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 / MRS / MR FIRST М 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** MR **KYLE** Α NAME Date Received NICKNAME LAST SUFFIX MCCARDLE JAN 1 6 2024 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; OFFICEHOLDER 1604 N. I STREET, MIDLAND, TEXAS 79701 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (936 676-0014 PHONE Receipt Amount \$ CAMPAIGN MS / MRS / MR FIRST М TREASURER KYLE MR Date Processed NAME NICKNAME SUFFIX Date Imaged **MCCARDLE** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY: STATE: ZIP CODE TREASURER 1604 N. I STREET, MIDLAND, TEXAS 79701 **ADDRESS** (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE (936 676-0014 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Year Month Day Year COVERED 31 23 12 15 / 11 23 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Description Month Day General Special 3 5 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE DISTRICT ATTORNEY 14 NOTICE FROM THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

15 C/OH NAME KYLE A MCCARDLE		16 Filer ID (I	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	\$	87.76
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	4,537.76
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	410.27
	4. TOTAL POLITICAL EXPENDITURES	\$	3,317.26
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	1,502.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$	
	wear, or affirm, under penalty of perjury, that the accompanying report is true united to be reported by me under Title 15, Election Code.	e and correct	and includes all information
160	oned to be reported by the dilider Title 13, Election Code.		
	15/1/-		
	Signature of Ca	ndidate or Of	ficeholder
) Signature of Ga	rididate or on	necholaci
	Please complete either option below	ı:	
	*		
(1) Affidavit			
18			
NOTARY STAMP/SEAL			
Sworn to and subscribed	before me by this the	day	y of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administer	ing oath Printed name of officer administering oath	Title	of officer administering oath
	OR		
(2) Unsworn Declaration	on		
My name is Kyle V	nelardle, and my date of birth is	12/04	1/1987
My address is 1609	N. I street, Midland, T	79 10	United States
Executed in M. Mlc.	(street) (city) (s County, State of Texes, on the little day of Jene	tate) (zip co	ode) (country) 24 (year)
	Signaturé of Candid	ate/Officehold	er (Declarant)
	Organical of Callulu	a.o.omounoud	or (Socialant)

SUBTOTALS - C/OH

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE 1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 3. SCHEDULE B: PLEDGED CONTRIBUTIONS 4. SCHEDULE E: LOANS \$ SUBTOTAL AMOUNT \$ 4,450.0 \$ \$ 4,450.0		9 FILER NAME 20 Filer ID (Ethics C KYLE A MCCARDLE			
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 4. SCHEDULE E: LOANS \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ 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 \$ 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 \$	21 SC	CHEDULE SUBTOTALS			
3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 4. SCHEDULE E: LOANS \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 2,906.9 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 \$ 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 \$	1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	4,450.00
4. SCHEDULE E: LOANS \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 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 \$ 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 \$	2,	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 2,906.9 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 \$ 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 \$	3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
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 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	4.	4. SCHEDULE E: LOANS			
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 \$ 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 \$	5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	2,906.99
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED	6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ 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 \$	7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
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 \$	8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$	9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	os	\$	
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED \$	10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$	11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	
	12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the reque	sted information is not applicable, DO NOT	include this page in the	report.
The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1: 2
2 FILER NAME KYLE A MO	CCARDLE		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state CLAYTON GALLAWAY	PAC (IĐ#:)	7 Amount of contribution (\$)
12/22/2023	6 Contributor address; City; 2908 KNOLLWOOD DRIVE, P	1,000.00	
8 Principal occu	pation / Job title (See Instructions) TECT	9 Employer (See Instruct MACMILLAN LEARN	·
Date		PAC (ID#:)	Amount of contribution (\$)
12/22/2023	Contributor address; City; 214 W. TEXAS AVE., SUITE 811, N	State; Zip Code MIDLAND, TX 79701	1,000.00
Principal occup ATTORNEY	vation / Job title (See Instructions)	Employer (See Instruct	•
Date	JOHN WOLF	PAC (ID#:)	Amount of contribution (\$)
12/22/2023	Contributor address; City; 310 W. WALL STREET, SUITE 900, MID	State; Zip Code	1,000.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instruct WOLF, STALLINGS	•
Date	Full name of contributor out-of-state F	PAC (ID#:)	Amount of contribution (\$)
12/02/2023	Contributor address; City; 965 MODISETTE LOOP, LUFK	State; Zip Code	100.00
•	ation / Job title (See Instructions) ENT MANAGER	Employer (See Instruction SUPERIOR SILICA	ions)
	ATTACH ADDITIONAL COPIES	S OF THIS SCHEDULE AS NI	EEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

