		CEHOLDER CE REPORT			FORM C/OH SHEET PG 1
The C/OH Instruction G	Guide explains how	to complete this form.	Filer ID (Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST	MI	OFFIC	E USE ONLY
NAME	NICKNAME James	George Sales	SUFFIX	Date RepriceD	FOR RECORD 0:05 QM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	rianny corp	INS IX NAMIU	1 N	1 4 2023 Ara sands Durt numes gounty, texas
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		DEPUTY DEPUTY
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST	МІ	Receipt #	Amount \$
NAME	NICKNAME	Berry	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SUITE	:#; CITY;	STATE;	ZIP CODE
TREASURER ADDRESS (Residence or Business)	3121	Vacogdoches	Corpus Christ	TX	20414
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION		
PHONE	(361)	739-7188			
9 REPORT TYPE	January 15	30th day before electi	on Runoff	treasurer treasurer	after campaign appointment der Only)
	July 15	8th day before election	n Exceeded Modified Reporting Limit	Final Rep	oort (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / \	Month THROUGH 17	Day Y	-3
11 ELECTION	ELECTION DA	Primary.	ELECTION TYPE Runoff Other		
	3 / 5 /	rear	Description Special		
12 OFFICE	OFFICE HELD (If any)		Nueces County		t Atturnay
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER. <i>THESE EXPENDITURES WA</i>	EPTED OR POLITICAL EXPENDITURES IM Y HAVE BEEN MADE WITHOUT THE CAME TO REPORT THIS INFORMATION ONLY IF T	ADATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TREASU	RER NAME		
		COMMITTEE CAMPAIGN TREAS	URER ADDRESS		
		GO TO PA	AGE 2	2023-	0051
				ムひといっ	UUUI

{	E / OFFICEHOLDER N FINANCE REPORT		FORM C/OH COVER SHEET PG 2	
15 C/OH NAME	James Sales III		16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELECT		\$	
	2. TOTAL POLITICAL CONTRIB (OTHER THAN PLEDGES, LOAN	UTIONS IS, OR GUARANTEES OF LOANS)	\$ 4540	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	. EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDI	TURES	\$ 4000	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTE OF REPORTING PERIOD	ONS MAINTAINED AS OF THE LAS	* 540	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF PERIOD	THE \$	
		Signature of Car	mps was II - ndidate or Officeholder	
Please complete either option below: BRENDA CARRILLO REYNA Notary 10 #133085221 My Commission Expires May 5, 2025				
Sworn to and subscribed before me by CONGLOW SWING SWING this the 14 day of TUY. 20 23 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				
(2) Unsworn Declaration				
My name is		, and my date of birth is		
My address is				
Executed in	(street) County, State of		ate) (zip code) (country), 20 (year)	
		Signature of Candida	ate/Officeholder (Declarant)	

OI.	HD.	$T \cap$	TA			~		_
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FORM C/OH COVER SHEET PG 3

19	FILER NAME George James Sales III 20 Filer 1D (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,200
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	2 1 p 60
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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	s 2340
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	\$
	" " " " " " " " " " " " " " " " " " " 	

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP COVER SHEET

		OFFICI	USE ONLY		
Pursuant to chapter 258 of a political committee is enco Campaign Practices. The Cauthority upon submission form. Candidates or policurrent campaign treasurer 1997, may subscribe to the	of Fair r filing ntment have a	Date Received Date Hand-delivered	or Postmarked		
Subscription to the Code o	f Fair Campaign	Practices is volunta	ry.	Date Processed Date Imaged	
1 ACCOUNT NUMBER (Ethics Commission Filers)	2 TYPE OF FILE CANDIDATE If filing as a candid then read and sign	date, complete boxes 3 -	6, If filin	•	MITTEE committee, complete and and sign page 2.
3 NAME OF CANDIDATE	TITLE (Dr., Mr., Ms., etc.)	FIRST		MI	
(PLEASE TYPE OR PRINT)	Mr	George		Je	
	NICKNAME	LAST	**	SUFFIX (SR	., JR., (#, etc.)
	"James"	Sales		III	
4 TELEPHONE NUMBER OF CANDIDATE (PLEASETYPE OR PRINT)	AREA CODE	779- 49°	_	EXTENSION	
5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)	STREET/POBOX:	APT/SUITE#: anny Circle	corpus Christi	STATE;	ZP CODE 78Ч1Ч
6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)	Nueces	County Di	strict	Attorn	9/
7 NAME OF COMMITTEE (PLEASETYPE OR PRINT)					
8 NAME OF CAMPAIGN TREASURER	TITLE (Dr., Mr., Ms., etc.)	FIRST Dale		МІ	
(PLEASE TYPE OR PRINT)	NICKNAME	Berry		SUFFix (SR	, JR., (N, etc.)
GO TO PAGE 2					

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

- (1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.
- (2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.
- (3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.
- (4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.
- (5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.
- (6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.
- (7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

Signature Date

SCHEDULE A1

				
The	Instruction Guide explains ho	ow to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME		C \ 7	17	3 Filer ID (Ethics Commission Filers)
٢	peorge James	Jales 1	<u> </u>	
4 Date	5 Full name of contributor	out-of-state PA		7 Amount of contribution (\$)
6-1-23	Sandra Bastu	rad		6.
6-1-63	6 Contributor address;	City;	State; Zip Code	\$1,060
	3636 S Alameda ste B197	Corpos	TX 78411	
8 Principal occu	pation / Job title (See Instruction	s)	9 Employer (See Instruc	Sions)
A4	Hornay		self	
Date	Full name of contributor	Out-of-state PA	C (10th)	Amount of contribution (\$)
	James Story			
6-9-23	Contributor address:	City-	State; Zip Code	\$ 250
	102 N Staples	christi	1048U X	D 520
Principal occup	petion / Job title (See Instructions)	Employer (See Instruc	tions)
A+	torner		seit	
Date	Full name of contributor	Out-of-state PM	c (ID#:)	Amount of contribution (\$)
1 11 02	Michael Ger Contributor address;	xye		
0-10-23	Contributor address;	City;	State; Zip Code	§ 500
	902 Buffalo	corpus.	X 18401	
Principal occur	pation / Job title (See Instructions		Employer (See Instruct	tions)
<u> </u>	Horna/		5e1F	
Date	Full name of contributor	Out-of-state PA	C (104:)	Amount of contribution (\$)
,	Alan W Gar	e++		
6-26-23	Contributor address;	City:	State; Zip Code	\$ 200
	6414, Marans St.	Christi	TX 78414	9 400
()	etion / Job title (See Instructions		Employer (See Instruct	ions)
Vete	rinavian		5016	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1

rge James name of contributor yle Hinkle ributor address; 8 Loive bb title (See Instructions)	City;	AC (100): Status; TX (yer (See Instruc	3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$\mathbb{S} 250
name of contributor y le Hinkle ributor address; 8 Loive bb title (See Instructions)	City;	AC (100): Status; TX (yer (See Instruc	\$ 250
ob title (See Instructions)			yer (See Instruc	
ob title (See Instructions)			yer (See Instruc	
rney		g empo		
same of contributor			sel (
	Out-of-state Pf	AC (IDR:		Amount of contribution (\$)
ributor address;	City;	State;	Zip Code	
	· · · · · · · · · · · · · · · · · · ·	· · · · · ·		
title (See Instructions)		Employ	yer (See Instruc	lions)
ame of contributor	Out-of-state PA	VC (10#:		Amount of contribution (\$)
ibutor address;	City;	State;	Zip Code	
b title (See Instructions)		Employ	yer (See Instruc	tions)
		<u> </u>		
ame of contributor	Out-of-state PA	C (108:	 	Amount of contribution (\$)
toutor address;	City;	State; 2	Zip Code	
title (See Instructions)		Employ	ver (See Instruct	ions)
	b title (See Instructions) same of contributor sibutor address; b title (See Instructions) same of contributor	b title (See Instructions) ame of contributor	b title (See Instructions) Employ ame of contributor	b title (See Instructions) Employer (See Instructions) ame of contributor

SCHEDULE F1

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 Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Relat

