### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH

The C/OH Instr	uction Guide eval	ains how to complete this form.		FORM C/O
3 CANDIDATE OFFICEHOLI NAME	1	/ MR FIRST	1 Filer ID (Ethics Commission Filers 00084107	2 Total pages filed:
NAME	NICKNAME	Mark Karl	P"	OFFICEUSEONLY
4 CANDIDATE/ OFFICEHOLD MAILING ADDRESS	ER ADDRESS		SUFFIX  TY: STATE: ZIP CODE	Date Received
5 CANDIDATE/ OFFICEHOLDE PHONE	A STATE OF THE RESIDENCE OF THE PARTY OF THE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/M MRS NICKNAME	REBECCA		Receipt # Amount \$
7 CAMPAIGN TREASURER ADDRESS	BECK STREET ADDR	ESS (NO PO BOX PLEASE). APT / SUITE	#; CITY;	Date Imaged STATE: ZIP CODE
(Residence or Business 8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	; CASTROVILLE	TX 78009
REPORT TYPE	July 15	30th day before election	- Tanon	15th day after campaign treasurer appointment (Officeholder Only)
PERIOD COVERED	Monil	Day Year	THROUGH 1-7	Final Report (Attach C/OH - FR)  Day Year
ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special	1/20
OFFICE	OFFICE HELD (# am	COTCLA-C	13 OFFICE SOUGHT (IT KNOWN) MEDINA COUNTY DISTRICT ATTO	2 PETMINAL
NOTICE FROM POLITICAL	THE CANDIDATE / NOT	CE OF POLITICAL CONTRIBUTIONS ACCEPTED CEHOLDER. THESE EXPENDITURES MAY HAV S AND OFFICEHOLDERS ARE REQUIRED TO RESECTION.	OR POLITICAL EXPENDITURES MADE BY I	POLITICAL COMMITTEES TO SUPPORT OR OFFICEHOLDER'S KNOWLEDGE OR
COUUTTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	ON ONLY IF THEY REC	EIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECES	COMMITTEE CAMPAIGN TREASURER N	AND COMMENTS OF THE PROPERTY O	
		COMMITTEE CAMPAIGN TREASURER	ADDRESS	
		GO TO PAGE	2	
forms provided by Texas	Ethics Commission	www.ethics.state.tx	üs	Revised 8/17/2020

# CANDIDATE / OFFICEHOLDER

15 C/OH NAME	N FINANCE REPORT	•	FORM C COVER SHEET P
17 CONTRIBUTION TOTALS	MARK P. HABY  1. TOTAL UNITEMIZED POLITICA		16 Filer ID (Ethics Commission 5
	2. TOTAL POLITICAL	RONICALLY)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	S. OR GUARANTEES OF LOANS)	\$ 0"
	4. TOTAL POLITICAL EXPENDIT	Managera de la companya de la compa	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LAST E	\$ Ø
OUTSTANDING LOAN TOTALS			E O
SIGNATURE I SW			
requ	ar, or affirm, under penalty of perjury, that t ed to be reported by me under Title 15, Election	he accompanying report is true and code.	d correct and includes all informa
		Marloz 10	2.
		Signature of Candida	Total
<b>fildavit</b>	LOIS ANN I NOTARY I STATE OF MY COMM. E NOTARY ID 1	PUBLIC TEXAS	
<b>₹</b>	me by MARK P. H.	48Y this the 7TH	day of JANUARY
to certify which	Man II	Ibrich no	stary Public
		islaring oath	Title of officer administering oath
sworn Declaration	OR		
7% is		Market and a second second	
		, and my date of birth is	
	(street)County, State of, on the	(city) (state) (2	cip code) (country)
		Signature of Candidate/Officer	(year)

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		to complete this form.	1 Filter ID (Ethics Commission Filers) 2 Total pages filed: 00084107 2				
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR. MR.	FIRST	MI P.	OFFICEUSEONLY			
NAME	NICKNAME	HABY	SUFFIX	Date Reserve TONS 40			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #;	CITY; STATE; ZIP.CODE				
Change of Address  5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	COUNTY  Date, Hand-delivered of Date Postmarked			
OFFICEHOLDER PHONE	( )			9/13/21 1:01 pm Sc			
6 CAMPAIGN	MS / MRS / MR	D FIRST	<u>ر</u> گ	Receipt # Amount \$ C			
TREASURER NAME	Mes	REBECCA	જી. તાર્કાલા કાર્યા કરાયા અને મીકાલ જોશામાં અમાનેલા તાર્કાલામાં અને વાર્ષ પ્રદ	Date Processed			
	"BECKY	HOLZHA	SUFFIX	Date imaged			
7 CAMPAIGN	STREET ADDRESS	NO PO BOX PLEASE); APT / S	UITE #: CITY:	STATE: ZIP CODE			
TREASURER ADDRESS	710 BRI	210 BRIEDEN STREET; CASHROVILLE, TX 78009					
(Residence or Business)			. V				
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION				
PHONE	(830) 931-2688						
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)			
Simple and the simple	Ly July 15	Sth day before ele	ection Exceeded Modified Reporting Limit	Final Report (Altach C/OH - FR)			
10 PERIOD	Month	Day Year	Month	Day Year			
COVERED		/ 1 / 2	THROUGH US	/30/21			
11 ELECTION	ELECTION DA		ELECTION TYPI	un Andrews			
	Month Day Year Primary Runoff Other Description						
	11/3/20 Y Gerieral U Special						
12 OFFICE	OFFICE HELD (II any MEDINA C DISTRI	CUNTY CREMEN CT ATTORNE	MEDINA COLOR	ATTORNEY			
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE	COMMITTEE NAME	racejunggartapus quariquia tiqua quaq maga maga maga mar mata maga nagat mata tanjung manusatan mata tanjung m				
general section of the section of th	GENERAL	COMMITTEE ADDRESS					
Additional Pages	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME						
(Automobile districts)	COMMITTEE CAMPAIGN TREASURER ADDRESS						
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### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

