The C/OH Instruction (Guide explains how	v to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Milton	мі Т	OFFICE USE ONLY
	NICKNAME TROY	LAST Bollinger	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	ainview, TX 79072	CITY; STATE; ZIP CODE	FILED
Change of Address				1024 JAN 16 PM 2: 1:3
5 CANDIDATE/ OFFICEHOLDER PHONE	(806)	PHONE NUMBER 600-4985	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	_{FIRST} Milton	мі Т	Receipt # Amaunt \$ Date Processed
	NICKNAME TROY	LAST Bollinger	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI	52508 49-A0119 199*	STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
FIIONE	(713)	726-8054		
9 REPORT TYPE	January 15	30th day before e	election	15th day after campaign treasurer appointment (Officeholder Only)
12 DEDICE	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	12	/ 7 / 23	THROUGH 12	/ 31 / 23
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	, E
	Month Day	Year Primary	Runoff Other	
	3 / 5 /	20 General	Description Special	5
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know.	n)
				nty) District Attorney
14 NOTICE FROM POLITICAL COMMITTEE(S)			ACCEPTED OR POLITICAL EXPENDITURES IN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES,
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		THE RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO TO I	PAGE 2	

15 C/OH NAME	16	Filer ID (E	thics Commission Filers)			
17 CONTRIBUTION TOTALS	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 EXPENDITURE.	\$	0.00			
	4. TOTAL POLITICAL EXPENDITURES	\$	2,868.00			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	PAY \$				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	HE \$	110.00			
,	required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder					
(1) Affidavit	JEANIE BUSTOS Notary Public, State of Texas Comm. Expires 12-13-2025 Notary ID 131378784					
NOTARY STAMP/SEAL Sworn to and subscribed 20	which, witness my hand and seal of office. Ing dath Printed name of officer administering oath OR	day Title o	of Squay			
	, and my date of birth is					
	, and my date of birth is					
Executed in	(street) (city) (state county, State of , on the day of (month)		de) (country)			
	Signature of Candidate/	/Officeholder	r (Declarant)			

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Co	mmiss	ion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	178.61
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	110.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	1,350.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	2,868.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
² FILER NAM Milton TI	ROY Bollinger	ŷ	3 Filer ID (Ethics Co	mmission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$			
5 Date	6 Full name of contributor □ out-of-state PAC (ID#: John Gatewood 7 Contributor address; City; State; Plainview, TX 79072	Zip Code	8 Amount of Contribution \$ 178.61	9 In-kind contribution Hodescription Bought Cards to Give out. Hodescription		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI			
	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	DICIAL)(See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.		
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA			
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL)(See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction	HIS SCHEDU	LEAS NEEDED additional reporting	requirements.		

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
² FILER NAME Milton TROY	' Bollinger		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan 12/07/2023	7 Name of lender □ out-of-state F Troy Bollinger	,	9 Loan Amount (\$) 100.00
6 Is lender a financial Institution?	8 Lender address; City; 600 Ash, Plainview, TX 79072	State; Zip Code	10 Interest rate 0.00 11 Maturity date
	on / Job title (See Instructions) naging Partner	13 Employer (See Instructions) Laney & Bollinger	
14 Description of Colla	ateral	Check if personal function account (See Instruction	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state F	PAC (ID#:	Loan Amount (\$)
12/14/2023	Troy Bollinger	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10.00
Is lender a financial Institution?	Lender address; City; 600 Ash, Plainview, TX 79072	State; Zip Code	Interest rate 0.00
YN	,		Maturity date
	on / Job title (See Instructions)	Employer (See Instructions)	
	naging Partner	Laney & Bollinger	
Description of Colla	ateral	Check if personal func account (See Instructi	ls were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	DED porting requirements.

