CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains how to co	omplete this form.	Filer ID (Ethics Comm) 00087811		2 Total pages file	d:
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	Ms.	Deborah D.				
INAIVIE					Date Received	
					ELECTRONICAI	LY FILED
	NICKNAME	LAST		SUFFIX	07/15/2023	
		Dictson				
4 CANDIDATE /	ADDRESS / PO BOX;	ADT / SHITE #· CIT	·V·	ZIP CODE	Date Hand-delivered or D	Date Postmarked
OFFICEHOLDER	PO Box 131	AF1/3011L#, CI1	1,	ZIF CODE		
MAILING	PO B0X 131				Receipt #	Amount
ADDRESS						
Change of Address	Hawley, TX 79525				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u> </u>	
TREASURER	Mrs.	Alicia				
NAME						
	NICKNAME	LAST		SUFFIX		
	NICKNAME	Harris		SUFFIX		
		Hams				
C CAMPAIGN	OTDEET ADDRESS (NO) DO DOY DI EACEY	A.D.	T / OLUTE // OLTY	OT A T	710 0005
6 CAMPAIGN TREASURER	STREET ADDRESS (NO		AP	T / SUITE #; CITY;	STAT	E; ZIP CODE
ADDRESS	2942 Woodlake Drive					
(Residence or Business)						
	Abilene, TX 79606					
7 044541011	4DE4 00DE - D	U ONE NUMBER	EVERNOION			
7 CAMPAIGN TREASURER		HONE NUMBER	EXTENSION			
PHONE	(325) 660-5955					
9 DEDODE						
8 REPORT TYPE	January 15	20th day before	a cleation	Runoff	15th day after cam	anian transurar
	January 15	30th day before	e election	Rulloll	appointment (office	
	X July 15	8th day before	election	Exceeded modified	Final Report (Attac	h C/OH-FR)
	🗀		ш	reporting limit	⊒	
9 PERIOD	Month Day Ye	ear		Month Day	Year	
COVERED	01/01/2023	TH	HROUGH	06/30/202	3	
10 ELECTION	ELECTION DAT	E I		ELECTION TYPE		
			rimary	Runoff	Other	
	11/07/2024					
			Seneral	Special		
				1		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		District CESS
				Criminal District	Attorney Place Joi	nes District 259th
		GO 1	TO PAGE 2			

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Dictson, Deborah D.	(Ms.)	14 Filer ID 00087811	(Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	This box is for notice of political contributions accepted or political expenditures made by political committees to support candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.						
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL						
		COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00			
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 0.00			
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00			
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 0.00			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 0.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 300.00			
17 AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.					
		Ms. D	eborah D. Dictson				
		Signature of	Candidate or Officehol	lder			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
		aid	, this the	day			
of	, 20, to co	ertify which, witness my hand and seal of office.					
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath			

			3 of 3						
18 FILER NAME Dictson, Deborah D. (M	L8 FILER NAME Dictson, Deborah D. (Ms.) 19 Filer ID (Ethics Commission Filers) 00087811								
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT								
1. SCHEDULE A	1: MONETARY POLITICAL CONTRIBUTIONS		\$						
2. SCHEDULE A	A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$						
3. SCHEDULE E	3: PLEDGED CONTRIBUTIONS		\$						
4. SCHEDULE E	E: LOANS		\$						
5. SCHEDULE F	1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$						
6. SCHEDULE F	2: UNPAID INCURRED OBLIGATIONS		\$						
7. SCHEDULE F	3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$						
8. SCHEDULE F	4: EXPENDITURES MADE BY CREDIT CARD		\$						
9. SCHEDULE C	S: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$						
10. SCHEDULE H	H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$						
11. SCHEDULE I	NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$						
12. SCHEDULE N	C: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F	RETURNED	\$						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains how to comp	plete this form.	1 Filer ID (Ethics Commis 00087811	sion Filers)	2 Total pages file	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	Ms.	Deborah D.			Date Received ELECTRONICA	LLY EILED
	NIOVALANE				01/03/2024	
	NICKNAME	LAST Dictson		SUFFIX	01/03/2024	
4 CANDIDATE /	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 131				Receipt #	Amount
Change of Address	Hawley, TX 79525					
	11awiey, 17, 79323				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	-	
TREASURER NAME	Mrs.	Alicia				
	NICKNAME	LAST		SUFFIX		
	WENVAME	Harris		301117		
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO P 2942 Woodlake Drive	O BOX PLEASE);	API	/ SUITE #; CITY;	STA ⁻	TE; ZIP CODE
(Residence or Business)	Abilene, TX 79606					
	,					
7 CAMPAIGN	AREA CODE PHO	NE NUMBER E	EXTENSION			
TREASURER PHONE	(325) 660-5955					
8 REPORT TYPE	X January 15	30th day before	election	Runoff	15th day after cam	ıpaign treasurer
					appointment (office	
	July 15	8th day before 6		Exceeded modified reporting limit	Final Report (Attac	ch C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	07/01/2023	TH	IROUGH	12/31/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	P	rimary	Runoff	Other	
	11/07/2024	XG	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT		
				District Attorney	Place Anson Dist	rict 259th
	1			1		
		GO T	O PAGE 2			