CAMPAIGI	N FINANCE REPORT	COVER SHEET PG 2
15 C/OH NAME	MARK P. HABY	16 Filer ID (Ethics Commission Filers) 00084107
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	s O
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	(s) \$ &
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	s &
	4. TOTAL POLITICAL EXPENDITURES	\$ 6
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE I OF REPORTING PERIOD	LAST DAY \$ &
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	OF THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	
	Mail 27	Joly
	Signature of	Candidate or Officeholder
(1) Affidavit	Please complete either option beit VICKI SPRINGER NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 12/13/21 NOTARY ID 1106255-6	<b>W</b> :
NOTARY STAMP/SEA	AA	ne 12 TH JULY
	which, witness my hand and seal of office.	astronometriconomical (1) (2) soprenoceronometriconomical (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
-thate s	Micki Springer	Notary Public
Signature of officer administe		Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth	is
in any a new section of the section	(street) (city)	(state) (zip code) (country)
Executed in	County, State of, on theday of(mo	nth) (vear)

Signature of Candidate/Officeholder (Declarant)

### 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 00084107	Filers) 2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR.	MARK	P.	OFFICE USE ON	LY
NAME	NICKNAME	HABY	SUFFI	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	: APT / SUITE #;	CITY; STATE; ZIP CO	DE CT	
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Por	3 3
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MRS.	RESECO		Date Processed	
	"BECKY	" HOLZHA	u5	Date Imaged	ent
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	and the second s	(NO PO BOX PLEASE); APT /		LE, TX 78009	
8 CAMPAIGN TREASURER PHONE	(830) 9	PHONE NUMBER	EXTENSION		1 4
9 REPORT TYPE	January 15	30th day before	- Francisco Mo		
10 PERIOD COVERED	Month 7	Day Year / 21	THROUGH	Month Day Year 2 / 31 / 21	
11 ELECTION	Month Day	Year Primar	Desc		
12 OFFICE	OFFICE HELD (If any)	MEDINA COU DISTRICT NEY	13 OFFICE SOUGHT	(If known) MEDIMA COUNT DISTRICT ATTORNEY	7
14 NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	THIS BOX IS FOR NOTICE	CE OF POLITICAL CONTRIBUTION	S ACCEPTED OR POLITICAL EXPENDI	TURES MADE BY POLITICAL COMMITTEES TO THE CANDIDATE'S OR OFFICEHOLDER'S KNOW ONLY IF THEY RECEIVE NOTICE OF SUCH EXPE	VLEDGE OR
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TE	REASURER NAME		
		COMMITTEE CAMPAIGN T	REASURER ADDRESS		
	1	GO TO	PAGE 2		
		00.10			100000000000000000000000000000000000000

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME	MARK P.	HABY			1D (Ethics Co 8410	mmission Filers)
17 CONTRIBUTION TOTALS	PLEDGES, I	TEMIZED POLITICAL CONTR LOANS, OR GUARANTEES O TIONS MADE ELECTRONICA	F LOANS, OR	AN	\$ 0	
		ITICAL CONTRIBUTIONS IN PLEDGES, LOANS, OR G		S)	\$ 8	
EXPENDITURE TOTALS	3. TOTAL UNIT	TOTAL UNITEMIZED POLITICAL EXPENDITURE.				
******	4. TOTAL POL	ITICAL EXPENDITURES			\$ 8	
CONTRIBUTION BALANCE	5. TOTAL POLI	TICAL CONTRIBUTIONS MA ING PERIOD	INTAINED AS OF THE L	AST DAY	\$ 0	
OUTSTANDING LOAN TOTALS		CIPAL AMOUNT OF ALL OUT F THE REPORTING PERIOD		OF THE	\$0	
		enalty of perjury, that the ac		rue and corr	rect and inclu	ides all information
		`	Marl 7	laby		
			Signature of (	Candidate o	r Officeholde	er
	_					
	P	lease complete ei	ther option belo	w:		
		2 a cacacacacacacacacacacacacacacacacaca		ag <sub>o</sub>		
		STURY PURE LOI	S ANN ULBRICH	22		
(1) Affidavit		MY CO	OTARY PUBLIC ATE OF TEXAS DMM. EXP. 1/12/22 RY ID 12800661-9			
NOTABY OTAMBIOS		annama anna	11 ID 12000001-9	Trans.		
NOTARY STAMP/SE		~		- +h		
Sworn to and subscribed	before me by MA	RK P. HABY	this the	5 -	day of JA	NUARY.
2022 , to certif	which, witness my hand a	nd seal of office.		0		000
Spis and 1	10007,0l)	Lois Am U	Ibeich	1	hthru	Puller
Signature of officer administ	ering oath	Printed name of officer admini	stering oath		Title of officer	administering oath
a service of the service of		OR			U	1 Office many
(2) Unsworn Declarat	ion					COLONIA MENTENDE
My name is			and my date of hirth	ic		
			, and my date of bitti			*
, 400.000.10	(street)		(city)	(state) (z	rip code)	(country)
Executed in	,	of, on the			, 20 .	(country)
***************************************	ounty, otale (	, or the	day or(mor		(year)	
		-	Signature of Co-	didata/Off.	polder (D. 1	
			Signature of Cand	aidate/Officel	nolder (Decla	rant)

### TX Medina Haby, Mark EY 2024

The remainder of the documents may be obtained at the following address:

https://app.box.com/s/djah4lzyy0mxs6j9qsp3ndyevchq52s8