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica			Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME Milton TROY Bollinger	The second secon	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	AIZED UNPAID INCURRED OBLIGATION	S	\$ 1,350.00
5 Date	6 Payee name		1,000.00
12/07/2023	Fluhman Outdoor Media		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
1,350.00	Amarillo, TX 79	0102	
9 TYPE OF EXPENDITURE	Political Non-Po	litical	
10	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Billboard Mor	nthly Rent (Jan & Feb)
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name C	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Po	plitical	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
4	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name C	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NE	EDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Milton TROY Bollinger 4 Date 5 Payee name 12/14/2023 Fluhman Outdoor Media 6 Amount (\$) 7 Payee address: City; State: Zip Code 1,473.00 Amarillo, TX 79102 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Advertising Expense OF Set up and Install of Billboard **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/27/2023 Fluhman Outdoor Media Amount (\$) Payee address: City; State: Zip Code 898.00 Amarillo, TX 79102 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Expense FIX Billboard errors OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 12/15/2023 LOGO Dogz Amount (\$) Payee address; City; State; Zip Code 120.00 Plainview, TX, 79072 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expense 2 Banners for Christmas Parade OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

	Accounting/Banking Fees Office Ove Consulting Expense Food/Beverage Expense Polling Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Legal Services Salaries/M		Expense Wages/Contract Labor	Travel In Dist Travel Out O	on Equipm trict of District	g Expense nent & Related Expense y not listed above)	
1 Total pages Schedule G:					3 Filer ID	(Ethics	Commission Filers)
2	Milton	TROY Bollinger				• 10 100000000	,
4 Date	5 Payee nan	ne					
12/18/2023	Canva						
6 Amount (\$)	7 Payee add	fress;		City;		State;	Zip Code
Reimbursement from political contributions intended	Austin, TX 78701						_p 5585
8 PURPOSE	(a) Category	(See Categories listed at the top of this so	chedule)	(b) Description			
OF EXPENDITURE	Advertisi	ng Expenditures		Cards to hand	out		
	(c) (Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	, TX, officeholder	living ex	pense
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought			Office held
Date	Payee nam	ne					
12/22/2023	Action	Printing					
Amount (\$)	Payee add	lress;		City;		State;	Zip Code
178.61 Reimbursement from political contributions intended	Lubbock, Texas, 79243				iaic,	Zip Code	
PURPOSE	Category	(See Categories listed at the top of this so	chedule)	Description			
OF EXPENDITURE	Advertising Expenses			Cards to hand	out		
	Check if travel outside of Texas. Complete Schedule T. Check if Aust			TX, officeholder	· living ex	pense	
Complete <u>ONLY</u> if direct expenditure to benefit C/0		ate / Officeholder name	6	Office sought	1)	(Office held
Date	Payee nam	ne					
Amount (\$)	Payee add	ress;		City;	Stat		Zip Code
Reimbursement from political contributions intended						-,	Zip Gode
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sci	hedule)	Description			
	C	heck if travel outside of Texas. Complete Scho	edule T.	Check if Austin,	heck if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder name		Office sought			Office held
	ATTAC	CH ADDITIONAL COPIES OF	THIS S	CHEDULE AS NEEDS	=D		

The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	Ms/MRS/MR Mr.	FIRST Milton	MI T	OFFICE USE ONLY
	NICKNAME TROY	Bollinger	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	901 Denver	APT / SUITE #: 0	OTTY: STATE; ZIP CODE	FILED
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(806)	600-4985	EXTENSION	CHRISTING DEYNA
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr.	first Troy	мі Т	Receipt # COUNTY Amounts
INAIVIE	NICKNAME	LAST	SUFFIX	Brate Horespea
	TROY	Bollinger		Date Imaged
7 CAMPAIGN	STREET ADDRESS	NO PO BOX PLEASE); APT / SU	UITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	901 Denver	, Plainview, Tx 79	9079	
(Residence or Business)	JOI Deliver	, I lalliview, IX 7	3012	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	, 713	726-8054		
	()			
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD	Month	Day Year	Month	Day Year
COVERED	01	01 / 2024	THROUGH 02	/ 05 / 000 /
	01 /	01 / 2024	THROUGH 02	05 / 2024
11 ELECTION	ELECTION DA	20.555	ELECTION TYPE	
	Month Day	Year X Primary	Runoff Other	
	02 / 05	/ 2024 General	Description Special	
	03 / 05 /	2024		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known 64th (Hale Cour	nty) District Atorney
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	S MAY HAVE REEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		The state of the s
		COMMITTEE ADDRESS		
Additional Pages	GENERAL	- SIMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
	I			
		GO TO	PAGE 2	