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Dictson, Deborah D.	(Ms.)		14 Filer ID (00087811	Ethics Commi	ssion Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures	accepted or political expenditumay have been made without to equired to report this information	the candidate's or office	holder's know	ledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAM	E			
	GENERAL					
		COMMITTEE ADD	RESS			
	SPECIFIC					
		COMMITTEE CAM	PAIGN TREASURER NAME			
		COMMITTEE CAM	PAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			ONTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC		\$	0.00
		CAL CONTRIBUTION PLEDGES, LOANS,	NS OR GUARANTEES OF LOANS	5)	\$	3,236.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	IZED POLITICAL EX	(PENDITURES		\$	0.00
	4. TOTAL POLITIC	CAL EXPENDITURE	S		\$	1,961.45
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		S MAINTAINED AS OF THE LA	AST DAY OF THE	\$	1,524.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		L OUTSTANDING LOANS AS	OF THE LAST DAY	\$	300.00
17 AFFIDAVIT		1	l swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.			
				eborah D. Dictson		
			Signature of	Candidate or Officehol	aer	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		day
of	, 20, to co	ertify which, witness	my hand and seal of office.			
Signature of offi	cer administering	Printed name (of officer administering	Title of officer	· administering	ı oath

				JVLN 3	3 of 11
l	ER NAN ctson, C	19 Filer ID 00087811	(Ethics Co	mmission Filers)	
l		E SUBTOTALS SCHEDULE		SUB	FOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,236.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	X	SCHEDULE E: LOANS		\$	300.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	1,961.45
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL CONTRIBUT	SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 1/3 Rpt: 4/11		
2	FILER NAME Dictson, Deb	orah D. (Ms.)		3	Filer ID (Ethics Commission 00087811	n Filers)
4	Date 08/25/2023	 Full name of contributor	7	Amount of Contribution (\$)	\$41.00	
8	Principal occur	Abilene, TX 79601 pation / Job title (See Instructions)	9 Employer (See Instructions	(5)		
Ü	self employe		2 Employer (See Instructions	3)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/23/2023 Dictson, Bobby Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Drive in all account	Sonora, TX 76950	Franks or (Cook backwations	<u></u>		
	retired	pation / Job title (See Instructions)	Employer (See Instructions	S)		
	Date 09/13/2023	Full name of contributor out-of-state PAC (ID#:) Engle, Candace Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$35.00
		Batesburg, SC 29006				
	Principal occu self employe	pation / Job title (See Instructions) d	Employer (See Instructions	s)		
	Date 12/06/2023 Full name of contributor out-of-state PAC (ID#:) Heller, Don Contributor address; City; State; Zip Code Anson, TX 79501				Amount of Contribution (\$)	\$250.00
	Principal occu Unknown	oation / Job title (See Instructions)	Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/21/2023 Jordan, Rachel Contributor address; City; State; Zip Code The Woodlands, TX 77381				Amount of Contribution (\$)	\$100.00
	Principal occu Prosecutor	oation / Job title (See Instructions)	Employer (See Instructions	s)		
			•			

