_
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Newspaper advertising	
L			_
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
L			_
	Date	Payee name	
	02/12/2024	Saint Jo Tribune	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$378.00	PO Box 160	
		0.141. TV 700FF	
		Saint Jo, TX 76255	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Newspaper advertising	
l			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O	1	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Float Services Salaries/Magas/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 14/15	Boggeman, Katie A. (Mrs.) 00088278
4	Date	5 Payee name
	02/07/2024	Stevens, Mike
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$14,500.00	6923 Indiana Avenue
		Lubbock, TX 79413
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Marketing and consulting services
_		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/08/2024	Wichita Falls Truck Center, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$405.00	2303 Old Jacksboro Highway
		Wichita Falls, TX 76302
	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 Sign purchase
		Sign purchase
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Daniel and a second a second and a second an
	Date 02/07/2024	Payee name Wichita Falls Truck Center, LLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$192.00	2303 Old Jacksboro Highway
		Wichita Falls, TX 76302
	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
		Banner signs
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

UNPAID INCURRED OBLIGATIONS SCHEDULE F2 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental 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 Travel Out of District Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F2: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 15/15 Boggeman, Katie A. (Mrs.) 00088278 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 0.00 5 Date Payee name 02/24/2024 Mike Stevens Amount (\$) Payee address; City; State; Zip Code \$14,500.00 6923 Indiana Avenue Lubbock, TX 79413 TYPE OF Political Non-Political Х **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Consulting Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense consulting and marketing assistance 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

The C/OH Instruction C	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commi 00088278		2 Total pages filed: 12	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ON	ILY
OFFICEHOLDER NAME	Mrs.	Katie A.			Date Received	
					ELECTRONICALLY FIL	FD
	NICKNAME	LAST		SUFFIX	07/09/2024	
	MCKNAWE	Boggeman		JUFFIX		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or Date Postm	arked
MAILING	113 West Gilbert Street				Receipt # Amount	
ADDRESS						
Change of Address	Henrietta, TX 76365				Date Processed	
					Date Imaged	
- 044541041						
5 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI		
NAME	Ms.	Diane				
	NICKNAME	LAST Wines		SUFFIX		
		vviiles				
6 CAMPAIGN	STREET ADDRESS (NO PO	BOY DI EVSE).	ΛD.	T / SUITE #; CITY;	STATE; Z	ZIP CODE
TREASURER	9050 FM 172	BOX FLEASE),	AF	1/3011E#, CITT,	SIAIE, 2	ZIF CODE
ADDRESS	3030 T W 172					
(Residence or Business)	Henrietta, TX 76365					
	Tierinetta, 17 70303					
7 CAMPAIGN	AREA CODE PHON	NE NUMBER E	EXTENSION			
TREASURER PHONE	(940) 733-7470					
8 REPORT TYPE	January 15	7 20th day before	alastian \square	Rupoff -	7 15th day after compaign tree	Curor
=	January 15	30th day before	election	Runoff	15th day after campaign trea appointment (officeholder on	nly)
	X July 15	8th day before 6	election	Exceeded modified	Final Report (Attach C/OH-F	R)
				reporting limit		
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	02/25/2024	TH	IROUGH	06/30/202	4	
10 ELECTION	ELECTION DATE		rim on t	ELECTION TYPE	Othor	
	Month Day Year 03/05/2024	X Pi	rimary	Runoff	Other	
	00/03/2024	□G	Seneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
				Criminal District	Attorney District 97th	
	•					
		GO T	O PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 12

13 C / OH NAME	Boggeman, Katie A.	Mrs.)	14 Filer ID (00088278	(Ethics Commission Filers)						
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to d officeholders are required to report this information	the candidate's or office	eholder's knowledge or						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL									
		COMMITTEE ADDRESS	MMITTEE 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)	\$ 13,466.10						
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$ 0.00						
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 33,569.96						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 605.13						
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 3,000.00						
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.								
		Mrs. k	(atie A. Boggeman							
			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						
of										
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath									

