CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00088278

2 Total pages filed: 6

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 01/14/2024

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mrs. | FIRST: Katie A. | MI:

NICKNAME | LAST: Boggeman | SUFFIX:

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

113 West Gilbert Street

Henrietta, TX 76365

5 CAMPAIGN TREASURER NAME

MS / MRS / MR: Ms. | FIRST: Diane | MI:

NICKNAME | LAST: Wines | SUFFIX:

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

9050 FM 172

Henrietta, TX 76365

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(940) 733-7470

8 REPORT TYPE

- [X] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (officeholder only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Exceeded modified reporting limit
- [ ] Final Report (Attach C/OH-FR)

9 PERIOD COVERED

Month Day Year: 07/01/2023 THROUGH Month Day Year: 12/31/2023

10 ELECTION

ELECTION DATE: Month Day Year: 03/05/2024

ELECTION TYPE

- [X] Primary
- [ ] Runoff
- [ ] Other
- [ ] General
- [ ] Special

11 OFFICE

OFFICE HELD (if any): None Clay

12 OFFICE SOUGHT (if known): Criminal District Attorney District 97th

GO TO 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 (Ethics Commission Filers)
		00088278

15 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	**$** 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	**$** 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	**$** 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	**$** 257.50
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Katie A. Boggeman

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of_____, 20_____, to certify which, witness my hand and seal 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

18 FILER NAME	**19** Filer ID (Ethics Commission Filers)
Boggeman, Katie A. (Mrs.)	00088278

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL 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]	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 CONTRIBUTIONS	**$** 0.00
8.	[X]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$** 0.00
9.	[X]	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	**$** 257.50
10.	[ ]	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	**$**
11.	[ ]	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
12.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$**

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this 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 pledgor ☐ out-of-state PAC (ID#:_____)	**8** Amount of pledge ($)	**9** In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code		

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)	**11** Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 1/1 Rpt: 5/6

2 FILER NAME
Boggeman, Katie A. (Mrs.)

3 Filer ID (Ethics Commission Filers)
00088278

4 TOTAL OF UNITEMIZED LOANS — **$** 0.00

5 Date of loan

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 occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
☐ None

15 Check if personal funds were deposited into political account (See Instructions)
☐

16 GUARANTOR INFORMATION
☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal occupation

21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 1/1 Rpt: 6/6	**2** FILER NAME Boggeman, Katie A. (Mrs.)	**3** Filer ID (Ethics Commission Filers) 00088278
4 Date 12/19/2023	**5** Payee name Archer County News	
6 Amount ($) $257.50 ☐ Reimbursement from political contributions intended	**7** Payee address; City; State; Zip Code 104 E. Walnut Archer City, TX 76351	
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. ☐ Check if Austin, TX, officeholder living expense 10 week candidate listing
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00088278

2 Total pages filed: 14

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
Mrs.	Katie A.	

NICKNAME	LAST	SUFFIX
	Boggeman	

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 02/05/2024

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

113 West Gilbert Street

Henrietta, TX 76365

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Ms.	Diane	

NICKNAME	LAST	SUFFIX
	Wines	

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

9050 FM 172

Henrietta, TX 76365

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(940) 733-7470

8 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☒ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☐ Exceeded modified reporting limit
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☐ Final Report (Attach C/OH-FR)

9 PERIOD COVERED

Month Day Year: 01/01/2024 THROUGH Month Day Year: 02/05/2024

10 ELECTION

ELECTION DATE: Month Day Year: 03/05/2024

ELECTION TYPE

- ☒ Primary
- ☐ General
- ☐ Runoff
- ☐ Special
- ☐ Other

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): District Attorney District 97 Montague, Archer, and Clay

GO TO 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 (Ethics Commission Filers)
		00088278

15 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	**$** 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	**$** 9,766.25
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	**$** 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	**$** 11,502.19
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 5,463.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Katie A. Boggeman

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of_____, 20_____, to certify which, witness my hand and seal 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