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instruc	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/3 Rpt: 5/11			
2	FILER NAME Dictson, Deb	orah D. (Ms.)		3	Filer ID (Ethics Commission 00087811	on Filers)		
4	Date 10/12/2023	5 Full name of contributor ut-of-state PAC (ID#:)			Amount of Contribution (\$)	\$100.00		
		San Antonio, TX 78260						
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions	s)				
	Date Full name of contributor out-of-state PAC (ID#:) 08/04/2023 Moore, Angie Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00		
	Spring, TX 77379 Principal occupation / Job title (See Instructions) Attorney Employer (See Instructions)			<u> </u> s)				
	Date Full name of contributor out-of-state PAC (ID#:) 10/06/2023 Postell, Kristin Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$500.00		
	Principal occu	Abilene, TX 79601 Dation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)				
	Date 10/06/2023	Full name of contributor out-of-state PAC (ID#:_ Stickney, Sydney Contributor address; City; State; Zip Code San Angelo, TX 76901			Amount of Contribution (\$)	\$1,000.00		
	Principal occu rancher	pation / Job title (See Instructions)	Employer (See Instructions self	<u>I</u> S)				
	Date Full name of contributor out-of-state PAC (ID#:) 10/05/2023 Walker, Tracey Contributor address; City; State; Zip Code Heath, TX 75032				Amount of Contribution (\$)	\$100.00		
		oation / Job title (See Instructions) d/animal transporter	Employer (See Instructions	s)				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE	A1	
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/3 Rpt: 6/11	
2	FILER NAME Dictson, Del	borah D. (Ms.)		3	Filer ID (Ethics Commission I 00087811	Filers)
4	Date 09/15/2023	 Full name of contributor out-of-state PAC (ID#:_Wilkinson, Sondra Contributor address; City; State; Zip Code 		7	Amount of Contribution (\$)	\$10.00
		Abilene, TX 79603				
8	Principal occu retired	upation / Job title (See Instructions)	9 Employer (See Instructions	s)		
	Date Full name of contributor out-of-state PAC (ID#:) 09/29/2023 Wilson, Randy Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$500.00	
	Principal occu	Abilene, TX 79601 upation / Job title (See Instructions)	Employer (See Instructions	<u> </u> s)		

	LOANS					SCHEDULE E
	The Instruction	on Guide explains how to comple	te this fo	m.		ages Schedule E: /1 Rpt: 7/11
2	FILER NAME Dictson, Debora	uh D. (Ms.)				(Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS				\$
5	Date of loan 07/14/2023	7 Name of lender out-	-of-state PAC	ID#:	,	9 Loan Amount (\$) \$300.00
6	Is lender a financial institution?	8 Lender address; City;	State;	Zip Code		10 Interest Rate
	No	HAWLEY, TX 79525				11 Maturity Date 03/06/2024
12	Principal occupati	on / Job title (See Instructions)	1	3 Employer (See Instructions)	
	Prosecutor			Special Prosecution Uni	t	
14	Description of Col	lateral	1	5 Check if personal funds we	re deposite	d into political account (See Instructions)
16	GUARANTOR INFORMATION	17 Name of guarantor	'			19 Amount Guaranteed (\$)
	X not applicable	18 Guarantor address; City;	State;	Zip Code		
20	Principal occupati		اء	1 Employer (See Instructions	`	
20	Рппсіраї оссирац	on	2	L Employer (See Instructions)	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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)

	Credit Card Payment	The Instruction Guide explains how to cor	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 1/4 Rpt: 8/11	Dictson, Deborah D. (Ms.)		00087811
4	Date	5 Payee name		
	12/18/2023	Anson Lions Club		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$75.00	PO Box 68		
		Anson, TX 79501		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Calendar ad for Campaign
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
	expenditure to benefit C/O			
	Date	Payee name		
	11/17/2023	Bucketheads Printing		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$20.79	4648 S Treadaway Blvd		
		Abilene, TX 79602		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				Campaign Tshirts
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/Ol		giit	Office Held
	Date	Payee name		
	12/10/2023	Checks for Free		
	Amount (\$)	Payee address; City; State; Zip Coo	da	
	\$6.48	PO Box 1088	ue	
	Ψ0.40	1 0 Box 1000		
		Birmingham, AL 35201		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(D)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Trinking Expense		Check if Austin, TX, officeholder living expense
				Checks for account
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou(ght	Office held
	experientare to beliefft G/O			