Consulting Expense Contributions/Donations Made B Candidete/Officeholder/Politics		Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	<u>-</u>	lains how to complete this form.	Canal Canal Canal
1 Total pages Schedule F1:	2 FILER NAME GROVE JO	imes Sales IIT	3 Filer ID (Ethics Commission Filers)
4 Date 6-1-23	5 Payee name Steve Ray		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 90	BOX 142	Corpus Christi	TX 78403
8	(a) Category (See Categories listed at the top of		
PURPOSE OF EXPENDITURE	Consulting Exper	struteg schedu	, i
	(c) Check if travel outside of Texas. Comple	nte Schedule T. Check if Austi	in, TX, officeholder flying expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Ceorge Towns Solver	Office sought	thirt Attorney W/A
Date	Payee name	, , , , , , , , , , , , , , , , , , ,	
7-1-23	Steve F	Ray	
Amount (\$)	Payee address;	City;	State; Zip Code
92000	Box 742	Corpus Christi	TX 78403
	Category (See Categories listed at the top of the	his schedule) Description	9 1(7
PURPOSE OF EXPENDITURE	Consulting Expens		~, I
	Check if travel outside of Texas. Comple	te Schedule T. Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Wiley (SUN	office held by District Attorney N/A
Date	Payee name		1
Amount (\$)	Payee address;	Сіту;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	nis schedule) Description	
	Check if travel outside of Texas. Complete	te Schedule T, Check if Austi	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIL	ES OF THIS SCHEDULE AS NEE	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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Foss Food/Beverage Expense Gtt/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how	v to complete this form.	
1 Total pages Schedule G:	George James Sale	TIT &	3 Filer ID (Ethics Commission Filers)
6-1-23	5 Payoo name) Steve Ray		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	Box 742	Corpus Christi	× 78403
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule	b) (b) Description	menu
OF EXPENDITURE	Consulting Expense	school	· · J
,	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	George James Sales II	Nuere, Cour	ty Dotot Altonay N/A
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSÉ OF EXPENDITURE	Category (See Categories listed at the top of this schedule	e) Description	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/G	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE	Category (See Categories listed at the top of this schedule)) Description	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	. Check if Austin.	, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	ED

1		ICEHOLDER CE REPORT			FORM C COVER SHEET P	
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Co.	mmission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR NICKNAME	George	-	MI	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOS 6306 Brainna	a Col	CITY; STATE; NS TX 1	SUFFEX ZIP CODE ZSY14	JAN 1 6 2024 KARA SANDS CUERK, COUNTY COURT, NUECES COUN	ity, texas
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (36()	779-4992	EXTENSION	N	Date Hand-delivered or Date Postm	DEPUTY
6 CAMPAIGN TREASURER NAME	(MS) MRS / MR	Kimberty	,	MI	Receipt # Amount \$ Date Processed	
	NICKNAME	Ballenger		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE): APT / SL	UNTE # CITY: OUT CO	MUS-	STATE: ZIP CODE	4
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 33-786	EXTENSION	vi		
9 REPORT TYPE	January 15	30th day before ele		ri ded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - F	FD1
10 PERIOD COVERED	Month	Day Year / 15 / 202	Report	ting Limit Month	Day Year / 15 / 2024	!
11 ELECTION	Month Day 3 / 5	Year Primary	El Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (Wany))	13 OFFICE SOU		not Attorne	 }/
14 NOTICE FROM POLITICAL COMMITTEE(S)	I THE CHARLESTONIE / OFTE	CENULUCIC TRESE EXPENDITURES	MAY HAVE REFIX MAILE WIT	THOUT THE CANOI	ADE BY POLITICAL COMMITTEES TO SUI IDATE'S OR OFFICEHOLDER'S KNOWLED BEY RECEIVE NOTICE OF SUCH EXPENDIT	4
• •	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREA	ACHDED MALKE			
	[]SECURIO	COMMITTEE CAMPAIGN TREA			24-0031	
		GO TO F	PAGE 2		-	:

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CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 2** 15 C/OH NAME George Vamps 16 Filer ID (Ethics Commission Filers) 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 2. **TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** \$ **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY **BALANCE** OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE **LOAN TOTALS** LAST DAY OF THE REPORTING PERIOD **18 SIGNATURE** 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. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by ______ this the _____ day of ______ ____, 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 (2) Unsworn Declaration and my date of birth is Brianna Civile Coupy Chart My address is USA (street) (state) (country) NURP | County, State of Telus, on the 161 day/of

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Posterial Addresses

Ь—		
19	FILER NAME 20 Filer ID	(Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,340
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s ()
4.	SCHEDULE E: LOANS	\$ 0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s \$7591
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTION	ons \$ O
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF	DF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	s \$ 0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNS TO FILER	RNED \$

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 form.	1. Total pages Schedule A1:
2 FILER NAME	eurge James Sales III	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)	7 Amount of contribution (\$)
7-20-23	Steven Carrigan 6 Contributor address: City: State: Zip Code 101 N Shoreline Steven Corpus (Unit) 7x 28401	\$1,000
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Ţ.	tttorney self	
Date	Full name of contributor	Amount of contribution (\$)
8-7-23	Contributor address: City: State: Zip Code POBOX941 Conjus (Grist; TX 98403	\$ 500
Principal occup	ation / Job title (See Instructions) Employer (See Instruc	tions)
	Attornal self	
Date	Full name of contributor	Amount of contribution (\$)
8-23-23	Full name of contributor	\$1500
Principal occup		
	Doctor Rudovlogy	Associates
Date	Full name of contributor	Amount of contribution (\$)
8-25-2	Roger Bellows Contributor address; City: State; Zip Code POBOX 1047 Three Rivers TX 18071	\$1,000
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
	Attorney sell-	
	· · · · · · · · · · · · · · · · · · ·	

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 form.	1 Total pages Schedule A1:
2 FILER NAME	wae James Sales TIT	3 Filer ID (Ethics Commission Filers)
4 Date	5 Fell name of contributor	7 Amount of contribution (\$)
9-1-23	6 Contributor address; City; State; Zip Code	500.00
	4412 Highlidgeth Courst TX 78413	
8 Principal occu	petion / Job title (See Instructions) 9 Employer (See Instruc	fions)
Date	Full name of contributor	Amount of contribution (S)
9-7-23	Contributor address: City: State: Zip Code 457814094107. Curift W 18413	50.00
Principal occup	pation / Job title (See Instructions) Employer (See Instruct	tions)
Date	Full name of contributor	Amount of contribution (\$)
q-1-23	Contributor address; City; State; Zip Code Corpul TX 18413	100,00)
Principal occu	Building Owner Self-	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; / City: State; Zip Code PUBOX 941 CMStr X 78403	250.00
Principal occup	pation / Joshtitle (See Instructions) Employer (See Instructions)	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 form.	1 Total pages Schedule A1:
2 FILER NAME	George James Sales III	3 Filer ID (Ethics Commission Filers)
4 Date 9-11-23	5 Full name of contributor	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date 9-11-23	Full name of contributor	Amount of contribution (S)
Principal occup	pation / Job title (See Instructions) Employer (See Instru SOL	uctions)
Date 4-7-2	Full name of contributor out-of-state PAC (10#	Amount of contribution (\$)
	pation (Job title (See Instructions) Employer (See Instru Pt (VCL coach)	uctions)
Date 9-7-2	Full name of contributor	Amount of contribution (\$)
Principal occup	Dation / Job title (See Instructions) Employer (See Instru Employer (See Instru SE	
	(

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The	Instruction Guide explains ho	1 Total pages Schedule A1:		
2 FILER NAME	evinge James	Sales	III	3 Filer ID (Ethics Commission Filers)
1	5 Full name of contributor TVUM MU 6 Contributor address;			
9-11-23	6 Contributor address;	City;	State; Zip Code	200-00
	5110 Cascade	Corps :	EIMBU &	The state of the s
1	upation / Job title (See Instructions) $N + RUCHW$		9 Employer (See Instrux 5'CL	Δ ·
Date	Full name of contributor	Oul-of-state P	AC (ID#:)	Amount of contribution (S)
9-7-23	Contributor address;): Murzo city:	State; Zip Code	40.00
	18(U) Daly Dr.	civisti	12 10012	
• • •	petion / Job title (See Instructions)		Employer (See Instruc	tions)
) V	GUISULUEIS COOF		300	
Date	Full name of contributor		AC (ID#:)	Amount of contribution (\$)
112-1-23	Contributor address;		State; Zip Code	500.00
	10 Box 1141	Sintan	78381)	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	A .
	Attorney		se	
Date	Full name of contributor Mury Flore	Cut-of-state P	NC (HD#:)	Amount of contribution (\$)
(2-11-23	Mury Flore Contributor address; 6306 Branna Gode	city: corps) -	State; Zip Code	150,00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	1001100		!	