if the reques	sted information is not applicable	e, DO NOT in	nclude this page in the	report.
The	Instruction Guide explains how to	complete thi	s form.	1 Total pages Schedule A1: 2
2 FILER NAME KYLE A MO			· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor KYLE MCCARDLE		AC (ID#:)	7 Amount of contribution (\$)
11/28/2023	6 Contributor address; 1604 N. I STREET,	1,350.00		
· ·	DISTRICT ATTORNEY		9 Employer (See Instruc MIDLAND COUNTY	
Date	Full name of contributor	out-of-state PA	.C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	 pation / Job title (See Instructions)		Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	tions)
,	ATTACH ADDITION		OF THIS SCHEDULE AS NI uction guide for additional re	

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Grift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME KYLE A MCCARDLE		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		<u></u>
11/30/2023	MIDLAND COUNTY REPUBLICAN F		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1,250.00	407 E. ILLINOIS AVE., MIDLAND, TX	X 79701	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FEES	FILING FEE	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12/28/2023	SUPER CHEAP SIGNS		
Amount (\$)	Payee address;	City;	State; Zip Code
1,656.99	9200 WATERFORD CENTRE BLVD.	, SUITE 100 AU	JSTIN, TX 78758
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	YARD SIGNS	
	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/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	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 S	SCHEDIN E AS NEED	DED

The C/OH Instruction G	Guide explains how to complete t	this form.	Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIR		мі A	OFFICE USE ONLY
NAME	NICKNAME LAS	ARDLE	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / 1604 N. I STREET, M	83	TATE; ZIP CODE 9701	FEB 0 5 2024
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	(936) AREA CODE PHONE NUM (936) 676-00		XTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR FIR KYL		мі А	Receipt # Amount \$
NAME	NICKNAME LAS	ST	SUFFIX	
	мсс	CARDLE		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLE	ASE); APT / SUITE #;	CITY;	STATE; ZIP CODE
TREASURER ADDRESS	1604 N. I STREET, M	IDLAND, TEXAS 7	9701	
(Residence or Business)				
8 CAMPAIGN	AREA CODE PHONE NUM	MBER EX	KTENSION	
TREASURER PHONE	(936) 676-00	014		
9 REPORT TYPE	January 15	Oth day before election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 81	th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day	Year	Month	Day · Year
COVERED	1 /1 /	24 THROUG	ы 1	/ 25 / 24
11 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year	■ Primary Runoff	Other Description	
	3 / 5 / 24	General Specia	W.	
	0 / 0 / 21			
12 OFFICE	OFFICE HELD (if any)		FFICE SOUGHT (IF KNOWN TRICT ATTO	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICEHOLDER. THESE	E EXPENDITURES MAY HAVE BEEN	MADE WITHOUT THE CAND	ADE BY POLITICAL COMMITTEES TO SUPPORT MIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE N		,	
Additional Pages	GENERAL COMMITTEE A	ADDRESS		6
-	SPECIFIC COMMITTEE C	CAMPAIGN TREASURER NAME		
	COMMITTEE	CAMPAIGN TREASURER ADDRE	ESS	
		GO TO PAGE 2		