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/4 Rpt: 9/11	Dictson, Deborah D. (Ms.) 00087811
4	Date	5 Payee name
	10/10/2023	Imprint.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$370.34	14550 Beechnut St.
		Houston, TX 77083
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense yard signs and stands
		yara signs and stands
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/O	
\vdash	Date	Payee name
	11/14/2023	Junior Achievement
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	301 Cypress St
		Abilene, TX 79601
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Donation to Junior Achievement
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 12/02/2023	Payee name
		Mesa, Anna
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	12304 FM 1178
		Dudley, TX 79602
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Candy for Christmas Parade
		Carluy for Cillistillas Paraue
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Credit Card Payment	The Instruction Guide explains how to co	-	te this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 3/4 Rpt: 10/11	Dictson, Deborah D. (Ms.)		00087811
4 Date	5 Payee name		·
11/14/2023	Republican Party of Texas		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$1,250.00	PO Box 2206		
	Austin, TX 78768		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Fees		Check if travel outside of Texas. Complete Schedule T.
_/			Check if Austin, TX, officeholder living expense Filing Fee for Primary
			rilling ree lot rillinary
9 Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
expenditure to benefit C/O		agrit	Office field
Data			
Date 11/14/2023	Payee name UPS		
Amount (\$)	Payee address; City; State; Zip Co	oae	
\$12.47	3301 S 14th St, Ste 16		
	Abilene, TX 79605		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
EXPENDITURE	postage		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			postage fee
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
expenditure to benefit C/O			
Date	Payee name		
10/25/2023	Vistaprint		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$116.87	275 Wyman St		
	Waltham, MA 02451		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(h)	Description
OF	Advertising Expense	(5)	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
			Banners and car magnets
Complete ONLY if direct	Candidate/Officeholder name Office sou	ught	Office held
expenditure to benefit C/O	п 		

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Printin Salarie	Expense g Expenses/Wages	e /Contract Labor		Travel in Distri		
	•			The Instruction Guide expla	ains how to	comple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 4/4 Rpt: 11/11		Dictson, D	eborah D. (Ms.)					00087811		
4	Date	5	Payee name								٦
	12/09/2023		Walmart	•							
Ļ		Ŀ		21:							4
6	Amount (\$)	7	Payee addre		state; Zip	Code					
	\$44.50		1650 TX 3	51							
			Abilene, T	X 79601							
8	PURPOSE	(a)	Category "	See Categories listed at the top of th	io ochodulo)	(b)	Description				┪
	OF	``	Food/Reve	rage Expense	is scriedule)	' '	_	outs	ide of Texas. Co	mplete Schedule T.	
l	EXPENDITURE		1 000/15070	rage Expense			Check if Austin	n, TX	, officeholder livi	ng expense	
l							Candy for Ch	ris	tmas Parac	le	
9	Complete ONLY if direct	(Candidate/Of	ficeholder name	Office s	ought			Office h	neld	٦
	expenditure to benefit C/OI					Ü					
_											┨

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains how to con	nplete this form.	1 Filer ID (Ethics Commi 00087811		2 Total pages filed: 5
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR Ms.	FIRST Deborah D.		MI	OFFICE USE ONLY
NAME	IVIS.	Deporati D.			Date Received ELECTRONICALLY FILED
	NICKNAME	LAST Dictson		SUFFIX	02/02/2024
4 CANDIDATE /	ADDRESS / PO BOX; A	.PT / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	PO Box 131		,		Receipt # Amount
Change of Address	Hawley, TX 79525				Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Mrs.	Alicia			
	NICKNAME	LAST		SUFFIX	
		Harris			
6 CAMPAIGN	STREET ADDRESS (NO I	PO BOX PLEASE);	AP	T / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	2942 Woodlake Drive				
(Residence or Business)	Abilene, TX 79606				
7 CAMPAIGN	AREA CODE PH	IONE NUMBER E	EXTENSION		
TREASURER PHONE	(325) 660-5955				
8 REPORT TYPE	January 15	X 30th day before	e election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD	Month Day Yea			Month Day	Year
COVERED	01/01/2024	TH	HROUGH	01/25/202	4
10 ELECTION	ELECTION DATE Month Day Yea	 	Nimon:	ELECTION TYPE	Other
	03/05/2024		Primary		Otilei
		L G	Seneral	Special	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	
				District Attorney and Shackelford	(Multi-county) District 259 Jones
		GO 1	ΓΟ PAGE 2		