SCHEDULE A1

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

<u> </u>				
The	Instruction Guide explains how	e (dense en	1 Total pages Schedule A1:	
2 FILER NAME	George Jam	38 Sules I		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor James Gard	Out-of-state PAC (ID#:		7 Amount of contribution (\$)
1-9-24	6 Contributor address; YUU W. Sinton St.	City; State;	Zip Code 18381	750.00
8 Principal occu	pation / Job title (See Instructions)	9 Emp	loyer (See Instructio	ns)
•	Aftorney	ς	an Patrici) County
Date	Full name of contributor	Out-of-state PAC (ID4:		Amount of contribution (S)
12-11-23	James Story Contributor address;		Zip Code	250.00
		Christi TX	20114	
Principal occup	attornel	Emp	loyer (See Instruction	self
Date	Full name of contributor	Out-of-state PAC (104:		Amount of contribution (\$)
1-11-24	Mizhuel Bergin Contributor address: 4111 Acushne		21p Code 78413	250.00
Principal occur	ration / Job title (See Instructions)		loyer (See Instruction	35)
, ,	oil + gas		self	
Date	Full name of contributor	Cut-of-state PAC (ID#:		Amount of contribution (\$)
1-11-24	ONE Alizeda Contributor address;	Citing Chair	7-0-1	2000 20-7
,	III St Mussi St ste 203	Becville TX	78701	250.00
Principal occup	ation / Job title (See Instructions) Aftone	Empl	oyer (See Instruction	ounty

SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	George James Sales III	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
1-15-24		500.00
	7426 S. Staples Corner TK 78414	
	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Ke	staurant owner sect	
Date	Full name of contributor	Amount of contribution (\$)
1-15-24	Eugene Seamon Contributor address; City; State; Zip Code 55 Luke Shore Dr., Contributor 78413	250.00
	CVI	
Principal occup	ation / Job title (See Instructions) Employer (See Instruct	ions)
Date	Full name of contributor	Amount of contribution (\$)
0: 1	Scott Sharpe	
1-15-24	contributor address: City: State: Zip Code 37220 Cornelle Dr. Prailyeville La. 10769	500.00
Principal occur	Contributor address: City; State: Zip Code	
Principal occur Date	37 220 Correcte A. Prainteville La. 10769	
Y.	contributor address; City; State; Zip Code 37 220 Coructe A. Prainteville La. 10769 ation / Job title (See Instructions) OPCT Numugement self	ions)
Date	contributor address; City; State; Zip Code 37 220 Coructe A. Prainteville La. 10769 ation / Job title (See Instructions) Employer (See Instruct Selt Full name of contributor cut-of-state PAC (IDS:	Amount of contribution (\$)

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Office Over nse Polling Exp Is Expense Printing Ex	pense Jages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
				3 Filer ID (Ethics Commission Filers)	
1 Total pages Schedule F1:	GCOTAC (James Sal	les II	3 The ID (CERCS COMMISSION FROM)	
4 Date 8-4-23	BUR BQ A	_			
6 Amount (\$)	7 Payee address:		City:	State; Zip Code	
800.00	4931 IH 37		Christi	TX 13408	
8	(a) Category (See Categories listed	at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Event Exp	ense	Fundra	iser	
	(c) Check if travel outside of	exas. Complete Schedule T.	Check if Austin	TX, afficeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Oi-	Candidate / Officeholder r	æne	Office sought	Office held	
Date	Pavee name				
8-7-23	Bar BQ1	Nan			
Amount (\$)	Payee address;		City;	State; Zip Code	
700.00	4931 Itt	37	corpus.	tx 18408	
	Category (See Categories listed:	at the top of this schedule)	Description	_	
PURPOSE OF EXPENDITURE	Event Ext	ense	Endr	aiseC	
	Check if travel outside of	exas, Complete Schedule T.	Check if Austin	TX officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder r	ame	Office sought	Office held	
Date	Payee name				
10-4-23	Steve R	Ray			
Amount (\$)	Payee address:	7	City:	State; Zip Code	
1000	POBX1	42	Cornul	1 1/2 78403	
PURPOSE OF EXPENDITURE	Category (See Categories listed:	at the top of this schedule)	Description	-	
•	Check if Faved coatside of T	exas, Complete Schedule T.	Check if Austin	. TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder	name	Office sought	Office held	
	ATTACH ADDITION	AL COPIES OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbussement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME George James	s Sales III	3 Filer ID (Ethics Commission Filers)	
4 Date 11-10-23	5 Payee name Sign			
6 Amount (\$)	7 Payee address;	City;	State, Zip Code	
1,265.00		Corpus Chri	th tx 7840L1	
8	(a) Category (See Categories listed at the top of this		7	
PURPOSE OF EXPENDITURE	Advertising	sign.	7	
	(c) Check if travel outside of Texas. Complete S	chedule T. Check if Austi	n, TX, afficeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
12-1-23	Jeff Bu	Her		
Amount (\$)	Payee address;	City;	State; Zip Code	
1000	72/2 Chaxe A	r. corpus Chr	1011 X 18412	
source the second secon	Category (See Categories listed at the top of this	schedule) Description		
PURPOSE OF EXPENDITURE	consultant	fe	re	
	Check if travel outside of Texas, Complete S	Schedule T. Check if Austi	a. TX. officebolder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
1-8-24	Jeff Butle	<u> </u>		
Amount (\$)	Payee address:	City:	State: Zip Code	
2,746.00	<u> </u>	V	10to 1x 28412	
- Language	Category (See Categories listed at the top of this	schedule) Description	1 ,	
PURPOSE OF EXPENDITURE	Advertising	signs o	nd pushcards	
***************************************	Check if travel outside of Texas. Complete S	Schedule T. Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committe Credit Card Payment		Fees O Food/Beverage Expense Pr G/M/Awards/Memorials Expense Pr		Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Ethi	cs Commission Filers)	
4 Date 9-1 10-2, 11-1, 12-1, 1-2 6 Amount (\$) 16 JU Bach	5 Payee na	sme Bunk ut A	tanonica				
6 Amount (\$)	7 Payee ac	ldress;		City:	State;	Zip Code	
total of 80.00	57	30 S. Staple	s C	orpus Chrit	ti it	75411	
8	(a) Categor	y (See Categories listed at the	top of this schedule)	(b) Description	۸،۸،۸	arrant	
PURPOSE OF EXPENDITURE		fees		or Ca	mpacari	account	
	(c)	Check if travel outside of Texas. (Complete Schedule T.	Check if Austi	n, TX, officeholder livi	ng expense	
9 Complete ONLY if direct expenditure to benefit C/Oi		late / Officeholder name		Office sought		Office held	
Date	Payee na	nne					
Amount (\$)	Payee a	kiress;		City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	/ (See Catagories listed at the l	op of this schedule)	Description			
		Check if travel outside of Texas. (Compilete Schedule T.	Check if Austi	in, TX, officeholder livi	ng expense	
Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held	
Date	Payee n	ame					
Amount (\$)	Payee a	ddress:		City:	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	r (See Categories listed at the tr	op of this schedule)	Description			
		Check if travel outside of Texas. O	Complete Schedule T.	Check if Austi	n, TX, officeholder Evi	од ехфение	
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	>	Office sought		Office held	
	AT	TACH ADDITIONAL C	OPIES OF THIS	SCHEDULE AS NEE	DED		