	10, 200 (200 (200 (200 (200 (200 (200 (20			
15 C/OH NAME KYLE A MCCARDLE		16 Filer	ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	N	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 3	,125.60
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$ 1	,611.80
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 3	,016.50
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$	
	wear, or affirm, under penalty of perjury, that the accompanying report is tru juired to be reported by me under Title 15, Election Code.	e and cor	rect and incl	udes all information
	Signature of Ca	andidate o	or Officehold	er
	Please complete either option below	v:		
(1) Affidavit	VANESSA DAWN BRINKLEY My Notary ID # 128558924			
	Expires March 30, 2027			
NOTARY STAMP/SEAL	The state of the s			
^ 1	before me by Kyle McCardle this the	5th	day of <u>F</u>	ebruary
17.	which, witness my hand and seal of office.	.1	1	0 116
Signature of officer administe	ring oath Vanessa Brinkley Printed name of officer administering oath	No	nary 1	r administering oath
	OR			
(2) Unsworn Declaration	on			
My name is	, and my date of birth is			
My address is		,		
	(street) (city) (s	state) (zip code)	(country)
Executed in	County, State of, on the day of(month	1)	_, 20	•
		'/	(Jour)	
	Signature of Candid	date/Office	holder (Decla	arant)

SUBTOTALS - C/OH

19 FILER NAME KYLE A MCCARDLE	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,125.60
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 206.06
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,611.80
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	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

ii the reques	sted information is not applicable, DO NOT II	iciade uns page in me	report.
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME KYLE A MO	CCARDLE		3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor out-of-state PAC (ID#:) Michael Rittenberry		7 Amount of contribution (\$)
01/09/2024	6 Contributor address; City; 500 N. Loraine St, Suite 200, Mi	200.00	
8 Principal occu Attorney	pation / Job title (See Instructions)	Employer (See Instruction Midland County	tions)
Date	Full name of contributor out-of-state PAI Debra Patterson	C (ID#:)	Amount of contribution (\$)
01/19/2024	Contributor address; City; 4510 Robin Lane, Midlan	State; Zip Code	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)
01/19/2024	Contributor address; City; 2512 Noel Ave, Midland,	State; Zip Code	1,925.60
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruct Stubbernan, McRae,	ions) Sealy, Laughlin and Browder INC
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
01/22/2024	Contributor address; City;	State; Zip Code	500.00
	6808 Expedition Dr. Midla	nd, TX 79707	
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruct Midland County	ions)
	ATTACH ADDITIONAL COPIES	DE THIS SCHEDUII E AS N	FEDED
	if contributor is out-of-state PAC, please see Instru		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2: 1
² FILER NAMI	CCARDLE		3 Filer ID (Ethics Co	mmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 203.06	
5 Date 01/06/2024	6 Full name of contributor □ out-of-state PAC (ID#:	Zlp Code 79701	8 Amount of Contribution \$ 203.06 Check if travel outsi	9 In-kind contribution description DOOR HANGERS de of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI/	AL)(See Instructions)
ATTORNE	ΞΥ		COUNTY	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor		Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outside	de of Texas. Complete Schedule T.
Principal occi	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	FOR NON-JUDICIA	AL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	***************************************		
And the second s				
4.	ATTACH ADDITIONAL COPIES OF T			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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 By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awardises Loan Repayment/Reimbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	l Committee	Legal Services	Salaries/Wages/C		Other (enter a catego	
•		The Instruction Guide explain	s how to complet	te this form.		
1 Total pages Schedule F1:		AME ICCARDLE			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	me				
01/18/2024	SUPER	CHEAP SIGNS				- Commission and Comm
6 Amount (\$)	7 Payee ad	dress;		City;	State;	Zip Code
1,611.80	9200 WA	ATERFOR CENTRE E	BLVD., SUIT	ΓΕ 100, AUS	STIN, TX 787	758
8	(a) Category	(See Categories listed at the top of this	schedule) (b) [Description		
PURPOSE OF EXPENDITURE	PRINTII	NG EXPENSE	LAF	RGE YARD	SIGNS	
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin,	, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name	C	Office sought		Office held
Date	Payee nar	ne				
Amount (\$)	Payee add	dress;		City;	State;	Zip Code
-	Category	(See Categories listed at the top of this so	chedule) C	Description		
PURPOSE						
OF EXPENDITURE						
	(Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name	0	ffice sought		Office held
Date	Payee nai	me				
Amount (\$)	Payee add	iress;		City;	State;	Zip Code
	Category ((See Categories listed at the top of this sc	hedule) D	escription		
PURPOSE						
OF						
EXPENDITURE		***************************************				
		heck if travel outside of Texas. Complete Sci			TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name	0	office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR	FIRST KYLE	MI A	OFFICE USE ONLY
NAME	NICKNAME	LAST MCCARDLE	SUFFIX CITY: STATE: ZIP CODE	PEB 2 6 2024
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	1604 N. I ST	REET, MIDLAND,	BSUMP)	
5 CANDIDATE/	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
OFFICEHOLDER PHONE	(936)	676-0014		Receipt # Amount \$
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	7.1100 T
NAME	MR NICKNAME	KYLE LAST	A	Date Processed
	NICKNAME	MCCARDLE	301114	Date Imaged
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	1604 N. I ST	REET, MIDLAND,	TEXAS 79701	
(Residence or Business)				
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(936)	676-0014		
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year	Month	Day Year
COVERED	1 ,	/ 26 / 24	THROUGH 2	/ 26 / 24
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	3 / 5 /	/ 24 General	Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If KNOWN DISTRICT ATTO	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
Additional Pages SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
		22 - 12-12-13		
		GO TO	PAGE 2	