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Dictson, Deborah D.	Ms.)	14 Filer ID 00087811	(Ethics Con	nmission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditures may have be	political expenditures made by political een made without the candidate's or off ort this information only if they receive	iceholder's kr	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREA	ASURER NAME		
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS		
16 CONTRIBUTION			NS (OTHER THAN PLEDGES, LOANS	5,	
TOTALS			IONS MADE ELECTRONICALLY)	\$	0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARAN	ITEES OF LOANS)	\$	3,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURE	S .	\$	0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$	361.16
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		ED AS OF THE LAST DAY OF THE	\$	4,649.28
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		DING LOANS AS OF THE LAST DAY	\$	200.00
17 AFFIDAVIT	-			-	
		true and corre	firm, under penalty of perjury, that the a ect and includes all information required is, Election Code.		
			Ms. Deborah D. Dictson		
			Signature of Candidate or Officeh	nolder	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		day
of	, 20, to co	ertify which, witness my hand and	seal of office.		
Signature of offi	cer administering	Printed name of officer adm	inistering Title of office	cer administe	ing oath

				J V L. (3 of 5		
	18 FILER NAME Dictson, Deborah D. (Ms.) 19 Filer ID (Ethics Commission Filers) 00087811						
		SUBTOTALS SCHEDULE		SUB	TOTAL AMOUNT		
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	3,500.00		
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$			
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$			
4.		SCHEDULE E: LOANS		\$			
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$	361.16		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$			
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR TO FILER	RETURNED	\$			

	MONET	ARY POLITICAL CON	NTRIBUTIO	NS	SCHEDULE A1	-
	The Instru	ction Guide explains how to c	complete this fo	rm.	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/5	
2	FILER NAME Dictson, Del	oorah D. (Ms.)			3 Filer ID (Ethics Commission Filers) 00087811	
4	Date 01/19/2024 5 Full name of contributor out-of-state PAC (ID#:) Lorfing Law Firm 6 Contributor address; City; State; Zip Code				7 Amount of Contribution (\$) \$1,000	.00
L		Abilene, TX 79605				
8	Principal occu	ipation / Job title (See Instructions)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9 Employer (See Instructions	ns)	
	Date 01/25/2024	Martinez, Susana Contributor address; City; State; Z	ut-of-state PAC (ID#: ip Code)	Amount of Contribution (\$)	.00
	Albuquerque, NM 87111 Principal occupation / Job title (See Instructions) Former Governor of New Mexico Retired				ns)	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/1 Rpt: 5/5	Dictson, Deborah D. (Ms.) 00087811
4	Date	5 Payee name
	01/17/2024	Dictson, Deborah
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$100.00	PO Box 131
		Hawley, TX 79525
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense repayment of loan
		repayment of loan
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
١	expenditure to benefit C/OI	
\vdash	Date	Power name
	01/19/2024	Payee name Office Depart
		Office Depot
	Amount (\$)	Payee address; City; State; Zip Code
	\$147.76	4141 Buffalo Gap Rd
		Abilene, TX 79605
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Campaign Flyers
		Campaign Tyolo
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
-	Date	Payee name
	01/11/2024	Pens Xpress
_		Payee address; City; State; Zip Code
	Amount (\$)	
	\$113.40	1070H State Route 34
		#196
		Matawan, NJ 07747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Ink pens with logo
		IIIK Pens with logo
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (Guide explains how to comp		1 Filer ID (Ethics Commis 00087811	sion Filers)	2 Total pages file 6	d:
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE U	SE ONLY
OFFICEHOLDER NAME	Ms.	Deborah D.			Date Received	
					ELECTRONICA	LLY FILED
	NICKNAME	LAST		SUFFIX	02/24/2024	
	MCKNAWL	Dictson		301117		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or I	Date Postmarked
MAILING ADDRESS	PO Box 131				Receipt #	Amount
Change of Address	Hawley, TX 79525					
	11awiey, 17, 19323				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	<u>.</u>	
TREASURER	Mrs.	Alicia				
NAME						
	NICKNAME	LAST		SUFFIX		
		Harris				
6 CAMPAIGN	STREET ADDRESS (NO PC) BOX PLEASE):	APT	/ SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	2942 Woodlake Drive	,		, , , , , , , , , , , , , , , , , , , ,		-, -: -:
ADDRESS						
(Residence or Business)	Abilene, TX 79606					
	Abiletie, 17, 73000					
7 CAMPAIGN	AREA CODE PHOI	NE NUMBER E	XTENSION			
TREASURER PHONE	(325) 660-5955					
THORE						
8 REPORT		_	_	_	_	
TYPE	January 15	30th day before	election	Runoff	15th day after cam appointment (office	
	July 15	χ 8th day before ε	election	Exceeded modified	Final Report (Attac	
		<u> </u>	Ш	reporting limit	. . ,	,
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/26/2024	TH	IROUGH	02/24/202	4	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	X Pi	rimary	Runoff	Other	
	03/05/2024	l ⊟ _G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)	I		12 OFFICE SOUGHT	(if known)	
III OFFICE	Of FIGE FIEED (II dily)				(Multi-county) Dis	trict 259 Jones
				and Shackelford	(554) 2.5	00 0000
		GO T	O PAGE 2			