SCHEDULE F1

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 Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense		Food/Beverage Expense G/II/Awards/Memorials Expense	Polling Exp Printing Exp		Travel In District Travel Out Of Distric	t
Contributions/Donations Made By Candidate/Officeholder/Political	Committee	Legal Services	Salaries/W	ages/Contract Labor	ry not listed above)	
Credit Card Payment		The Instruction Guide explai	ins how to c	omplete this form.		
Total pages Schedule F1:	2 FILER N	IAME			3 Filer ID (Ethics	Commission Filers)
, out pogo						
Date	5 Payeen	ame				
3 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
	(a) Catego	ry (See Categories listed at the top of th	is schedule)	(b) Description		
8	, , ,	, , , , , , , , , , , , , , , , , , , ,				
PURPOSE OF						
EXPENDITURE				<u> </u>		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in. TX, afficeholder living	expense
9 Complete ONLY if direct	Candi	date / Officeholder name		Office sought		Office held
expenditure to benefit C/O	i					
	Payeen	2002				
Date	rayee	dire:				
A (6)	Payee a	widonec		City;	State;	Zip Code
Amount (\$)	rayee	mui ess,		•		
				I		
	Catego	ry (See Categories listed at the top of thi	s schedule)	Description		
PURPOSE				man it is a constant of the co		
OF EXPENDITURE				ed in Transit		
		Check if travel outside of Texas. Complete	Schedule T.	Check if Aust	in. TX. officeholder livin	g expense
	Condi	date / Officeholder name		Office sought		Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Uate / Unicercauce nume				
Date	Payee	name				
Amount (\$)	Payee	address:		City:	State;	Zip Code
	and the second					
	i i					
	Catego	ry (See Categories listed at the top of thi	s schedule)	Description		
PURPOSE	i			-		
OF EXPENDITURE	1			And the second s		
EAFERDITURE		7			e **** ***	
		Classic if travel outside of Texas. Complete	e Schedule T.	<u> </u>	fin. TX, efficeholder livin	
Complete ONLY if direct		idate / Officeholder name		Office sought		Office held
expenditure to benefit C/O	H					
	A	TTACH ADDITIONAL COPIE	S OF THIS	SCHEDULE AS NE	EDED	
		I ITOITHUITE OF IL			······································	D

		CEHOLDER E REPORT				ORM C/OH HEET PG 1
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER	MS / MRS (M)	George		7	OFFICE	USE ONLY
NAME	NICKNAME JCNY23	Sales		SUFFIX		R RECORD 43 PM
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	anna Co	city; state: orpus notisti	ZIP CODE	KARA	5 2024 SANDS
Change of Address	CW		/(¢ () C			NUECES COUNTY, TEXAS DEPUTY
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	779- 4992	EXTENS	SION		d or Date Postmarked
6 CAMPAIGN TREASURER	WS MRS / MR	FIRST Kimberly		МІ	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
		Ballenger	-		Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	· ·	NO PO BOX PLEASE): APT / S Radial Cour	SUITE #; CIT		STATE;	78414
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 331-786	EXTENS	BION		
9 REPORT TYPE	January 15	30th day before a	election Ru	unoff		fter campaign ppointment er Only)
	July 15	8th day before ele	ection	ceeded Modified eporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 16 / 2024	THROUGH	Month 2	Day Yea	<u>'</u> _Ҷ
11 ELECTION	ELECTION DA	Year Primary	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)			SOUGHT (IF KNOW	n) foracy CN	lucces)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	ACCEPTED OR POLITICA	L EXPENDITURES I	/ MADE BY POLITICAL CO IDIDATE'S OR OFFICEHO	MMITTEES TO SUPPORT LDER'S KNOWLEDGE OR
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRI	EASURER NAME			
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
		до то	PAGE 2	201	1 _∩∩5	4

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	16 Fil	er 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)	\$ 2398.56
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 5,090.56
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 5000.00
18 SIGNATURE I	swear, or affirm, under penalty of perjury, that the accompanying report is trope and of	correct and includes all information
	quired to be reported by me under Title 15, Election Code.	\mathcal{O}_2
		[]] 6.1
		11 80
	- / gry fer fr	
	Signature of Candidate	e of Officeholder
	·	
	Please complete either option below:	
/4\ A <i>E</i>		
Notary I	SSICA HOFFERT Public, State of Texas Expires 12-02-2025	
	ry ID 133471081	
Sworn to and subscribed	before me by Croyal James Sales III this the 5th	day of February,
1 0.1	<i>n</i>	day of,
20 to certify	which, witness my hand and seal of office.	1/1 711
(esseca to	Hert lessica Hoffert	Notary Public
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(0) 11		
(2) Unsworn Declarati	on	
Cent	ge James Salar III , and my date of birth is	1-19hL
	44	
My address is <u>b £0</u>	3 Brianny Circle Corpor Christic TX.	18414, USA.
۸.		(zip code) (country)
Executed in	County, State of Tesay, on the 5th day of Felange	12024
	Amonth And	(year)
		Carte data (Carte da Carte da
	Signature of Candidate/Off	icenolder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethic	cs Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2398.56
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ \$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ S
4. SCHEDULE E: LOANS	s 5000
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4516.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ Ø
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 8
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ Ø
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ \$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CI	/OH \$ Ø
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ Ø
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	Seurge James Sala	III is	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
1-18-24	6 Contributor address; City; 4942 Valley St. CC	State; Zip Code	100.00		
8 Principal occu	pation / Job title (See Instructions)	Q Employer (See Instruct	tions) , \(\sigma\)		
\mathcal{M}	initry	Roch	Ministries		
Date	Full name of contributor out-of-state PAr		Amount of contribution (\$)		
1-29-24	Ruhen Lerma contributor address; city; ste 4410 Dilloa Lane 48 cc	State; Zip Code	750.00		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
(attorney	selt			
Date	Full name of contributor	C (NO#:)	Amount of contribution (\$)		
1-29-24	William Donilly contributor address; City; 2727 Morgan Ave F1.3 (C	State; Zip Code	500.00		
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAG	C (ID#)	Amount of contribution (\$)		
1-29-24	Mike DeMuzs Contributor address; City;	State; Zip Code	85.00		
Principal occum	pation / Job title (See Instructions)	Employer (See Instruct	inna		
Smul	Bamers Owner	Scl (ions)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filter ID (Ethics Commission Filers)
	George James	er Salzs	TT-	
4 Date	5 Full name of contributor	aut-of-state PA	C (104:)	7 Amount of contribution (\$)
- 74	Rick Milby	•		
2-2-27	Rick Milby 6 Contributor address:	City;	State; Zip Code	500,00
			+ ~	300.00
	14412 High Ridge	<u> </u>	9 Employer (See Instruc	Single 1
8 Prencipal occu	pation / Job title (See Instructions)		returns to the	•
	7011110		76.60	
Date	Full name of contributor	_	C (104:	Amount of contribution (S)
	Chad Ditton	in		<u>_</u>
2-2-24	Contributor address;	City;	State; Zip Code	200.00
		CC	₹	_
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	· · · · · · · · · · · · · · · · · · ·		3	
Date	Full name of contributor	Out-of-state PM	C (104)	Amount of contribution (\$)
1 - 1 Dia	Tim Tedesco			
1-21-24	Tim Tedesco Contributor address:	City;	State: Zip Code	200.00
	6322 Briana			200.00
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	zions)
Sincel	(business owner		5016	<u> </u>
Date	Full name of contributor	Out-of-state PN	C (100#:)	Amount of contribution (\$)

	Contributor address;	City;	State; Zip Code	
	The company			
Principal occur	pation / Joh title (See Instructions)		Employer (See Instruc	tions)
	110 - 110 -			

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			3 Filer ID (Ethics Commission Filers)	
(bewy	e June Subjectit			
4 TOTAL OF UN	NITEMIZED LOANS		\$	
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#:)	9 Loan Amount (\$)	
2-2-24	Mury Flors		5000	
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
Y 🔊	6306 Brianne Cinte CC	TX 78414	11 Maturity date	
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)		
14 Description of Coll	ateral	Check if personal fundaccount (See Instruct	ds were deposited into political lions)	
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	18 Guarantor address; City;	State; Zip Code		
not applicable				
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
Date of loan	Name of lender out-of-state i	PAC (ID#:)	Loan Amount (\$)	
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
Y N			Maturity date	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)		
Description of Coll	ateral		ds were deposited into political	
none		account (See Instruct	lions)	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
	Guarantor address; City;	State; Zip Code		
not applicable				
Principal Occupati	I ion (See Instructions)	Employer (See Instructions)	<u>L </u>	
	ATTACH ADDITIONAL CODE	IES OF THIS SCHEDULE AS NEE	-DED	
If le	If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