5/11111 / 1101	· · · · · · · · · · · · · · · · · · ·				
15 C/OH NAME KYLE A MCCARDLE		16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS					
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,800.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 466.93			
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,714.21			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 3,102.12			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	F THE \$			
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	VANESSA DAWN BRINKLEY My Notary ID # 128558924 Expires March 30, 2027				
NOTARY STAMP/SEAL					
Sworn to and subscribed before me by Kyle McCardle this the 26th day of February. 20 24 to certify which, witness my hand and seal of office.					
20 24 , to certify which, witness my hand and seal of office.					
Vanessa Brinkley Notary Public Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					
OR					
(2) Unsworn Declaration					
My name is, and my date of birth is					
My address is,,					
	()	state) (zip code) (country)			
Executed in	County, State of , on the day of (month	h) 20 (year)			
	Signature of Candi	date/Officeholder (Declarant)			

SUBTOTALS - C/OH

19	9 FILER NAME 20 Filer ID (Ethics Commission Filers)			
K'	YLE A MCCARDLE			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3,800.00		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	s		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	utions \$ 3,714.21		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTR	RIBUTIONS \$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSIN	SESS OF C/OH \$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIB	UTIONS \$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED \$		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1: 1		
2 FILER NAME KYLE A MCCARDLE			3 Filer ID (Ethics Commission Filers)	
4 Date 02/10/2024	5 Full name of contributor out-of-state PAC Janet Harris 6 Contributor address; City; 2201 Shell Ave. Midland,	7 Amount of contribution (\$)		
8 Principal occu		9 Employer (See Instruct	tions)	
Date 02/13/2024	Rick Navarrete	(ID#:)	Amount of contribution (\$) 2,500.00	
	,	Contributor address; City; State; Zip Code 05 N. Loraine Street, Midland, TX 79701		
Principal occup Attorney	eation / Job title (See Instructions)	Employer (See Instruct Navarrete & Schwart	•	
Date 02/15/2024	Full name of contributor out-of-state PAC Eric Kalenak Contributor address; City; 500 N. Loraine Street, Midla	State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions) Midland County District Attor				
Date	Full name of contributor out-of-state PAC Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)	
Principal occupation / Job title (See Instructions) Employer (See Ins			tions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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
Controlitions/Donations Made By
Candidate/Officeholder/Political Committee

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

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

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME KYLE A MCCARDLE		3 Filer ID (Ethics	s Commission Filers)	
4 Date	5 Payee name				
02/14/2024	Townsquare Media				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
2,994.00	11300 TX-191 BUILDING #2, MIDLAND, TX 79707				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE RADIO AND DIGITAL ADVERTIS			ERTISING	
	(c) Check if travel outside of Texas. Complete Schedule T.	edule T. Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name	-			
02/03/2024	VISTAPRINT				
Amount (\$)	Payee address;	City;	State;	Zip Code	
253.28	95 Hayden Ave, Lexington,MA, 02421				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	PRINTING EXPENSES	ENSES DOOR HANGERS			
	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			Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
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					