18 FILER NAME	**19** Filer ID (Ethics Commission Filers)
Boggeman, Katie A. (Mrs.)	00088278

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. [X] SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	**$** 9,225.00
2. [X] SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	**$** 541.25
3. [ ] SCHEDULE B: PLEDGED CONTRIBUTIONS	**$**
4. [ ] SCHEDULE E: LOANS	**$**
5. [X] SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 2,500.31
6. [ ] SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
7. [ ] SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
8. [X] SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$** 6,770.00
9. [X] SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	**$** 2,231.88
10. [ ] SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	**$**
11. [ ] SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$**
12. [ ] SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/14

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 ($)
01/22/2024	Anton, Bruce	$100.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75228	
8 Principal occupation / Job title (See Instructions): Lawyer	**9** Employer (See Instructions): Self	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/23/2024	Anton, Cathy	$400.00
	Contributor address; City; State; Zip Code: Dallas, TX 75228	
Principal occupation / Job title (See Instructions): Lawyer	Employer (See Instructions): Self	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/11/2024	Douthitt, Frank (Mr.)	$1,000.00
	Contributor address; City; State; Zip Code: Henrietta, TX 76365	
Principal occupation / Job title (See Instructions): attorney	Employer (See Instructions): self	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/11/2024	Dwyer, William	$200.00
	Contributor address; City; State; Zip Code: Wichita Falls, TX 76308	
Principal occupation / Job title (See Instructions): police officer	Employer (See Instructions): Olney Police Department	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/17/2024	Fleming, Paul	$200.00
	Contributor address; City; State; Zip Code: Henrietta, TX 76365	
Principal occupation / Job title (See Instructions): CPA	Employer (See Instructions): EPFF	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/14

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 ($)
01/05/2024	Jennings, Harper (Ms.)	$1,000.00
	6 Contributor address; City; State; Zip Code: TX	
8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/31/2024	Knowlton, WIlliam	$125.00
	Contributor address; City; State; Zip Code: Henrietta, TX 76365	
Principal occupation / Job title (See Instructions): Attorney	Employer (See Instructions): self	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/22/2024	Knowlton, William	$500.00
	Contributor address; City; State; Zip Code: Henrietta, TX 76365	
Principal occupation / Job title (See Instructions): Attorney	Employer (See Instructions): self	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/15/2024	Maness, Judy	$50.00
	Contributor address; City; State; Zip Code: Wichita Falls, TX 76310	
Principal occupation / Job title (See Instructions): cosmetologist	Employer (See Instructions): business owner	

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2024	Martin, Heather	$100.00
	Contributor address; City; State; Zip Code: Bellvue, TX 76228	
Principal occupation / Job title (See Instructions): retired	Employer (See Instructions): retired	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/14

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 ($)
01/25/2024	Mathews, Mark	$250.00
	6 Contributor address; City; State; Zip Code: Henrietta, TX 76365	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/10/2024	McGaughey, Darlene	$1,000.00
	Contributor address; City; State; Zip Code: Nocona, TX 76255	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
retired	retired

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/20/2024	Pezanosky, Steve	$500.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76109	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
attorney	Varghese Summersett

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/24/2024	Pezanosky, Steve	$500.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76109	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
attorney	Varghese Summersett

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/03/2024	Pickett, Jack	$500.00
	Contributor address; City; State; Zip Code: Henrietta, TX 76365	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/14

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 ($)
01/07/2024	Rush, Versel	$100.00
	6 Contributor address; City; State; Zip Code: Bowie, TX 76230	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Attorney	State of Texas

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/30/2024	Rush, Versel	$100.00
	Contributor address; City; State; Zip Code: Bowie, TX 76230	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
attorney	State of Texas

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/09/2024	Scaling, Ann (Mrs.)	$500.00
	Contributor address; City; State; Zip Code: Henrietta, TX 76365	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	n/a

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
01/09/2024	Scaling, Wilson (Mr.)	$500.00
	Contributor address; City; State; Zip Code: Henrietta, TX 76365	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	n/a

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/02/2024	Schenk , Cyndi	$1,000.00
	Contributor address; City; State; Zip Code: Wichita Falls, TX 76308	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	

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 ($)
01/08/2024	Sharp, Beverly	$100.00
	6 Contributor address; City; State; Zip Code: Fort Worth, TX 76137	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Controller	Hydraulics, Inc.