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

				J V LI (O	3 of 12
18 FIL Bo		n, Katie A. (Mrs.)	19 Filer ID 00088278	(Ethics Co	mmission Filers)
20 SC NA	HEDULI ME OF	SUB	FOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,466.10
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	Х	SCHEDULE E: LOANS		\$	15,000.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$	33,569.96
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	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	\$	

	MONETARY POLITICAL CONTRIBUTIONS						SCHEDUI	E A1
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/12			
2	FILER NAME Boggeman, I	Katie A. (Mrs.)				3	Filer ID (Ethics Commission 00088278	on Filers)
4	Date 03/23/2024 5 Full name of contributor out-of-state PAC (ID#:) Anton, Bruce 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$)	\$100.00			
0	Dringing Loon	Dallas, TX 75228			Employer (Coo Instructions	<u></u>		
8	lawyer	pation / Job title (See Instructions		9	Employer (See Instructions self	»)		
	Date Full name of contributor out-of-state PAC (ID#:) 04/23/2024 Anton, Bruce Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00			
	Dallas, TX 75228				<u></u>			
Principal occupation / Job title (See Instructions) Iawyer Employer (See Instructions) self		Employer (See Instructions self	5)					
	Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00	
		Dallas, TX 75228						
	Principal occu lawyer	pation / Job title (See Instructions)			Employer (See Instructions self	s)		
Date O2/25/2024 Beesinger, Derrel Contributor address; City; State; Zip Code Wichita Falls, TX 76310)		Amount of Contribution (\$)	\$250.00		
	Principal occu retired	pation / Job title (See Instructions)			Employer (See Instructions retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 03/01/2024 Berry , Bob Contributor address; City; State; Zip Code Wichita Falls, TX 76307			Amount of Contribution (\$)	\$1,500.00			
	Principal occu oil	pation / Job title (See Instructions)			Employer (See Instructions self	s)		

	MONETARY POLITICAL CONTRIBUTIONS					E A1		
	The Instruction Guide explains how to complete this form.			1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/12			
2			3	Filer ID (Ethics Commission	on Filers)			
	Boggeman, I	Katie A. (Mrs.)					00088278	
4	Date 5 Full name of contributor		7	Amount of Contribution (\$)	\$1,000.00			
•	Dringing Logov	Dallas, TX 75254	· 1		Employer (Coo Instructioner			
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/25/2024 Cooksey, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00			
	Dallas, TX 75251				<u></u>			
	Principal occupation / Job title (See Instructions) Rancher, cattle trade, business owner Employer (See Instruction self		Employer (See Instructions self	•)				
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00			
		Saint Jo, TX 76265						
	Principal occu Crippen Wel	pation / Job title (See Instructions Iness)		Employer (See Instructions self	5)		
		out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$95.70	
	Principal occu retired	pation / Job title (See Instructions			Employer (See Instructions retired	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 02/29/2024 Fenoglio, Matthew Contributor address; City; State; Zip Code Nocona, TX 76255			Amount of Contribution (\$)	\$250.00			
	Principal occu Real Estate	pation / Job title (See Instructions			Employer (See Instructions Self	5)		

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	The Instruction Guide explains how to complete this form.			Total pages Schedule A1: Sch: 3/5 Rpt: 6/12			
2	FILER NAME Boggeman,	Katie A. (Mrs.)		3	Filer ID (Ethics Commission 00088278	on Filers)		
4	4 Date 02/25/2024 5 Full name of contributor out-of-state PAC (ID#:) Higgins, Michael 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$500.00				
_		Forrestburg, TX 76239	1					
8	retired	ipation / Job title (See Instructions)	Employer (See Instructions retired)				
	Date Full name of contributor out-of-state PAC (ID#:) 03/04/2024 Lindemann, James Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,000.00			
	Holliday, TX 76366 Principal occupation / Job title (See Instructions) Employer (See Instructions))				
	Drilling, Production, Ranching self			,				
Date Full name of contributor out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$2,399.70			
		Montague, TX 76251						
		ipation / Job title (See Instructions) ttle trade, day work, mineral tub distribution by	Employer (See Instructions JPM Ranch)				
Date O2/25/2024 Olden, Craig Contributor address; City; State; Zip Code Saint Jo, TX 76265				Amount of Contribution (\$)	\$1,000.00			
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired)				
	Date Full name of contributor out-of-state PAC (ID#:) 02/25/2024 Rush, Versel Contributor address; City; State; Zip Code Bowie, TX 76230			Amount of Contribution (\$)	\$100.00			
	Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instructions State of Texas)				