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2603.34
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	* 1/0. Do
	wear, or affirm, under penalty of perjury, that the accompanying report is truquired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	quired to be reported by the diluter Title 13, Election Code.	
	MM	16
	Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
(1) Affidavit	JULIE RINCON	
	Notary Public, State of Texas Comm. Expires 03-16-2027	
NOTARY STAMP/SEA	Notary ID 13425744-5	
		14h Folorian
Sworn to and subscribed		day of reviewing,
20 to certify	which, witness my hand and seal of office.	x 101=
Signature of officer administer	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	and St Silver administering Oath
(2) Unsworn Declarati		SOURCE STATE OF THE STATE OF TH
	, and my date of birth is	S
My address is		
Executed in	120 E	(state) (zip code) (country)
Executed III	County, State of, on the day of (mont	h) (year)
	Signature of Candi	idate/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 250
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 9675
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 2603.39
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor □ oul-of-state PAC (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII)#:)	7 Amount of contribution (\$)
1/31/2024	6 Contributor address; City; Plainview, TX 79072	50.00	
8 Principal occu	ons)		
Date	Sam Milledge)#:)	Amount of contribution (\$)
1/31/2024	Contributor address; City;	State; Zip Code	200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	Contributor address; City;	5 N. S.	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF		

Forms provided by Texas Ethics Commission

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name 12/7/2023 Fluhman Outdoor Media 7 Amount (\$) 8 Payee address; City; State; Zip Code 675.00 505 S. Arthur Steet, Lubbock, TX 79102 TYPE OF X Political Non-Political EXPENDITURE 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Advertising Expense Last Payment on Billboard OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Amount (\$) Payee address; City; State: Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

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

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

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Coulds will be supported by the contract Labor Other (enter a category not listed above)						
		The Instruction Guide	e explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NA	AME			3 Filer ID (Ethic	s Commission Filers)
4 Date 1/5/2024	5 Payee na City of I	Plainview				
6 Amount (\$) 100.00 Reimbursement from political contributions intended	7 Payee ad	6th, Plainview,	ΓX 79072	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category Depos:	i (See Categories listed at the $i lpha$	op of this schedule)	(b) Description Deposit for	Venue	
	(c)	Check if travel outside of Texas. Co	omplete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name	е	Office sought		Office held
Date 1/16/2024	Payee na Fluhma	me an Outdoor Marl	keting			
Amount (\$) 675.00 Reimbursement from political contributions intended	Payee ad	Arhtur Street.	Amarillo, T	City; X 79102	State;	Zip Code
PURPOSE OF EXPENDITURE	F 20 to 1000 F	y (See Categories listed at the tasing Expense		Description Billboards		
		Check if travel outside of Texas. C		chedule T. Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/		date / Officeholder name	e	Office sought		Office held
Date	Payee na	me	-			
1/18/2024	Action	Printing				
Amount (\$) 1828.34 Reimbursement from	Payee ad		30 Maria	City;	State;	Zip Code
political contributions intended	2407 82	nd Street, Lubbo	ock, Texas '	79243		
PURPOSE		(See Categories listed at the to	op of this schedule)	Description	220010	
OF EXPENDITURE	Adverti	sing Expenses		Yard & Big	g Signs	
		Check if travel outside of Texas. Co	omplete Schedule T.	Check if Austin	n, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candid	date / Officeholder nam	е	Office sought		Office held
	ATTA	ACH ADDITIONAL CO	PIES OF THIS S	CHEDIII E AS NEED)ED	