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
01/28/2024	Whitman, Lisa	$500.00
	Contributor address; City; State; Zip Code: Pauls Valley, OK 73075	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	Lisa Watson Whitman

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: Sch: 1/1 Rpt: 9/14

2 FILER NAME: Boggeman, Katie A. (Mrs.)

3 Filer ID (Ethics Commission Filers): 00088278

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS — **$**

5 Date	**6** Full name of contributor / **7** Contributor address; City; State; Zip Code	**8** Amount of contribution ($)	**9** In-kind contribution description
01/08/2024	☐ out-of-state PAC (ID#:_____) Nieman Print and Design Saginaw, TX 76179	$541.25	Banner purchase

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)	**11** Employer (FOR NON-JUDICIAL) (See instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	**13** Contributor's job title (FOR JUDICIAL) (See instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	**15** Law firm of 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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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 OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	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 expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/01/2024	Legend Bank

Amount ($)	Payee address; City; State; Zip Code
$21.00	TX 76365

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Ordered checks

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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 OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense The Nocona News paper advertisement

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/2 Rpt: 11/14	**2** FILER NAME Boggeman, Katie A. (Mrs.)	**3** Filer ID (Ethics Commission Filers) 00088278
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. ☐ Check if Austin, TX, officeholder living expense The Shopper Advertisements
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F4: Sch: 1/1 Rpt: 12/14	**2** FILER NAME Boggeman, Katie A. (Mrs.)		**3** Filer ID (Ethics Commission Filers) 00088278
4 CREDIT CARD ISSUER	Name of financial institution Citibank	**5** TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	**$**
6 PAYMENT	(a) Amount Charged $6,770.00 / (b) Date of Charge 01/08/2024	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE	(a) Payee name Wichita Falls Truck Center	(b) Payee address; City, State, Zip Code 2303 Old Jacksboro Highway Wichita falls, TX 76302	
8 PURPOSE OF EXPENDITURE [X] Political [ ] Non-Political	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Banner and yard sign printing	
	(c) [ ] Check if travel outside of Texas. Complete Schedule T.	[ ] Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/2 Rpt: 13/14	Boggeman, Katie A. (Mrs.)	00088278

4 Date	5 Payee name
01/06/2024	Archer County Jr. Livestock Show

6 Amount ($)	7 Payee address; City; State; Zip Code
$1,750.00 ☐ Reimbursement from political contributions intended	TX

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Jr. Livestock premium auction fees

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/06/2024	Clay County Jr. Livestock Show

Amount ($)	Payee address; City; State; Zip Code
$103.00 ☐ Reimbursement from political contributions intended	Henrietta, TX 76365

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Jr. Livestock Contributions

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
01/22/2024	Nieman Print Shop and Design

Amount ($)	Payee address; City; State; Zip Code
$216.50 ☐ Reimbursement from political contributions intended	308 Meadow Street Saginaw, TX 76179

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Printing Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Banners

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: Sch: 2/2 Rpt: 14/14	**2** FILER NAME Boggeman, Katie A. (Mrs.)	**3** Filer ID (Ethics Commission Filers) 00088278
4 Date 01/25/2024	**5** Payee name TNT Signs	
6 Amount ($) $162.38 ☐ Reimbursement from political contributions intended	**7** Payee address; City; State; Zip Code 6301 Southwest Parkway Wichita Falls, TX 76310	
8 **PURPOSE OF EXPENDITURE**	**(a)** Category (See Categories listed at the top of this schedule) Printing Expense	**(b)** Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Magnets for cars
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought / Office held

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00088278

2 Total pages filed: 15

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
Mrs.	Katie A.	