	MONETARY POLITICAL CONTRIBUTIONS					SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/12	
2	FILER NAME Boggeman, I	FILER NAME Boggeman, Katie A. (Mrs.)			3	Filer ID (Ethics Commission 00088278	n Filers)
4	Date 03/30/2024 5 Full name of contributor out-of-state PAC (ID#:) Rush, Versel 6 Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00			
_	Dringing! aggs	Bowie, TX 76230	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. Employer (Co.) Instruction	<u></u>		
8	regional atto	pation / Job title (See Instructions rney)	Employer (See Instruction State of Texas	5)		
	Date Full name of contributor out-of-state PAC (ID#:) 05/01/2024 Rush, Versel Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$95.70	
	Bowie, TX 76230 Principal occupation / Job title (See Instructions) Employer (See Instructions				e)		
Regional Attorney State of Texas			3)				
Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$75.00		
		Fort Worth, TX 76137					
	Principal occu Controller	pation / Job title (See Instructions)	Employer (See Instruction Hyrdaulics, Inc.	s)		
02/26/2024 Sickles, John		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
	Date Full name of contributor out-of-state PAC (ID#:) O2/25/2024 Stanley, Paul Contributor address; City; State; Zip Code Saint Jo, TX 76265			Amount of Contribution (\$)	\$100.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)		
			-				

	MONET	TARY POLITICAL CONTRIBU	UTIONS	SCHEDULE A	1
	The Instru	ction Guide explains how to complete	1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/12		
2	FILER NAME Boggeman,	Katie A. (Mrs.)		3 Filer ID (Ethics Commission Filer 00088278	rs)
4			AC (ID#:)	(+)	00.00
		Nocona, TX 76255			
8	Principal occu retired	upation / Job title (See Instructions)	9 Employer (See Instructi retired	tions)	
	Date 02/25/2024	Full name of contributor	AC (ID#:)) Amount of Contribution (\$) \$50	00.00
		Contributor address; City; State; Zip Code			
	Principal occu	Saint Jo, TX 76265 upation / Job title (See Instructions)	Employer (See Instructi	tions)	
	President		Coppell Construction	n Co	