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Dictson, Deborah D.	Ms.)	14 Filer ID (00087811	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	the candidate's or office	ommittees to support the sholder's knowledge or tice of such expenditures.	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 20.00
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 3,938.60
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 613.68
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 200.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.		
		Ms. C	Deborah D. Dictson	
		Signature of	f Candidate or Officehol	der
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	er administering	Printed name of officer administering	Title of office	r administering oath

				3 of 6
18 FILER NAI Dictson, [(Ethics C	ommission Filers)		
20 SCHEDUL NAME OF		SUB	STOTAL AMOUNT	
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	20.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$	3,938.60
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

TARY POLITICAL CONTRIB	UTIONS	SCHEDULE A1
iction Guide explains how to complete	1 Total pages Schedule A1: Sch: 1/1 Rpt: 4/6	
borah D. (Ms.)		3 Filer ID (Ethics Commission Filers) 00087811
 Full name of contributor out-of-state PA Holloway, Susan Contributor address; City; State; Zip Code 	AC (ID#:)	7 Amount of Contribution (\$) \$20.00
Anson, TX 79501		
upation / Job title (See Instructions)	9 Employer (See Instruction	ns)
	ction Guide explains how to complete borah D. (Ms.) 5 Full name of contributor out-of-state PA Holloway, Susan 6 Contributor address; City; State; Zip Code	borah D. (Ms.) 5 Full name of contributor out-of-state PAC (ID#:) Holloway, Susan 6 Contributor address; City; State; Zip Code Anson, TX 79501