SCHEDULE F1

	EXPENDITURE CATEGORIES	FUR BUX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing I	Expense Wages/Contract Labor	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME	111	3 Filer ID (Ethic	es Commission Filers)
4 Date 2-1-24	George James Sales 5 Payee name Runk of America	<u> </u>		
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
16.00	S. Staples	Corpus (h	rite TX	184
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	teas	Campai	yn accou	nt-
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livir	g expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Nucces (wonty District Attorn	Office sought		Office held
Date	Payee name	7		
2-2-24	Jeff Butter			
Amount (\$)	Payee address;	City;	State;	Zip Code
2000	722 Chuse Dr.	C C	T	78412
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	OMM	nercials	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livir	ig expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought VVI(9 / Lux Hy Di	4	Office held
Date	Payee name			
2-4-24	Jeff Butler			
Amount (\$)	Payee address;	City;	State;	Zip Code
2500	722 Chux Dr.	CC.	TX	78412
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	luma	nercial s	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder livir	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Notation H	ST.	Office held
	ATTACH ADDITIONAL COPIES OF THIS		EDED	

		CEHOLDER E REPORT		FORM C/OH COVER SHEET PG 1
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	MS/MRS/MR	George	мі	OFFICE USE ONLY
NAME	NICKNAME James	Sales	ill .	Date Received FILED FOR RECORD AT 10: 05 Pm
4 CANDIDATE/ OFFICEHOLDER MAILING ADDRESS	6306 Br		CITY: STATE: ZIP CODE OU) TX 78414	FEB 26 2024 Kara sands Clerk, county county, texas
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 779-4992	EXTENSION	Date Hand-defivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR MS	FIRST Kimberly	MI	Receipt # Amount \$ Date Processed
NAME	NICKNAME	Ballenger	SUFFIX	Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S		STATE; ZIP CODE
TREASURER ADDRESS (Residence or Business)	8205	Radial C	ourt Christi	TX 78414
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION G	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign freasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 2	Day Year / 4 / 2024	THROUGH 2	Day Year / 26 / 2024
11 ELECTION	Month Day	Year Primary 2024 General	ELECTION TYF Runoff Other Description Special	
12 OFFICE	OFFICE HELD (# any)		13 OFFICE SOUGHT (if kno	un) it Attorney
14 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL CONTRIBUTIONS A		MOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR		
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	EASURER NAME	
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
GO TO PAGE 2				

2024-0072

	N FINANCE REPORT	COVER SHEET PG 2	
15 C/OH NAME	ge James Sales III	16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAI PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	
6000	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8800	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
15150	4. TOTAL POLITICAL EXPENDITURES	\$ 12 120	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ 565.59	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	S 5000	
1	swear, or affirm, under penalty of perjury, that the accompanying report is truquired to be reported by me under Title 15, Election Code.	ue and correct and includes all information	
	Signature of C	andidate or Officeholder	
	Please complete either option below	w:	
(1) Affidavit			
NOTARY STAMP/SEA	L		
		day of	
	which, witness my hand and seal of office.		
Signature of officer administr		Title of officer administering oath	
(2) Unsworn Declarati	on		
My name is	evige Jumes Sales II and my date of birth is	5: 10-7-1466 DX 78414 USA	
(street) (city) (state) (zip code) (country) Executed in VCC County, State of Terú on the harmonic (month) (month) (vear)			
Signature of Candidate/Officeholder (Declarant)			

Paris 4 4 4 6000

-...

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

Paris - 4 4/4/0004

19	9 FILER NAME 20 Filer ID (Ethics Comm		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		· 7425
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 1375
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 15,150
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
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 FUN	IDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$

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	s form.	1 Total pages Schedute A1:
2 FILER NAME	eurge James Sale:	III e	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG	C (10#:)	7 Amount of contribution (\$)
2-8-24	Susan Lamb 6 Contributor address; City; 108 N Mesquite CC	State; Zip Code	750.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		C (1D4:)	Amount of contribution (\$)
2-14-24	Stephen Currigan Contributor address; City;		1,000.00
Deinsingt assure	101 N. Shorthe CC Ste 420	TX 78401	
Principal occup	attorner	SCIC	gons)
Date		C (ND#:)	Amount of contribution (\$)
2-14-24	Pavid Wood contributor address; City; 400 W. Sinton St. Sinton,		250.00
5	vation / Job title (See Instructions)	Employer (See Instruct	· • •
Date		Sav Jaine	Amount of contribution (\$)
2-14-24	Shannon Murphy contributor address; City; 300 E Cotter Ave Port Ara	State; Zip Code	200.00
· ·	Ration / Job title (See Instructions)	Employer (See Instruct	iions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 form.	1 Total pages Schedule A1:			
2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
George James Sales HI				
4 Date 5 Full name of contributor Out-of-state PAC (IDI:	7 Amount of contribution (\$)			
Roy Pell	_			
2-15-24 6 Contributor address; City; State; Zip Code	100.00			
464 Indiana CC TX 18404				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	ions)			
Date Full name of contributor	Amount of contribution (S)			
Keith Gould	, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
7 - (6-24 Contributor address; City; State; Zip Code	250.00			
555 N Courancehous co TX Ochai	230.00			
555 N Covancalus CC TX 78401				
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)			
attorney selt				
Date Full name of contributor	Amount of contribution (\$)			
John Flint				
2-16-24 Contributor address; Sturio City: State; Zip Code	250.00			
555 N Carconagua CC TX 18401	232.0			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	ions)			
attorny set				
Date Full name of contributor	Amount of contribution (\$)			
2 1624 Robert Flynn				
2-16-24 Contributor address; City: State; Zip Code	500.00			
PU BOX 3519 CC × 78463				
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
attorney self				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	s form.	1 Total pages Schedule A1:
2 FILER NAME		IT	3 Filer ID (Ethics Commission Filers)
bei	orge James Sales 1	-V \	
4 Date	5 Full name of contributor sut-of-state PA	C (BD#:)	7 Amount of contribution (\$)
	Terry Breen		
- 11 -14	6 Contributor address; City;	State; Zip Code	100.00
5-16-5-1	6 Contributor address: City: PUBUX 952 (Whad, T)	< 77963	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
at	torney	self	
Date	Full name of contributor	E (4D#:)	Amount of contribution (\$)
	Edward Sample		
741774	j ·	State; Zip Code	100.00
2-10-21			100.00
	10 BOX 6278 CC -	716-160	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	lians)
	enyineer	selt	
Date	Full name of contributor out-of-state_PA	C (10#)	Amount of contribution (\$)
	Gene Scamun	Tary company and the second se	
) 20 2W		State; Zip Code	
2-20-24	55 lakeshore Pr. CC	18 18413	200.00
		γ,	
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct	ions)
		N/A	
Date	Full name of contributor	: (80#:)	Amount of contribution (\$)
	Brian Ludyman		
2-21)24	Contributor address; City:	State; Zip Code	200.00
520	•		200.00
	14934 Aquaritis CC 7	× 18 118	
	ration / Job title (See Instructions)	Employer (See Instruct	ions)
1	ughout pilot	501	
	•		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

•		· -	-	
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
Sec	orge James Sales I	11		
4 Date	5 Full name of contributor Out-of-state PA	C (10)≰)	7 Amount of contribution (\$)	
	Richard Hood	,		
1)1)1)14	6 Contributor address; City;	State; Zip Code	1000.00	
2 20-21	4942 Valley Strain CC	TX 18413		
	pation / Job title (See Instructions)	9 Employer (See Instruct	•	
	Minister	God!	Litenerary)	
Date	Full name of contributor	E (10#:)	Amount of contribution (\$)	
~ .	1 Jale 1 Serry			
2-20-24	Contributor address; City;	State; Zip Code	200.00	
- Company	3121 Nawydown	× 75414		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi		
	Ministel	604.	itenerary)	
Date	Full name of contributor	c (10#:)	Amount of contribution (\$)	
	Terry Elder	Alberta parties		
0 2 1 24	Contributor address; City;	State; Zip Code	200.00	
1-21-29	5267 Greenboom CC	tx 78413	200.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
	phylician	selt		
Date	Full name of contributor			
and the state of t	Full name of contributor out-of-state PAI Bichard Maky	C (804:)	Amount of contribution (\$)	
0 2724	Contributor address; City;	State; Zip Code	700.00	
L'	4412 High Ridge Dr. CC	TX 78410	200.00	
	Principal occupation / Job title (See Instructions) Employer (See Instructions)			
	ninister	retired		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