NICKNAME	LAST	SUFFIX
	Boggeman	

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 02/26/2024

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

113 West Gilbert Street

Henrietta, TX 76365

Date Hand-delivered or Date Postmarked:

Receipt #: | Amount:

Date Processed:

Date Imaged:

5 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Ms.	Diane	

NICKNAME	LAST	SUFFIX
	Wines	

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

9050 FM 172

Henrietta, TX 76365

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(940) 733-7470

8 REPORT TYPE

- ☐ January 15
- ☐ July 15
- ☐ 30th day before election
- ☐ 8th day before election
- ☐ Runoff
- ☒ Exceeded modified reporting limit
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☐ Final Report (Attach C/OH-FR)

9 PERIOD COVERED

Month Day Year: 02/06/2024 THROUGH Month Day Year: 02/24/2024

10 ELECTION

ELECTION DATE: Month Day Year: 03/05/2024

ELECTION TYPE

- ☒ Primary
- ☐ General
- ☐ Runoff
- ☐ Special
- ☐ Other

11 OFFICE

OFFICE HELD (if any):

12 OFFICE SOUGHT (if known): District Attorney (Multi-county) District 97 Montague, Archer, and Clay

GO TO 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 (Ethics Commission Filers)
		00088278

15 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	**$** 200.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	**$** 15,725.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	**$** 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	**$** 31,165.70
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 5,434.03
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 0.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Katie A. Boggeman

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of_____, 20_____, to certify which, witness my hand and seal 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

18 FILER NAME	**19** Filer ID (Ethics Commission Filers)
Boggeman, Katie A. (Mrs.)	00088278

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
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	**$** 16,665.70
6.	[X]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$** 14,500.00
7.	[X]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$** 0.00
8.	[X]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$** 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 CONTRIBUTIONS	**$**
12.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 1/7 Rpt: 4/15

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 ($)
02/07/2024	Adkins, Shelley	$200.00
	6 Contributor address; City; State; Zip Code: Montague, TX 76251	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
retired	retired

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/23/2024	Anton, Bruce	$100.00
	Contributor address; City; State; Zip Code: Dallas, TX 75228	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Lawyer	SElf

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/09/2024	Boggeman, Joe	$100.00
	Contributor address; City; State; Zip Code: Henrietta, TX 76365	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Rancher, cattle trade, day work, mineral tub distribution by	self

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/09/2024	Bonds, Missy	$500.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76179	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Rancher	self

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/12/2024	Brown, Clint	$500.00
	Contributor address; City; State; Zip Code: Saint Jo, TX 76265	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
retired	retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/7 Rpt: 5/15

2 FILER NAME: Boggeman, Katie A. (Mrs.)

3 Filer ID (Ethics Commission Filers): 00088278

4 Date	**5** Full name of contributor / **6** Contributor address; City; State; Zip Code	**7** Amount of Contribution ($)	**8** Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
02/08/2024	Brown, Ronald Nocona, TX 76255	$100.00	attorney	self
02/12/2024	Cecil, Carol Nocona, TX 76255	$100.00		
02/12/2024	Chamberlain, D Saint Jo, TX 76265	$2,000.00	retired	retired
02/09/2024	Clint, Shirley Fort Worth, TX 76108	$500.00	Estes Express Lines	Supervisor
02/08/2024	Crowe, Bill Nocona, TX 76255	$250.00	CPA	Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/7 Rpt: 6/15

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 ($)
02/09/2024	Decker, D.C.	$100.00
	6 Contributor address; City; State; Zip Code: Nocona, TX 76255	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Cowboy Emporium	owner/operator

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2024	Fenoglio, David	$2,500.00
	Contributor address; City; State; Zip Code: Nocona, TX 76255	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Real Estate	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2024	Fenoglio, Robert	$2,500.00
	Contributor address; City; State; Zip Code: Nocona, TX 76255	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
real estate	self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2024	Goolsby, Christi	$100.00
	Contributor address; City; State; Zip Code: Nocona, TX 76255	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2024	Herndon, Robert	$200.00
	Contributor address; City; State; Zip Code: nocona, TX 76255	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
retired	retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/7 Rpt: 7/15

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 ($)
02/12/2024	Leatherwood, Joanne	$100.00
	6 Contributor address; City; State; Zip Code: Nocona, TX 76255	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/16/2024	Lennon, Kristin	$100.00
	Contributor address; City; State; Zip Code: Henrietta, TX 76365	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Secretary	Clay County