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T. 1 01 11 51	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 1/2 Rpt: 5/6	2 FILER NAME Dictson, Deborah D. (Ms.) 3 Filer ID (Ethics Commission Filers) 00087811
4	Date 02/21/2024	5 Payee name Direct Edge Campaigns, LLC
6	Amount (\$) \$2,179.50	7 Payee address; City; State; Zip Code 2000 Glen Echo Rd Ste 207a Nashville, TN 37215
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Mailers design, production and mailing
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/21/2024	Payee name Direct Edge Campaigns, LLC
	Amount (\$) \$1,200.00	Payee address; City; State; Zip Code 2000 Glen Echo Rd Ste 207a Nashville, TN 37215
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Radio Ad buy
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 02/05/2024	Payee name Jones County Livestock Show
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 1100 12th Street
		Anson, TX 79501
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Donations to 4-H Kids for Add Ons
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursemer Fees Office Overhead/Rental Expense Polling Expense Office Overhead/Rental Expense Polling Expense Gilt/Awards/Memorials Expense Printing Expense Committee Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	t Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
_	Total marca Calcadula F1.		2 Files ID (Ethica Commission Files)
1	Total pages Schedule F1: Sch: 2/2 Rpt: 6/6	Dictson, Deborah D. (Ms.)	3 Filer ID (Ethics Commission Filers) 00087811
_	Date		
4	02/23/2024	5 Payee name Office Depot	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
•	\$59.10	4141 Buffalo Gap Rd Abilene, TX 79605	
8	PURPOSE OF EXPENDITURE	Advertising Expense	vel outside of Texas. Complete Schedule T. stin, TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (ete this form.	1 Filer ID (Ethics Commis 00087811	sion Filers)	2 Total pages filed: 5			
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY		
OFFICEHOLDER NAME	Ms.	Deborah D.			Date Received		
					ELECTRONICALLY FILED		
	NICKNAME	LAST		SUFFIX	07/08/2024		
	THORW WILL	Dictson		3011170			
A CANDIDATE /	ADDDECC / DO DOV. ADT	/CUITE #. CIT	V.	710 0005	Date Hand-delivered or Date Postmarked		
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ,	ZIP CODE	Date Hand-delivered of Date Positifiarked		
MAILING ADDRESS	PO Box 131				Receipt # Amount		
Change of Address	Hawley, TX 79525						
"					Date Processed		
					Date Imaged		
5 CAMPAIGN	MS / MRS / MR	FIRST		MI			
TREASURER	Mrs.	Alicia					
NAME							
	NICKNAME	LAST		SUFFIX			
		Harris					
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE);	APT	/ SUITE #; CITY;	STATE; ZIP COI	DE	
TREASURER ADDRESS	2942 Woodlake Drive						
(Residence or Business)	Abilene, TX 79606						
7 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION (325) 660 5055						
PHONE	(325) 660-5955						
8 REPORT							
TYPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer		
		_		_	appointment (officeholder only)		
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year	T11	IDOLIOLI	Month Day	Year		
COVERED	02/25/2024	IH	IROUGH	06/30/202	1		
10 51 5071011	ELECTION DATE	<u> </u>		ELECTION TYPE			
10 ELECTION	ELECTION DATE Month Day Year		rimary	ELECTION TYPE Runoff	Other		
	11/07/2024		-		Culei		
		X G	eneral	Special			
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT			
				District Attorney (259th	(Multi-county) Place Jones Distr	ict	
				23301			
		GO T	O PAGE 2				
I							

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Dictson, Deborah D.	(Ms.)	14 Filer ID (100087811	Ethics Commission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	the candidate's or office	ommittees to support the holder's knowledge or tice of such expenditures.				
Additional Pages	COMMITTEE TYPE COMMITTEE NAME						
GENERAL GENERAL							
	COMMITTEE ADDRESS						
	SPECIFIC						
	COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS				
16 CONTRIBUTION TOTALS		I IZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELEC		\$ 0.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)						
EXPENDITURE TOTALS							
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 624.00			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 153.69			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS ITING PERIOD	OF THE LAST DAY	\$ 73.00			
17 AFFIDAVIT							
		I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.					
		Ms. D	eborah D. Dictson				
			Candidate or Officehold	der			
AFFIX NO	AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subso	cribed before me, by the s	aid	, this the	day			
		ertify which, witness my hand and seal of office.	,				
Signature of office	er administering	Printed name of officer administering	Title of officer	administering oath			