LOANS				SCHEDULE E
The Instruc	tion Guide explains how to complete this	form.	1	nges Schedule E: 1 Rpt: 9/12
2 FILER NAME Boggeman, K	atie A. (Mrs.)			(Ethics Commission Filers)
4 TOTAL OF U	JNITEMIZED LOANS			\$
5 Date of loan 03/01/2024	7 Name of lender	AC (ID#:)	9 Loan Amount (\$) \$15,000.00
6 Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate
No	Henrietta, TX 76365			11 Maturity Date 03/01/2024
12 Principal occup Rancher	ation / Job title (See Instructions)	13 Employer (See Instructions Self	6)	
14 Description of C	Collateral	15 Check if personal funds we	ere deposited	d into political account (See Instructions)
16 GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
X not applicabl	e 18 Guarantor address; City; State;	Zip Code		
20 Principal occup	ation	21 Employer (See Instructions	5)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/3 Rpt: 10/12	Boggeman, Katie A. (Mrs.)		00088278
4	Date	5 Payee name		
	03/05/2024	Archer County News		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$594.00	PO Box 1125		
		Anches Oits TV 70054		
_		Archer City, TX 76351		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Newspaper ads
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
_	<u> </u>			
	Date	Payee name		
	03/26/2024	Boggeman, Joe		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$10,000.00	5058 South Myers Road		
		Henrietta, Texas 76365		
		Henrietta, TX 76365		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment Reimbursement		Check if Austin, TX, officeholder living expense
				Loan payments to First Capital Bank from note taken
				out by Joe Boggeman
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	Date	Payee name		
	05/02/2024	Boggeman, Joe		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$2,000.00	5058 South Myers Road		
		Henrietta, Texas 76365		
		Henrietta, TX 76365		
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Loan Repayment/Reimbursement		Check if Austin, TX, officeholder living expense
				Loan payment to First Capital Bank for note taken
				out by Joe Boggeman
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experientare to benefit 6/01	•		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	l 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: 2/3 Rpt: 11/12	Boggeman, Katie A. (Mrs.) 00088278					
4	Date	5 Payee name					
	05/03/2024	Citibank Credit Card					
6	Amount (\$) \$2,000.00	7 Payee address; City; State; Zip Code					
	Ψ2,000.00						
		TX					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		reimbursement toward CC charge for signs					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	03/06/2024	MF Real Estate Holdings					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$250.00						
		тх					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)					
	EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
		reimbursement for donation made by business and					
		not an individual					
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	-					
	Date	Payee name					
	02/25/2024	Neimans Printing					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$274.96	308 Meadow Street					
		Saginaw, TX 76179					
	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 additional banners					
		additional samers					
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	y					
\vdash							
I							

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission F	Filers)			
	Sch: 3/3 Rpt: 12/12	Boggeman, Katie A. (Mrs.) 00088278				
4	Date	5 Payee name				
	03/04/2024	Rippys Investments				
6	Amount (\$) \$300.00	7 Payee address; City; State; Zip Code TX				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense reimbursement as donation was made by a buand not an individual.	usiness			
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH				
	Date	Payee name				
	03/01/2024	Stevens, Mike				
	Amount (\$) \$18,025.00	Payee address; City; State; Zip Code 6923 Indiana Avenue				
		Lubbock, TX 79413				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense marketing contract				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH				
	Date 02/27/2024	Payee name The Shopper				
	Amount (\$) \$126.00					
		Bowie, TX 76230				
	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 news ads				
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH				

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 Commiss 00088278	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	Mrs.	Katie A.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LACT		CLIEFIV	01/10/2025	
	NICKNAME	LAST		SUFFIX	01/10/2023	
		Boggeman				
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING	113 West Gilbert Street					_
ADDRESS					Receipt #	Amount
Change of Address	Henrietta, TX 76365				2 . 2	
	·				Date Processed	
					Date Imaged	
					Date imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u></u>	
TREASURER	Ms.	Diane		1411		
NAME	IVIS.	Diane				
	NICKNAME	LAST		SUFFIX		
		Wines				
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
ADDRESS	9050 FM 172					
(Residence or Business)						
	Henrietta, TX 76365					
7 0440404	ADEA CODE DUON	IE NII IMBED - E	VIENCION			
7 CAMPAIGN TREASURER		IE NUMBER E	EXTENSION			
PHONE	(940) 733-7470					
9 DEDODT						
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after cam	naign trassurer
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_ Sour day before		Cunon	appointment (office	
	July 15	8th day before 6	election	Exceeded modified	Final Report (Attac	ch C/OH-FR)
		_	-	reporting limit	_	
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2024	TH	IROUGH	12/31/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/05/2024	XG	eneral	Special	_	
11 OFFICE	OFFICE HELD (if any)	L		12 OFFICE SOUGHT	(if known)	
II OFFICE	OFFICE HELD (if any) District Attorney Place Mo	ntague Dietrict (0.7th		Place Montague I	District 97th
	Montague Montague	magae District .	<i>57</i> ti i	District Attorney	i lace Montague i	District 57 th
		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	Boggeman, Katie A. (Mrs.) 14 Filer ID 00088278			Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without in 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		L IZED 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	AL EXPENDITURES		\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 605.13
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 3,000.00
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		Mrs. k	Katie A. Boggeman	
	Signature of Candidate or Officeholder			
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.		
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 6