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2024	MF Real Estate Holdings, LLC	$250.00
	Contributor address; City; State; Zip Code: Nocona, TX 76255	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2024	McGaughey, Darlene	$500.00
	Contributor address; City; State; Zip Code: Nocona, TX 76255	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
retired	retired

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/10/2024	Miller, Don	$2,500.00
	Contributor address; City; State; Zip Code: Dallas, TX 75219	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Real Estate	Owner

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/7 Rpt: 8/15

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 ($)
02/09/2024	O'Dwyer, Paul	$100.00
	6 Contributor address; City; State; Zip Code: Haslet, TX 76052	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Real Estate	self

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2024	O'Dwyer, Rachel	$100.00
	Contributor address; City; State; Zip Code: Haslet, TX 76052	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
self	self

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2024	Paine, David	$100.00
	Contributor address; City; State; Zip Code: Nocona , TX 76255	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business	self

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2024	Poe, Pattie and Sammie	$500.00
	Contributor address; City; State; Zip Code: Nocona, TX 76255	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Retired	retired

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2024	Rippy Investment LLC	$300.00
	Contributor address; City; State; Zip Code: Gainsville, TX 76240	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 6/7 Rpt: 9/15

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 ($)
02/12/2024	Ryan, Harry	$50.00
	6 Contributor address; City; State; Zip Code: Nocona, TX 76255	
8 Principal occupation / Job title (See Instructions): retired	**9** Employer (See Instructions): retired	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/23/2024	Sharp, Beverly	$75.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76137	
Principal occupation / Job title (See Instructions): Controller	Employer (See Instructions): Hyrdaulics, Inc.	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2024	Spencer, Susan	$100.00
	Contributor address; City; State; Zip Code: Nocona, TX 76255	
Principal occupation / Job title (See Instructions): retired	Employer (See Instructions): retired	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2024	Terrell, Donna	$100.00
	Contributor address; City; State; Zip Code: Henrietta, TX 76365	
Principal occupation / Job title (See Instructions): retired	Employer (See Instructions): retired	

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/07/2024	Trace, J. Lynne	$50.00
	Contributor address; City; State; Zip Code: Nocona, TX 76255	
Principal occupation / Job title (See Instructions): retired	Employer (See Instructions): retired	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 7/7 Rpt: 10/15

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 ($)
02/12/2024	Wiley, Shane	$100.00
	6 Contributor address; City; State; Zip Code: Henrietta, TX 76365	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
GM	JAC

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/16/2024	Williams, Jo	$200.00
	Contributor address; City; State; Zip Code: Henrietta, TX 76365	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Owner Livestock market	Self

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/09/2024	Wood, Sue	$100.00
	Contributor address; City; State; Zip Code: Montague , TX 76251	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/12/2024	Yowell, Tommy	$450.00
	Contributor address; City; State; Zip Code: Nocona, TX 76255	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Landman	Self

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 11/15

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 pledgor ☐ out-of-state PAC (ID#:_____)	**8** Amount of pledge ($)	**9** In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code		

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)	**11** Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 1/1 Rpt: 12/15

2 FILER NAME
Boggeman, Katie A. (Mrs.)

3 Filer ID (Ethics Commission Filers)
00088278

4 TOTAL OF UNITEMIZED LOANS — **$** 0.00

5 Date of loan

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 occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
☐ None

15 Check if personal funds were deposited into political account (See Instructions) ☐

16 GUARANTOR INFORMATION
☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal occupation

21 Employer (See Instructions)

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
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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 OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Newspaper advertising

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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 EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Newspaper advertising

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/12/2024	Saint Jo Tribune

Amount ($)	Payee address; City; State; Zip Code
$378.00	PO Box 160 Saint Jo, TX 76255

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Newspaper advertising

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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 OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Consulting Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Marketing and consulting services

9 Complete ONLY if direct expenditure to benefit C/OH — 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 OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Sign purchase

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

---

Date	Payee name
02/07/2024	Wichita Falls Truck Center, LLC

Amount ($)	Payee address; City; State; Zip Code
$192.00	2303 Old Jacksboro Highway Wichita Falls, TX 76302

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Banner signs

Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By - Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
	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 F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 15/15	Boggeman, Katie A. (Mrs.)	00088278

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	$ 0.00

5 Date	6 Payee name
02/24/2024	Mike Stevens

7 Amount ($)	8 Payee address; City; State; Zip Code
$14,500.00	6923 Indiana Avenue Lubbock, TX 79413

9 TYPE OF EXPENDITURE

[X] Political [ ] Non-Political

10 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

consulting and marketing assistance

11 Complete ONLY if direct expenditure to benefit C/OH — Candidate/Officeholder name — Office sought — Office held

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00088278

2 Total pages filed: 12

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
Mrs.	Katie A.	