			3 of 5
18 FILER NAI Dictson, [19 Filer ID 00087811	(Ethics Commission Filers)	
20 SCHEDUL NAME OF	SUBTOTAL AMOUNT		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$ 560.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 64.00
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS ITO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solarios (Contract Labor, Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (on the research part listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	<u> </u>			
	Sch: 1/1 Rpt: 4/5	Dictson, Deborah D. (Ms.) 00087811			
4	Date	5 Payee name			
	03/01/2024	Dictson, Deborah			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$60.00	2120 PR 342			
	400.00				
		HAWLEY, TX 79525			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Loan Repayment/Reimbursement			
	EXPENDITORE	Check if Austin, TX, officeholder living expense			
		partial repayment of loan from personal account			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experionare to benefit C/Oi				
	Date	Payee name			
	02/27/2024	Grit Creative			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	324 Capital Ave			
	+555.55	SE I Capital I II			
		Frankfurt, KY 40601			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense			
	LXI LINDITORL	Check if Austin, TX, officeholder living expense			
	Radio ad				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experialitate to beliefit of of	<u> </u>			
1					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 5/5 Dictson, Deborah D. (Ms.) 00087811 Date Payee name 06/30/2024 United States Post Office 6 Amount (\$) Payee address; City; State; Zip Code 525 E. Access Road \$64.00 Reimbursement from political contributions intended Hawley, TX 79525 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Post Office Box Rental for Campaign **EXPENDITURE** Post office annual rental Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction Guide explains how to comple			nplete this form.	e this form. 1 Filer ID (Ethics Commission Filers) 00087811		2 Total pages filed: 3	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE	USE ONLY
	OFFICEHOLDER	Ms.	Deborah D.				
I	NAME		Dobbian D.			Date Received	
						ELECTRONIC	ALLY FILED
		NICKNIANE			CLIEFIX	12/31/2024	
		NICKNAME	LAST		SUFFIX	12/01/2024	
I			Dictson			ĺ	
4	CANDIDATE /	ADDRESS / PO BOX; A	PT / SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered of	or Date Postmarked
I	OFFICEHOLDER	PO Box 131	•			ĺ	
I	MAILING	O DOX 131				Receipt #	Amount
I	ADDRESS						
I	Change of Address	Hawley, TX 79525				Data Brassess	
I						Date Processed	
I							
						Date Imaged	
L							
5	CAMPAIGN	MS / MRS / MR	FIRST		MI		
I	TREASURER	Mrs.	Alicia				
	NAME						
I							
		NICKNAME	LAST		SUFFIX		
I			Harris				
I							
6	CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE).	APT	/ SUITE #; CITY;	ST	ATE; ZIP CODE
آ	TREASURER	2942 Woodlake Drive		7.0.1		317	_, 0002
I	ADDRESS	2342 WOOdland Dilve					
I	(Residence or Business)						
I		Abilene, TX 79606					
L							
7	CAMPAIGN	AREA CODE PH	ONE NUMBER E	EXTENSION			
	TREASURER	(325) 660-5955					
I	PHONE	(===), 555 555					
8	REPORT	+					
ľ	TYPE	X January 15	20th day before	election	Punoff -	15th day offer as	mnaign treasurer
I	• • =	X January 15	30th day before	election	Runoff	appointment (offi	mpaign treasurer ceholder only)
		July 15	8th day before	election	Exceeded modified	Final Report (Atta	
		L			reporting limit	J	-·
<u> </u>	DEDIOD	Month Day			Marrit	V	
9	PERIOD COVERED	Month Day Yea			Month Day	Year .	
	COVERED	07/01/2024	TH	IROUGH	12/31/2024	4	
L							
10	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month Day Yea	ar \square P	rimary	Runoff	Other	
		11/07/2024		1			
I			X G	eneral	Special		
11	OFFICE	OFFICE HELD (if any)	•		12 OFFICE SOUGHT	(if known)	
]			District Attorney F		strict 259th
I							
$ldsymbol{ld}}}}}}$							
I							
I			നേ т	O PAGE 2			
l				O I AGE Z			

FORM C/OH COVER SHEET PG 2

13 C / OH NAME	Dictson, Deborah D.	Ms.)	14 Filer ID 00087811	(Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	s box is for notice of political contributions accepted or political expenditures made by political co didate / officeholder. These expenditures may have been made without the candidate's or office sent. Candidates and officeholders are required to report this information only if they receive no				
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00		
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 0.00		
EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES TOTALS				\$ 0.00		
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 0.00		
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$ 62.48		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 73.00		
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.				
		Ms. D	Deborah D. Dictson			
		Signature o	f Candidate or Officeho	lder		
AFFIX NO	TARY STAMP / SEAL ABO	DVE				
Sworn to and subs	cribed before me, by the s	aid	, this the	day		
		rtify which, witness my hand and seal of office.				
Signature of office	cer administering	Printed name of officer administering	Title of office	r administering oath		

3 of 3							
18 FILER NAME Dictson, Deborah D. (Ms.) 19 Filer ID (Ethics Commonwealth of the Commo							
20 SCHEDULE NAME OF S	SUBTOT	FAL AMOUNT					
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$				
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$				
4.	SCHEDULE E: LOANS		\$				
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$				
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$				
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$				
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$				
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$				