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 / MRS / MR FIRST MI 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER KYLE** Mr Α NAME Date Received LAST SUFFIX NICKNAME MCCARDLE 4 CANDIDATE / ADDRESS / PO BOX APT / SUITE #. CITY; STATE: ZIP CODE **OFFICEHOLDER** MIDLAND, TX 79701 JUL 1 5 2024 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER 5 CANDIDATE/ EXTENSION Date Hand-delivered **OFFICEHOLDER** (936) PHONE Receipt # Amount \$ MS / MRS / MR FIRST MI 6 CAMPAIGN **TREASURER** MR KYLE Α Date Processed NAME NICKNAME LAST SUFFIX Date Imaged MCCARDLE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; ZIP CODE CAMPAIGN **TREASURER** MIDLAND, TX 79701 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER **EXTENSION** 8 CAMPAIGN **TREASURER** PHONE (936 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day Day Year Year Month Month COVERED 30 / 24 24 24 **THROUGH** 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Description Month Day Year Special General 24 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) MIDLAND COUNTY DISTRICT ATTORNEY THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

15 C/OH NAME KYLE A MCCARDLE		16 Filer I	ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	· ·				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			
	4. TOTAL POLITICAL EXPENDITURES		\$ 36.22		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$ 3,029.68		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$		
	wear, or affirm, under penalty of perjury, that the accompanying report is true	e and corr	rect and includes all information		
rec	uired to be reported by me under Title 15, Election Code.				
	/ / Ah				
	Signature of Ca	indidate o	r Officeholder		
	Please complete either option below	v:			
	muy,				
(1) Affidavit	(1) Affidavit VANESSA DAWN BRINKLEY My Notary ID # 128558924				
	Expires Mar	ch 30, 2027	7		
NOTARY STAMP/SEAL					
Sworn to and subscribed	before me by Kyle McCardle this the	15th	day of July,		
20 24 , to certify which, witness my hand and seal of office.					
Vanessa Brinkley					
Signature of officer administe	ring oath Printed name of officer administering oath		Title of officer administering oath		
OR					
(2) Unsworn Declaration	on				
My name is	, and my date of birth is		,		
My address is		,	,		
		state) (z	zip code) (country)		
Executed in	County, State of, on theday of(month	1)	_, 20 (year)		
	Signature of Candid	date/Officel	holder (Declarant)		

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Ethics C	Commission Filers)	2 Total pages fil	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST		A		USE ONLY
NAME	NICKNAME	McCardle		SUFFIX	Date Received	2
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		idland TX	7470\	JAN 1 6	2024 2025
Change of Address				no accessor)
5 CANDIDATE/ OFFICEHOLDER PHONE	(136)	676-WIY	EXTENS	ION		or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
NAME	NICKNAME	Kyle.		SUFFIX	Date Processed	
		mcCardle		600000000	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	UITE #; CITY	lend	STATE;	ZIP CODE 79701
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSI	ON		
TREASURER PHONE	(936)	676-0014				
9 REPORT TYPE	January 15	30th day before e	lection Rur	noff	15th day aft treasurer ap (Officeholde	
В	July 15	8th day before ele	CUOII	eeded Modified oorting Limit	Final Repor	t (Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	7/1/24 THROUGH $12/31/24$					
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	Year Primary	Runoff [Other Description		
	/ /	General General	Special			
12 OFFICE	OFFICE HELD (if any)	,	13 OFFICE S	SOUGHT (if known)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	MAY HAVE BEEN MADE V	WITHOUT THE CAND	DIDATE'S OR OFFICEHOL	DER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS			81	
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS			
GO TO PAGE 2						

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 58,39			
	4. TOTAL POLITICAL EXPENDITURES	\$ 58, 39			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	* 2971.29			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$			
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information			
00000					
	Signature of Car	ndidate or Officeholder			
	J. S.				
	Please complete either option below	:			
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed	before me by this the	day of,			
,					
20, to certify which, witness my hand and seal of office.					
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath			
OR					
(2) Unsworn Declaration					
	CONTRACTOR OF THE CONTRACTOR O	10/11/80			
My name is Kyle	, and my date of birth is	14401			
My address is 1601		7970L, US			
	(street) (city) (s	ate) (zip code) (country)			
Executed in County, State of lexes , on the day of (month) . 2015 . (year)					
	In the				
	Signature of Candid	ate/Officeholder (Declarant)			