P. 4 414 (000)

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

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	orge James Sales	正	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (10#:)	7 Amount of contribution (\$)
2-22-2	Jose Africala 6 Contributor address: city: 153 Fairway Riye Beevil	States; Zip Code	200.00
	pation / Job title (See Instructions) MC+ A+++	9 Employer (See Instruct	ions))d(((())th(t
Date	Full name of contributor out-of-state PN	C (104:)	Amount of contribution (S)
2-22-24	Elizabeth Alisadu contributor address: City: 153 Fairway Dr. Beeville,	State: Zip Code TX 78102	125.00
	etion / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PM	C (10)*	Amount of contribution (\$)
2-23-24	Fred Bruselton Contributor address; City; 6910 St Palleus CC **	State: Zip Code	1,000
	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor put-alistate PAC David Lungenteld	: (10#:)	Amount of contribution (\$)
2-23-24	Contributor address; City; Codur Purk	State; Zip Code	100.00
Principal occup	ation / Job title (See Instructions) Attorner	Employer (See Instruct	ions)
	/		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

if contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE A1

Marca - 3 414 MANA

n die reque	sted thornation is not applicable,	DONOTIF	ichide this page in the	report.
The	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer 8D (Ethics Commission Filers)
Geo	orge James Sale	~ 1		in the state of th
4 Date			C (160#)	7 Amount of contribution (\$)
and the state of t	Krenard Houd			
7-710-74	6 Contributor address;	City;	State; Zip Code	1 500 000
1200	6 Contributor address; 4942 Valley Strau	m (C	tx 18413	500-00
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	Munister		Itiner	an
Date	Full name of contributor	out-of-state PAG	(ED4:)	Amount of contribution (S)
			••••••	
	Contributor address;	City;	State; Zip Cocie	
	MENON CONTRACTOR OF THE PROPERTY OF THE PROPER			
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	; (ID#)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ED#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
	To design the second se		We in the control of	
Principal occup	pation / Job title (See Instructions)		Employer (See instruc	tions)
		and the state of t		
				•

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

" the requested information is not applicable, DO NOT include this page in the report.				
The Instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A2:			
2 FILER NAME George James Sales III	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS \$			
5 Date 6 Full name of contributor out-of-state PAC (IDN: Cregory Chittum 7 Contributor address; City State; L27 Furley of Amyu 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Auction > 12 Contributor's principal occupation (FOR JUDICIAL)	8 Amount of Gontribution \$ In-kind contribution description Meet 3 greet			
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)				
Date Full name of contributor out-of-state PAC (IDH:	Amount of Contribution \$ In-kind contribution description \$ Aconshurship of realist Faut in table of pullifical event Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	1			
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)			
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDUR E AS NEEDED			
If contributor is out-of-state PAC places see instructi				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.			
The Instruction Guide explains how to complete this form.			
2 FILER NAME George James Sales	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIG	3		
5 Date 6 Full name of contributor Out-of-state PAC (EDA: RICHAUTA Millor 2-21-24 7 Contributor address; City: State; YHIZ High Ridge D. CCTX 1	8 Amount of 19 In-kind contribution Contribution \$ 1 description 1 Spunsorhy of 3 ST. UV registration to be 3 ST. UV registration to be 3 ST. UV Color Color		
10 Principal occupation / Job title (FOR NON-RUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions) 1 ET VCU		
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)	,		
Date Full name of contributor out-ot-state PAC (ND4: Robin Cox 2-21-24 Contributor address; City; State; 4014 Killurmet CCTX	Amount of Contribution description description Zip Code Check if travel outside of Texas. Complete Schedule T.		
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
4			
ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEEDED		

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F1

D. de - 4 4/4/0004

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 B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Rep Fees Office Of Food/Beverage Expense Politing by Galt/Awards/Memorials Expense Printing	payment/Reimbursement verhead/Rental Expense opense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:		711 2	3 Filer ID (Ethics Commission Filers)
4 Date 2-5-24	Goorge James Salz 5 Payee name Teff BHer	·> 	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
2000	Advertising 722Ch	use ((tx 18412
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising	iomme	reials
	(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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2-5-24	Jeff Butter		<u>*</u>
Amount (\$)	Payee address;	City;	State; Zip Code
2500	722 Chase Dr.	CCTX	18412
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AUCTION	Description COMM	nercials
	Check if travel outside of Texas, Complete Schedule T.	<u> </u>	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2,13-24	Jeff Butler		
Amount (\$)	Payee address;	City:	State; Zip Code
6300	722 Chase Do.	C (X	18412
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	errials
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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 B Candidate/Officeholder/Politica Credit Card Payment	•	Loan Repeyment/Reimbursement Office Overhead/Nental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor 5 hour to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME	0 1	3 Filter ID (Ethics Commission Filers)		
4.0	,	Sales III			
4 Date 2-16-24	5 Payee name Teff Buller				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
1300	722 Chase Dr.	cc (X	78412		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description			
PURPOSE OF EXPENDITURE	Advertising	COMM	nertial 3		
	(C) Check if travel outside of Feras. Complete Sc	hedule T. Check if Austi	n, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
2-20-24	Jeff Buller	_			
Amount (\$)	Payee address;	City;	State; Zip Code		
1350	722 Chase Us.	c(t> (78412		
	Category (See Categories listed at the top of this so	· · · · · · · · · · · · · · · · · · ·	i		
PURPOSE OF EXPENDITURE	Advertismy	comme	erels		
	Check if travel outside of Vexas, Complete Sci	hedde T. Check if Austin	s, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
2-22-24	Jeff Baller				
Amount (\$)	Payee address:	City:	State; Zip Code		
11/00	722 Chase H	; cc X	2841/2		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sci	Description	ercials		
	Check if travel outside of Texas. Complete Sch	neduleT. Check if Austin	, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MDS / MD 3 CANDIDATE / FIRST MI OFFICE USE ONLY **OFFICEHOLDER** eorge NAME Date Received FOR RECORD AT AM SUFFIX TT James 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE # CITY: STATE: ZPP CODE APR 2 9 2024 **OFFICEHOLDER** 6306 MAILING 1241U KARA SANDS Briama Circle CC **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date P **OFFICEHOLDER** (36()779-4992 PHONE Receipt # Amount \$ MSDMRS / MR 6 CAMPAIGN MI **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE: 71P CODE **TREASURER** 8205 Radial Court 78414 **ADDRESS** CC(Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER **EXTENSION** TREASURER 331-7864 PHONE (356) 9 REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD **COVERED** 24 **THROUGH ELECTION DATE** 11 ELECTION **ELECTION TYPE** Other Day Month Description 5 / 28 General Special 12 OFFICE OFFICE HELD (if anv) 13 IDFFICE SOUGHT (if known) 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 CANDIDATES OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME **COMMITTEE ADDRESS** GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS 2024-0101

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

<u></u>				
15 C/OH NAME	eurge Jam	es Salve	II	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	PLEDGES,		CONTRIBUTIONS (OTHER THAN ITEES OF LOANS, OR RONICALLY)	\$ 118.07
		LITICAL CONTRIBI AN PLEDGES, LOAN:	UTIONS S, OR GUARANTEES OF LOANS)	\$ 9550.00
EXPENDITURE TOTALS	3. TOTAL UNI	TEMIZED POLITICAL	EXPENDITURE.	\$ \$
	4. TOTAL PO	LITICAL EXPENDIT	URES	\$ 4,111.73
CONTRIBUTION BALANCE		ITICAL CONTRIBUTION	ONS MAINTAINED AS OF THE LAS	ST DAY \$ 5742.23
OUTSTANDING LOAN TOTALS		NCIPAL AMOUNT OF A	ALL OUTSTANDING LOANS AS O PERIOD	F THE \$
(1) Affidavit	!	Please comple	Signature of Ca	andwate or Officeholder
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify to	before me by		this the	day of,
Signature of officer administer	ing oath	Printed name of office	r administering oath	Title of officer administering oath
)R	
(2) Unsworn Declaration	on	_		
My name is	exye Ja	mes Sales 7	, and my date of birth is	10-7-1966
My address is5	to Brane	· Cirlo	Corpus Christi	tx. 2844 USA.
	(street) Ceg County, State	of Tests	3	state) (zip code) (country) 10 24 (year)
			Signature of Candid	late/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	George James Suley III	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9668.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	s &
4.	SCHEDULE E: LOANS	\$ 15
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4111.73
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	s &
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s Ø
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 12
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	s Ø
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 6
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s Ø
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	s 0