NICKNAME	LAST	SUFFIX
	Boggeman	

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 07/09/2024

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

113 West Gilbert Street

Henrietta, TX 76365

☐ Change of Address

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Ms.	Diane	

NICKNAME	LAST	SUFFIX
	Wines	

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

9050 FM 172

Henrietta, TX 76365

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(940) 733-7470

8 REPORT TYPE

- ☐ January 15
- ☐ 30th day before election
- ☐ Runoff
- ☐ 15th day after campaign treasurer appointment (officeholder only)
- ☒ July 15
- ☐ 8th day before election
- ☐ Exceeded modified reporting limit
- ☐ Final Report (Attach C/OH-FR)

9 PERIOD COVERED

Month Day Year: 02/25/2024 THROUGH Month Day Year: 06/30/2024

10 ELECTION

ELECTION DATE: Month Day Year: 03/05/2024

ELECTION TYPE

- ☒ Primary
- ☐ Runoff
- ☐ Other
- ☐ General
- ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known): Criminal District Attorney District 97th

GO TO 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 (Ethics Commission Filers)
		00088278

15 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	**$** 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	**$** 13,466.10
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	**$** 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	**$** 33,569.96
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 605.13
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 3,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Katie A. Boggeman

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of_____, 20_____, to certify which, witness my hand and seal 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

18 FILER NAME	**19** Filer ID (Ethics Commission Filers)
Boggeman, Katie A. (Mrs.)	00088278

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL 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	**$**
4.	[X]	SCHEDULE E: LOANS	**$** 15,000.00
5.	[X]	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	**$** 33,569.96
6.	[ ]	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	**$**
7.	[ ]	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	**$**
8.	[ ]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$**
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 CONTRIBUTIONS	**$**
12.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$**

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE 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, 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 ($)
03/23/2024	Anton, Bruce	$100.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75228	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
lawyer	self

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
04/23/2024	Anton, Bruce	$100.00
	Contributor address; City; State; Zip Code: Dallas, TX 75228	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
lawyer	self

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/25/2024	Anton, Bruce	$100.00
	Contributor address; City; State; Zip Code: Dallas, TX 75228	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
lawyer	self

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/25/2024	Beesinger, Derrel	$250.00
	Contributor address; City; State; Zip Code: Wichita Falls, TX 76310	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
retired	retired

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/01/2024	Berry , Bob	$1,500.00
	Contributor address; City; State; Zip Code: Wichita Falls, TX 76307	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
oil	self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/12

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 ($)
03/19/2024	Burch, Richard	$1,000.00
	6 Contributor address; City; State; Zip Code: Dallas, TX 75254	
8 Principal occupation / Job title (See Instructions): retired	**9** Employer (See Instructions): retired	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/25/2024	Cooksey, James	$2,500.00
	Contributor address; City; State; Zip Code: Dallas, TX 75251	
Principal occupation / Job title (See Instructions): Rancher, cattle trade, business owner	Employer (See Instructions): self	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/25/2024	Crippen, Jeff	$100.00
	Contributor address; City; State; Zip Code: Saint Jo, TX 76265	
Principal occupation / Job title (See Instructions): Crippen Wellness	Employer (See Instructions): self	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/25/2024	Crist, Camille	$95.70
	Contributor address; City; State; Zip Code: Saint Jo, TX 76265	
Principal occupation / Job title (See Instructions): retired	Employer (See Instructions): retired	

Date	Full name of contributor / out-of-state PAC (ID#:)	Amount of Contribution ($)
02/29/2024	Fenoglio, Matthew	$250.00
	Contributor address; City; State; Zip Code: Nocona, TX 76255	
Principal occupation / Job title (See Instructions): Real Estate	Employer (See Instructions): Self	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/12