The C/OH Instruction C	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Milton	MI T 4, 1 1 1	OFFICEUSEONLY
	NICKNAME "Troy"	LAST Bollinger	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	: APT / SUITE #; Q ainview, TX 79072	CITY: STATE: ZIP CODE	FILED
Change of Address			2	124 FEB 26 AM II: 11
5 CANDIDATE/ OFFICEHOLDER PHONE	(806)	PHONE NUMBER 600-4985	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr.	FIRST Milton	мі 🕠	Heneipt # Amounts
INAME	NICKNAME	LAST	SUFFIX	Date Processed
	"Troy"	Bollinger		Date Imaged
7 CAMPAIGN TREASURER ADDRESS		(NO PO BOX PLEASE); APT / SI AINVIEW, TX 79072		STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(713)	726-8054	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
	2	6 / 24	THROUGH 2	/ 25 / 24
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	3 / 5	20 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known 64th (Hale Coun	ty) District Attorney
14 NOTICE FROM POLITICAL THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL OF OFFICE OF POLITICAL CANDIDATES AND OFFICE OF POLITICAL CANDIDATES AND OFFICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL CONTRIBUTIONS ACCEPTED OR POLITIC			DIDATE'S OF OFFICEROLDERIS KNOW! FROM OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional B	GENERAL	COMMITTEE ADDRESS		
Additional Pages				
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		GO ТО	PAGE 2	

15 C/OH NAME		16 Filer ID	(Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	400.00	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	9	3	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	3	5	
	4. TOTAL POLITICAL EXPENDITURES	9	1,556.80	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY	751.01	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	110.00	
	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct	ct and includes all information	
l rec	quired to be reported by me under Title 15, Election Code.	1		
	1 / Day 1/2			
	Signature of Ca	ndidate or	Officeholder	
	Please complete either option below	r		
	r lease complete etitlet obtion below			
(1) Affidavit	JULIE RINCON Notary Public, State of Texas Comm. Expires 03-16-2027 Notary ID 13425744-5			
NOTARY STAMP/SEA		11.1	~1	
Sworn to and subscribed before me by TROY Bollinger this the day of February.				
20 H, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				
Signature of officer administering oath Printed name of officer administering oath OR				
(2) Unsworn Declaration				
My name is	, and my date of birth is			
1	· · · · · · · · · · · · · · · · · · ·			
		state) (zi		
Executed in	County, State of , on the day of (month	n) ,	20 (year)	
	Signature of Candid	date/Officeho	older (Declarant)	

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Eth	ics Com	nmissio	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS			110.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	1,586.80
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	

LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The	1 Total pages Schedule E:				
² FILER NAME Milton TROY	Bollinger		3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UN	ITEMIZED LOANS		\$		
5 Date of loan 12/07/2023	Troy Bollinger	PAC (ID#:)	9 Loan Amount (\$) 100.00		
6 Is lender a financial Institution?	8 Lender address; City; 600 Ash, Plainview, TX 79072	State; Zip Code	10 Interest rate 0.00 11 Maturity date		
	on / Job title (See Instructions) naging Partner	13 Employer (See Instructions) Laney & Bollinger			
14 Description of Colla	ateral	Check if personal fundaccount (See Instruct	15 Check if personal funds were deposited into political		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	18 Guarantor address; City;	State; Zip Code			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)		
12/14/2023	Troy Bollinger		10.00		
Is lender a financial Institution?	Lender address; City; 600 Ash, Plainview, TX 79072	State; Zip Code	Interest rate 0.00		
YN	500 7.611, 1 Idill VIGW, 17, 75072		Maturity date		
	on / Job title (See Instructions)	Employer (See Instructions)			
Attorney / Ivia	naging Partner	Laney & Bollinger			
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)			
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
not applicable					
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
If le	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 2 . Milton TROY Bollinger 4 Date 5 Payee name 02/22/2024 Al Cofrin 6 Amount (\$) 7 Payee address; City; State: Zip Code 561.80 15522 Cobre Valley, Houston, TX, 77062 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE Event Expense** Reimbursement for Musicians OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/16/2024 Fluhman Outdoor Marketing Amount (\$) Payee address: City; State; Zip Code 675.00 505 S. Arthur Street, Amarillo, TX 79102 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertising Expenses Billboards OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 02/07/2024 City of Plainview Amount (\$) Payee address: City; State: Zip Code 350.00 201 W. 6th, Plainview, TX 79072 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE Event Expense** Venue for the show. OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS (MR)	FIRST Tray	MI	OFFICE USE ONLY
	NICKNAME	LAST	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX;	APT / SUITE #; Cainview, TX 79072	STATE; ZIP CODE	FILED
ADDRESS Change of Address	000 ASII, 11	illiview, 12 19012	2	COLUMN COLUMN
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (713)	PHONE NUMBER 726-8054	EXTENSION	Date Hand-delivered or Date Postmarked 9
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	_{FIRST} Milton	TROY	Receipt # Amount \$
	NICKNAME	BOLLINGE	SUFFIX R	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		no po box please); apt / su ainview, TX, 7907		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	(713)	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 02	Day Year 26 24	THROUGH 10	Day Year 708 / 2024
11 ELECTION	ELECTION DA		ELECTION TYP	E
	Month Day 03 /05	Year XXXPrimary 2024 General	Runoff Other Description Special LOST I	Primary - Closeout form
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know 64th District At	torney (Hale County)
14 NOTICE FROM POLITICAL COMMITTEE TO SUPP THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			VDIDATE'S OR OFFICEHOLDER'S VNOW! FROE OR	
CONNINT TEE(O)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		u.
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	,
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
GO TO PAGE 2				

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 400.00				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 1556.80				
	4. TOTAL POLITICAL EXPENDITURES	\$ 1556.80				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	TDAY \$ 0				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0				
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information				
	parasition to report to a state of this to, Electrical Goods.					
	1/189 / 30					
	Signature of Can	didate or Officeholder				
	Please complete either option below	:				
445 - 2 - 2 - 2						
(1) Affidavit						
NOTARY STAMP/SEAL						
Sworn to and subscribed	T P II	Oth one Ontobe				
All	which, witness my hand and seal of office.	day of the				
- Juliekinean Juliekinean Vlotary						
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath OR						
(2) Unsworn Declaration						
My name is						
	, and my date of birth is _					
	(street) (city) (st	ate) (zip code) (country)				
Executed in	County, State of , on the day of (month)	, 20 (year)				
		ate/Officeholder (Declarant)				

SUBTOTALS - C/OH

19	FILER NAME 20 F	ller ID (Ethics Commission Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	JTIONS \$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	ESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	UTIONS \$	
12.	XXX SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	* 751.01	

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

If the requested information is not applicable, DO NOT include this page in the report.

	The Instruction Guide explains how to complete this form. 1 Total pages Sched			dule K:	
2	FILER NAME		3 Filer ID (Ethic	s Commission Filers)	
4	Date	5 Name of person from whom amount is received Troy Bollinger (taking back cash to cover some	e expenses pai	200	
	,	6 Address of person from whom amount is received; City; Star 600 Ash, Plainview, Texas, 79072	te; Zip Code	\$751.01	
		7 Purpose for which amount is received XX Check if Refunding some of the costs paid by personal con	political contribution	returned to filer	
	Date	Name of person from whom amount is received Address of person from whom amount is received; City; Sta	ute; Zip Code	Amount (\$)	
		Purpose for which amount is received Check if	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; Stat	te; Zip Code		
		Purpose for which amount is received Check if	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; Sta	ite; Zip Code		
		Purpose for which amount is received Check if	political contribution	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				