SCHEDULE A1

- Fedo w mo report			
	e Instruction Guide explains how to complete th	s form.	1 Total pages, Schedule A1:
2 FILER NAME	George James Sales III		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	C (80#:)	7 Amount of contribution (S)
3-1-24	6 Contributor address; City;	State; Zip Code	150.00
	2138 Hwy 286 cc -	12 78415	
1	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor Out-of-state PA	C (80#:)	Amount of contribution (\$)
3-15-24	Dottie Brumith Contributor address: City: 4502 Hogan Dr. CC	State: Zīp Code Ty 9843	250.00
1	nation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	; (ID#:)	Amount of contribution (S)
3-14-24	118 Whiteley Dr. CCTX	State: Zip Code	100.00
	ration / Job title (See Instructions) ?いかけら www.	Employer (See Instruction	ons)
Date	Full name of contributor aut-of-state PAC	(ID#:)	Amount of contribution (\$)
312-24	Jeune Withythn Contributor address: City; PUBUX 61012 CL T	State: Zip Code × 78466	200-00
1	Ation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

		•
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		
	eurge James Sales III	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of coulding
2-10-14	Victor Baume	7 Amount of contribution (S)
2.15.5 (Victor Buumle 6 Contributor address; City; State; Zip Code 4917 Deluccia St. Apt A1 cctx 78413	25.00
8 Principal occu	pation / Job title (See Instructions) 9	
	SUTIMPS Man	tions)
Date	Full name of contributor out-of-state PAC (IDs:	
		Amount of contribution (\$)
4-18-24	Contributor address; City; State: Zip Code	500.00
	5330 Ayers CC TX 18415	300.00
Principal occur	ation / Joh title (Cont. to to 1)	
	STATES woman Employer (See Instructions)	ions)
Date	Full name of contributor	
4-1-24	Mary Gugnon	Amount of contribution (\$)
7.7	Contributor address; City; State; Zip Code	50 0 -
	15618 Cuttysark CC TX 18418	50.00
	ation / Job title (See Instructions) Employer (See Instruct	ions)
	business woman	·
Date	Full name of contributor	Amount of contribution (\$)
11	Allen Houda	
4-274	Contributor address; City; State; Zip Code	
020	8106 Douglas A: CCTX DoyU9	250.00
Principal occupa	tion / Job title (See Instructions) Employer (See Instruction	ons)
	husiness man	,

SCHEDULE A1

			•
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
G	eorge James Sales TIT		(Lance Oddinassion Filers)
4 Date	5 Full name of contributor Out-of-state PM	C (ED#	7 Amount of contribution (S)
	Corpus Cladries		Amount of Contribution (2)
4-16-24	Gregory Cheffun 6 Contributor address; City;		
,	1	State; Zip Code	(000.00
	22585 Treating By Aliles	TX 19602	
4	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
· · · · · ·	tuckruneer	sef	-
Date	Full name of contributor	S (#D#:)	Amount of contribution (\$)
111(2)	Alan Rockertson	,	(p)
4-16-24	Contributor address; City;	States 7-0	500.00
	,,	State: Zip Code	300.00
	44465 Ayuanus & cc	18418	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	retwed	•	,
Dete			
Date	Full name of contributor ut-of-state PAC	: (ID#:)	Amount of contribution (\$)
1111 211	Steven Gaynon		(4)
4-16-24	Contributor address; City;	State; Zip Code	1270 000
	- · · · · · · · · · · · · · · · · · · ·		150.00
<u> </u>	15618 attysork cc +	× 78718	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	codinger		,
0-4-			
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
111124	Alive Decker	appearation;	(6)
7-10-1	Contributor address; City;	State; Zip Code	
1	14493 S. 31 SL 355. CC	TX 28418	250-00
	14493 Spid Ste 1946 CC	7 7710	-
	rtion / Job title (See Instructions)	Employer (See Instruction	ns)
<u></u>	wither woman		

SCHEDULE A1

			•
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	George Tames Sales	在	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state Pl Shunney Murphy 6 Contributor address:	AC (ED#:)	7 Amount of contribution (S)
4-16-24	POBUS 659 RodCart To	State; Zip Code	250,00
	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor Out-of-state P	AC (ED#:)	Amount of contribution (\$)
4-16-29	Contributor address; City; U9412 Valley Stram CC 7	State; Zip Code	3000.00
	nation / Job title (See Instructions)	Employer (See Instruction Reach Man	
Date	Full name of contributor	C (10#:)	Amount of contribution (\$)
4-16-24	14621 E cosmast 4+204	State: Zip Code	100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	C (ID#:)	Amount of contribution (S)
4-(6-24	Contributor address; City; US 321 Key Lungo Gt CC	State; Zip Code	75-00
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)

SCHEDULE A1

Th	e Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	George Tames Sales:	th.	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (S)
4-16	6 Contributor address: City:	State; Zip Code	500-00
	upation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (63#:)	Amount of contribution (\$)
4-16	Contributor address; City; UYIZ Itigh Ridge A. CC	State; Zip Code てかっぱい	500.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	C (80#:)	Amount of contribution (\$)
4-16	Contributor address: City: PUBOX 952 Goldon, 7	State: Zip Code	200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	,
Date	Full name of contributor	G (ID#:)	Amount of contribution (S)
7-10	Contributor address; City; 4909 Easter D. CC T	State: Zip Code	500.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ans)

SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:	
2 FILER NAME			2 Files ID (FILE)	
(scorge June Salar III	-	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	AC (8D#:)	7 Amount of contribution (S)	
4-1b	6 Contributor address; City;	State; Zip Code	200.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct		
	electrician	9 Employer (See Instruct	ions)	
Date	Full name of contributor	C (604:	Amount of contribution (\$)	
4-21-24	James Story		(4)	
•	Contributor address; / City;	State: Zip Code	300.00	
	102 N. Steples & CC	13 18401	\$00.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi		
	altorney		se C	
Date	Full name of contributor			
4-27	Leslic Cussidy	C (ID#:)	Amount of contribution (\$)	
0(02)	Contributor address; City:	State: Zip Code	500.00	
	413 N. Taycahva (C	TX 7840		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ove)	
	Altornal			
I		self		
Date	Full name of contributor	· Althur		
4 1674	Robin Wilson	· (a.w:	Amount of contribution (\$)	
-1-1021	Contributor address; City;	State: Zip Code	1800 000	
	13830 Captains Row CC		100,00	
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	businesswana			
			Tago or a second o	

SCHEDULE F1

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 Evnense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gifl/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) George James Soles III 4 Date 5 Payee name 6 Amount (\$) 7 Pavee address: State: Zip Code 78.10 CC (a) Category (See Categories listed at the top of this schedule) 8 (b) Description tocal + drukes for supporters **PURPOSE** Food Beverage OF at electron weath party EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date 4-Jeff Butto Amount (\$) Zip Code **PURPOSE** Consultinu 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 Date Payee name 4-77 Padre Island Burger Company Amount (\$) Zip Code 11808 TX-361 98,73 supporters/bludewalkers **PURPOSE** tood 1 Boverage **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

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 Fees Food/Beverage Expense Gifl/Awards/Memorials Expense Consulting Expense Politing Expense Travel to District Contributions/Donations Made By 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. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) George James Sales TH 5 Payee name City; 6 Amount (\$) 7 Payee address: Zip Code State: 331400 122 Chuse Dr. (a) Category (See Categories listed at the top of this schedule) 8 (b) Description PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Pavee name Burkot Amorta Amount (\$) City; State; Zip Code 5370 S. Staples 16-00 **PURPOSE** Burking Lee OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State: Zip Code 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 Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