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 ($)
02/25/2024	Higgins, Michael	$500.00
	6 Contributor address; City; State; Zip Code: Forrestburg, TX 76239	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
retired	retired

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
03/04/2024	Lindemann, James	$2,000.00
	Contributor address; City; State; Zip Code: 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 ($)
02/25/2024	Martin, Patsy	$2,399.70
	Contributor address; City; State; Zip Code: Montague, TX 76251	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Rancher, cattle trade, day work, mineral tub distribution by	JPM Ranch

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/25/2024	Olden, Craig	$1,000.00
	Contributor address; City; State; Zip Code: Saint Jo, TX 76265	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
retired	retired

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/25/2024	Rush, Versel	$100.00
	Contributor address; City; State; Zip Code: Bowie, TX 76230	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Attorney	State of Texas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/12

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 ($)
03/30/2024	Rush, Versel	$100.00
	6 Contributor address; City; State; Zip Code: Bowie, TX 76230	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
regional attorney	State of Texas

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
05/01/2024	Rush, Versel	$95.70
	Contributor address; City; State; Zip Code: Bowie, TX 76230	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Regional Attorney	State of Texas

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/25/2024	Sharp, Beverly	$75.00
	Contributor address; City; State; Zip Code: Fort Worth, TX 76137	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Controller	Hyrdaulics, Inc.

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/26/2024	Sickles, John	$500.00
	Contributor address; City; State; Zip Code: Saint Jo, TX 76265	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor / out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/25/2024	Stanley, Paul	$100.00
	Contributor address; City; State; Zip Code: Saint Jo, TX 76265	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/12

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 ($)
03/06/2024	Teetro, Patricia	$100.00
	6 Contributor address; City; State; Zip Code: Nocona, TX 76255	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
retired	retired

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of Contribution ($)
02/25/2024	Weger, Tom	$500.00
	Contributor address; City; State; Zip Code: Saint Jo, TX 76265	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
President	Coppell Construction Co

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: Sch: 1/1 Rpt: 9/12

2 FILER NAME: Boggeman, Katie A. (Mrs.)

3 Filer ID (Ethics Commission Filers): 00088278

4 TOTAL OF UNITEMIZED LOANS — **$**

5 Date of loan: 03/01/2024

7 Name of lender: Boggeman, Joe ☐ out-of-state PAC (ID#:_____)

9 Loan Amount ($): $15,000.00

6 Is lender a financial institution? No

8 Lender address; City; State; Zip Code: Henrietta, TX 76365

10 Interest Rate

11 Maturity Date: 03/01/2024

12 Principal occupation / Job title (See Instructions): Rancher

13 Employer (See Instructions): Self

14 Description of Collateral: [X] None

15 Check if personal funds were deposited into political account (See Instructions): [X]

16 GUARANTOR INFORMATION: [X] not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal occupation

21 Employer (See Instructions)

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
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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
$594.00	PO Box 1125 Archer City, TX 76351

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense Newspaper ads

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
03/26/2024	Boggeman, Joe

Amount ($)	Payee address; City; State; Zip Code
$10,000.00	5058 South Myers Road Henrietta, Texas 76365 Henrietta, TX 76365

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Loan Repayment/Reimbursement	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
05/02/2024	Boggeman, Joe

Amount ($)	Payee address; City; State; Zip Code
$2,000.00	5058 South Myers Road Henrietta, Texas 76365 Henrietta, TX 76365

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Loan Repayment/Reimbursement	☐ Check if travel outside of Texas. Complete Schedule T. ☐ 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/OH	Candidate/Officeholder name	Office sought	Office held

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
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule 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 ($)	7 Payee address; City; State; Zip Code
$2,000.00	TX

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	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/OH	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	TX

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	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

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/25/2024	Neimans Printing

Amount ($)	Payee address; City; State; Zip Code
$274.96	308 Meadow Street Saginaw, TX 76179

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense additional banners

Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

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
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 3/3 Rpt: 12/12	Boggeman, Katie A. (Mrs.)	00088278

4 Date	5 Payee name
03/04/2024	Rippys Investments

6 Amount ($)	7 Payee address; City; State; Zip Code
$300.00	TX

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Loan Repayment/Reimbursement	☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense reimbursement as donation was made by a business and not an individual.