				3 01 6
18 FILER NAME Boggeman,	(Ethics Commission Filers)			
20 SCHEDULE S	SUBTOTA	AL AMOUNT		
1. X S	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0.00
2. X S	2. X SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0.00
3. X S	3. X SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4. X S	SCHEDULE E: LOANS		\$	0.00
5. X S	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS			0.00
6. X S	6. X SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0.00
7. X S	7. X SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS			0.00
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9. X S	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00
10. S	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11. S	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			\$	

PLE	DGED CONTRIBU	TIONS			SCHEDULE B		
The Instruction Guide explains how to complete this form.				1	1 Total pages Schedule B: Sch: 1/1 Rpt: 4/6		
2 FILER NAME Boggeman, Katie A. (Mrs.) 4 TOTAL OF UNITEMIZED PLEDGES			3				
				\perp	\$ 0.		
5 Date	6 Full name of pledgorout-of-state PAC (ID#:) 7 Pledgor Address; City; State; Zip Code		8	Amount of pledge (\$)			
10 Dringing	occupation / Job title (See Instru	untiona)	11 5 1 (0 1		Check if travel outside of Texas. Complete Schedu		
10 Pilicipai	occupation / Job title (See Instit	ictions)	11 Employer (See In	ISTructi	ons)		

L	OANS					SCHEDUL	E E	
Th	e Instructio	on Guide explains ho	w to complete this f	orm.	1	ages Schedule E: /1 Rpt: 5/6		
	ER NAME ggeman, Kati	e A. (Mrs.)			3 Filer ID 000882	(Ethics Commission F	ilers)	
4 TC	TAL OF UN	IITEMIZED LOANS			·	\$	0.00	
5 Dat	te of loan	7 Name of lender	out-of-state PA	C (ID#:		9 Loan Amount (\$)		
fina	ender a ancial titution?	8 Lender address;	City; State;	Zip Code		10 Interest Rate		
						11 Maturity Date		
12 Prir	ncipal occupatio	on / Job title (See Instructio	ns)	13 Employer (See Instructio	ns)			
14 Des	scription of Coll	ateral		15 Check if personal funds were deposited into political account (See Instructions)				
	ARANTOR FORMATION	17 Name of guarantor				19 Amount Guarantee	d (\$)	
	not applicable	18 Guarantor address;	City; State;	Zip Code				
20 Prir	ncipal occupation	on		21 Employer (See Instruction	ns)	1		

		FORM C/OH - FR				
		FORM C/On - FK				
	The Instruction Guide explains how to complete this form. ** Complete only if "Report Type" on page 1 is marked "Final Report" **	Page 6 of 6				
1	C/OH NAME	2 Filer ID (Ethics Commission Filers)				
	Boggeman, Katie A. (Mrs.)	00088278				
3	SIGNATURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.					
	Mrs. Katio	e A. Boggeman				
		andidate / Officeholder				
4	FILER WHO IS NOT AN OFFICEHOLDER	,				
4	** Complete A & B below only if you are not an officeholder **					
	Complete A & D below only if you are not an officeriorde.					
	A CAMPAIGN FUNDS					
	Check only one:					
	I do not have unexpended contributions or unexpended interest or income earned from politic	tical contributions				
	I do not have unexpended continuations of unexpended interest of income carried from point	ical contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code 254.204.					
	B ASSETS					
Check only one:						
	I do not retain assets purchased with political contributions or interest or other income from political contributions.					
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.					
	Signatur	re of Candidate				
5	OFFICEHOLDER					
	** Complete this section only if you are an officeholder **					
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from politicial contributions, or assets purchased with political contributions or interest or other income from political contributions.					
		e A. Boggeman				
	Signature	e of Officeholder				