		CEHOLDER CEREPORT			FORM C/OH SHEET PG 1
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	MS / MRS (MR)	FIRST	M	OFFIC	EUSEONLY
NAME	NICKNAME Tames	Sales	SUFFIX	Date Received FILED	FOR RECORD
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	3	janna co:	CITY: STATE: ZIP CODE [DUS X 78414	ΜA	Y 20 2024 Kara sands
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER 779 - 4997	EXTENSION	- 1	COURT NUECES COUNTY, TEX DEPU ed by Date Postmarked
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
TREASURER NAME	NICKNAME	Rimberly Ballengor	SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	1	(NO PO BOX PLEASE); APT / SI	Ct. Christi	STATE;	ZIP CODE
(Residence or Business)	870	o Kadial	Ct. Christi	TX	18919
8 CAMPAIGN TREASURER PHONE	(36)	PHONE NUMBER 331 - 7864	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	ection Runoff	treasurer	after campaign appointment der Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Rep	oort (Altach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 29 / 2 H	THROUGH 5	Day Ye) <u> </u>
11 ELECTION	Month Day	Year Primary 24 General	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	N/A	13 OFFICE SOUGHT (# Intown	· 1 1 1	nit Attorner
14 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE IN THE CANDIDATE AND OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECOMMENDED.			DIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR	
00/////////////////////////////////////	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
		GO TO	PAGE 2 2	024-0	106

warms office abote by sea

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	eorge Jamps Sales III 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)	\$ 515			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1100			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \$\tau\$			
	4. TOTAL POLITICAL EXPENDITURES	\$ 9735			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DATE OF REPORTING PERIOD	\$ 22.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	\$ 2500			
ľ	swear, or affirm, under penalty of perjury, that the accompanying report is true and	d correct and includes all information			
re	equired to be reported by me under Title 15, Election Code.				
	Signature of Candid	ate or Officeholder			
	Please complete either option below:				
(1) Affidavit					
NOTARY STAMP/SEAL					
Swom to and subscribed	t before me by this the	day of,			
20, to certify which, witness my hand and seal of office.					
Signature of officer administr	ering oath Printed name of officer administering oath	Title of officer administering oath			
	OR				
(2) Unsworn Declarat	ion	1 .			
My name is	xxxye Same Sal All and my date of birth is 1	0-9-1966			
My address is	300 Braining Chile corpus Christi X	78414. USA.			
Nr.	(street) (city) (state	(country)			
Executed in	County, State of Son the 2tday of May (nonth)	20(3)			
	Signature of Candidates	Officeholder (Declarant)			
!	Organization of Contraction				

FOODIFIF PTTPTE	And the second s
	тоя дели дели дели дели дели дели дели дели
\$	12. CHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED
\$	11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS
\$	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH
\$	9. SCHEDNEE G: POLTTICAL EXPENDITURES MADE FROM PERSONAL FUNDS
\$	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD
\$	3. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS
\$	6. SCHEDNLE F2: UNPAID INCURRED OBLIGATIONS
SELIB \$	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS
0057 \$	4. SCHEDNEE: LOANS
\$	3. SCHEDULE B: PLEDGED CONTRIBUTIONS
\$	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS
5191 \$	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS
JATOTAUS TNUOMA	S1 SCHEDULE SUBTOTALS NAME OF SCHEDULE
noiasimm	19 FILERINAME 20 Filer ID (Ethics Co
66417711	V7400
SHEET PG 3	

.

SCHEDULE A1

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

Date Date 5 Full name of contributor		e Instruction Guide explains how	to complete	this form.	1 Total pages Schedule A1:
Date	2 FILER NAM	\bigcap	729	Ti salas	3 Filer ID (Ethics Commission Filers
Principal occupation / Job title (See Instructions) Employer (See Instructions)	4 Date	5 Full name of contributor	Out-of-state		7 Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (IDE: Amount of contribution (S)	5-2-24	5010 N Harborila A	city: Twee Riles	State; Zip Code	1,000
Chris Tles Contributor address: City: State: Zip Code LOC, DD Principal occupation / Job title (See Instructions) Employer (See Instructions) Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Date Full name of contributor	Principal occ	upation / Job title (See Instructions)		9 Employer (See Instru	ctions)
Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code Contributor Contributor Contribution Contribution Contributor City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)	Date		Out-of-state i	PAC (ID#:)	Amount of contribution (\$)
Date Full name of contributor Contributor address: City; State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions)		contributor address; 615 Leoput 7		- 1	100.00
Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Cate Full name of contributor Full name of contributor Cate out-of-state PAC (IDS: Amount of contribution (\$)	Principal occup	$\Delta 1.1$		Employer (See tristruc	tions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Florital state no exceptions	Date	Full name of contributor	Out-of-state P	AC (804:)	Amount of contribution (\$)
Date Full name of contributor		Contributor address;	City ,	State; Zip Code	
Full rearrie of contributor	Principal occup	vation / Job title (See Instructions)		Employer (See Instruct	ions)
	Date	Full name of contributor	Ourl-of-state PA	C (EDS)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		Contributor address;	City;	State; Zip Code	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	Principal occupa	ation / Job title (See Instructions)		Employer (See Instruction	ons)

tributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME \$ 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender Loan Amount (\$) Out-of-state PAC (ID#: 2501 10 Interest rate 8 Lender address; a financial 6306 BAYMAY COOPUS Institution? 11 Maturity date MOMP 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) NONE 15 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address: City: State; Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:__ Interest rate City; State; Zip Code Is lender Lender address; a financial Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) П попе GUARANTOR Name of quarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Employer (See Instructions) Principal Occupation (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.					
	EXPENDITURE CATEGO	PRIES FOR BOX 8(a)	All and the second seco		
Advertising Expense AccountingBanking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees C Food/Beverage Expense P G&/Awards/Memorials Expense P	Mice Overhead/Rental Expense Transpo folling Expense Travel In hinting Expense Travel C lateries/Wages/Contract Labor Other (e	on/Fundraising Expense dation Equipment & Related Expense District lut Of District nter a callegory not listed above)		
1 Total pages Schedule F1:	2 FILER NAME GOVGE TOMES	Sales III 3 Filer	ID (Ethics Commission Filers)		
4 Date 5 - 1 7-24	5 Payee name Jef Butler				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
3,340	722 Chase Pr	cc ×	78412		
8	(a) Category (See Categories listed at the top of this sch				
PURPOSE OF EXPENDITURE	Advertising Expenses	Mailer	5 /Radio		
	(c) Check if travel outside of Texas. Complete Sche	dule T. Check if Austin, TX, offic	eholder living expense		
9 Complete ONLY if direct expenditure to benefit C/Oi-	Candidate / Officeholder name	Office sought	Office held		
5 - 2-24	Payee name JCH BULLO				
Amount (\$)	Payee address;	City;	State; Zip Code		
3000	722 Chase D.	cc t	× 18412		
	Category (See Categories listed at the top of this scho	dute) Description			
PURPOSE OF EXPENDITURE	Advertising	Mailer	/ Dec		
	Check if travel outside of Feders. Complete Sche	dule T. Check if Austin. TX, office	cholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
5-10-24	Jeff But	ler			
Amount (\$)	Payee address;	City:	State; Zip Code		
3000	722 Chase	Dr. cc t	× 75412		
PURPOSE OF EXPENDITURE	Category (See Categories Ested at the top of this sche	Marlos			
Complete Office of	Check if travel outside of Texas, Complete School				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expanse Feas Food/Beverage Expense Git/Austris/Memorials Expense	Loan Repayment/Reinvibussement Office Overhead/Rental Expense Polling Expense Printing Expense Sataries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel for District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FLER NAME GEOTHE James	Sales IT	3 Filer ID (Ethics Commission Filers)	
4 Date 5-15-24	5 Payee name	, Julies 42	I	
6 Amount (\$)	7 Payee address;	City;	State: Zip Code	
195.00	122 Chase	Dr. CC	T× 78412	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this	(b) Description	cards	
	(c) Check Fitzavel outside of Texas. Complete S	chedule T. Check if Au	Check if Austin, TX, officeholder fixing expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O/	Candidate / Officeholder name	Office sought	Office held	
Date 5-16-24	Payee name Jeff Bulle	·		
Amount (\$)	Payee address;	City;	State; Zip Code	
Z00.00	722 Chase	Dr CC	tx 78412	
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this s	Description	dro	
	Check if travel outside of Tessis. Complete S	chedule T Check if Au	Check if Austin, TX, office/voider living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/Oi	Candidate / Officaholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City:	State; Zip Code	
PURPOSE OF EXPENDITURE	Catlegory (See Catagories listed at the top of this s	zhedule) Description		
	Check if travel codside of Texas. Complete S	chadule T. Check if Au	stin, TX, afficeholder tiving expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDUR FAS ME	-5NED	