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
03/01/2024	Stevens, Mike

Amount ($)	Payee address; City; State; Zip Code
$18,025.00	6923 Indiana Avenue Lubbock, TX 79413

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Salaries/Wages/Contract Labor	☐ 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/OH	Candidate/Officeholder name	Office sought	Office held

Date	Payee name
02/27/2024	The Shopper

Amount ($)	Payee address; City; State; Zip Code
$126.00	306 Lindsey Street Bowie, TX 76230

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Advertising Expense	☐ 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/OH	Candidate/Officeholder name	Office sought	Office held

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers): 00088278

2 Total pages filed: 6

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
Mrs.	Katie A.	

NICKNAME	LAST	SUFFIX
	Boggeman	

OFFICE USE ONLY

Date Received: ELECTRONICALLY FILED 01/10/2025

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE

113 West Gilbert Street

Henrietta, TX 76365

☐ Change of Address

Date Hand-delivered or Date Postmarked

Receipt # | Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
Ms.	Diane	

NICKNAME	LAST	SUFFIX
	Wines	

6 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

9050 FM 172

Henrietta, TX 76365

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(940) 733-7470

8 REPORT TYPE

- [X] January 15
- [ ] 30th day before election
- [ ] Runoff
- [ ] 15th day after campaign treasurer appointment (officeholder only)
- [ ] July 15
- [ ] 8th day before election
- [ ] Exceeded modified reporting limit
- [X] Final Report (Attach C/OH-FR)

9 PERIOD COVERED

Month Day Year: 07/01/2024 THROUGH Month Day Year: 12/31/2024

10 ELECTION

ELECTION DATE: Month Day Year: 11/05/2024

ELECTION TYPE

- [ ] Primary
- [ ] Runoff
- [ ] Other
- [X] General
- [ ] Special

11 OFFICE

OFFICE HELD (if any): District Attorney Place Montague District 97th Montague

12 OFFICE SOUGHT (if known): District Attorney Place Montague District 97th

GO TO 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 (Ethics Commission Filers)
		00088278

15 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	**$** 0.00
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	**$** 0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURES	**$** 0.00
	4.	**TOTAL POLITICAL EXPENDITURES**	**$** 0.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 605.13
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	**$** 3,000.00

17 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mrs. Katie A. Boggeman

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of_____, 20_____, to certify which, witness my hand and seal 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

18 FILER NAME	**19** Filer ID (Ethics Commission Filers)
Boggeman, Katie A. (Mrs.)	00088278

20 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL 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]	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 CONTRIBUTIONS	**$** 0.00
8.	[X]	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	**$** 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 CONTRIBUTIONS	**$**
12.	[ ]	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	**$**

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this 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 pledgor ☐ out-of-state PAC (ID#:_____)	**8** Amount of pledge ($)	**9** In-kind description (If applicable)
	7 Pledgor Address; City; State; Zip Code		

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)	**11** Employer (See Instructions)

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
Sch: 1/1 Rpt: 5/6

2 FILER NAME
Boggeman, Katie A. (Mrs.)

3 Filer ID (Ethics Commission Filers)
00088278

4 TOTAL OF UNITEMIZED LOANS — **$** 0.00

5 Date of loan

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 occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral
☐ None

15 Check if personal funds were deposited into political account (See Instructions)
☐

16 GUARANTOR INFORMATION
☐ not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed ($)

20 Principal occupation

21 Employer (See Instructions)

The Instruction Guide explains how to complete this form.
**** Complete only if "Report Type" on page 1 is marked "Final Report" ****

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. Katie A. Boggeman

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

**** Complete A & B below only if you are not an officeholder ****

A CAMPAIGN FUNDS

Check only one:

☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this 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 contrubutions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, 254.204.

Signature of Candidate

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.

Mrs. Katie A. Boggeman

Signature of Officeholder