#### 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 LMR FIRST 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received Houston County Elections NICKNAME SUFFIX 3 2024 4 CANDIDATE / ADDRESS / PQ BOX; APT / SUITE # STATE: ZIP CODE **OFFICEHOLDER** MAILING HECEIVED **ADDRESS** Change of Address CANDIDATE/ AREA CODE EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ 6 CAMPAIGN MI TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX CAMPAIGN **TREASURER** ADDRESS (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year COVERED THROUGH **ELECTION DATE** ELECTION TYPE 11 ELECTION Primary Runoff Other Month Day Year Description General Special 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 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 TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	iphne L. Sess	ion	16 File	er ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS		LITICAL CONTRIBUTIONS (OTHE GUARANTEES OF LOANS, OR ELECTRONICALLY)	R THAN	\$ 4	
	2. TOTAL POLITICAL CO (OTHER THAN PLEDGES	NTRIBUTIONS , LOANS, OR GUARANTEES OF	LOANS)	\$ _	)
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	LITICAL EXPENDITURE.		\$ 6	<del>-</del>
	4. TOTAL POLITICAL EXP	PENDITURES	1.71	\$	)
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTI OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF	THE LAST DAY	\$ 20	e-ll
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	INT OF ALL OUTSTANDING LOAN PRTING PERIOD	S AS OF THE	\$	
MY CC	Please co	emplete either option b	pelow:		
NO ARY STAMP/SEAL	efore me by Daphne (	. Session	nis the #16	3 day of A	ebruara
20 24 to certify wh	nich, witness my hand and seal of office	ce. Ditalodri	MARZ	Molar	14
Signature of officer administerin	g oath Printed name	of officer administering oath	Juan	Title of officer	administering oath
COLUMN TO THE STATE OF	Of the State of the Control of the C	OR	生。伊斯姆		
(2) Unsworn Declaration				TOV. All	
My name is		, and my date of	birth is		
My address is					
	(street)	(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the day of _	(month)	, 20 (year)	
		Signature of	Candidate/Office	eholder (Decla	rant)

## APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

See	e CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE NAME	MS / MRS / MR FIRST MI  Ms. Daphne Lynette  NICKNAME LAST SUFFIX	OFFICE USE ONLY Filer ID #
	Session	Date Received Houston County Elections
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 150, Crockett, Texas 75835	DEC 0 1 2023  RECEIVED  Date Hand-delivered or Postmarked
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION  ( 936 ) 545-9929 and (903)721-4488	Receipt # Amount \$  Date Processed
5 OFFICE HELD (if any)		Date Imaged
6 OFFICE SOUGHT (if known)	District Attorney for Houston County (349th Judicial District)	
7 CAMPAIGN TREASURER NAME	Ms. Daphne Lynette	LAST SUFFIX Session
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS: APT / SUITE #. CITY: 213 Martin Luther King, Jr. Blvd., Crockett, Texas 75835	STATE; ZIP CODE
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( 936 ) 545-9929 and (903)721-4488	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Tell I am aware of my responsibility to file timely reports as the Election Code.  I am aware of the restrictions in title 15 of the Election Confrom corporations and labor organizations.  Signature of Candidate	s required by title 15 of
	GO TO PAGE 2	

# CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME	Daphne Lynette Session
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	The modified reporting option is valid for one election cycle only. •  (An election cycle includes a primary election, a general election, and any related runoffs.)
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
	I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	2024
	Year of election(s) or election cycle to Which declaration applies  Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us

or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

#### 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 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Ms. Daphne NAME Date Received NICKNAME LAST SUFFIX Session **Houston County Elections** ADDRESS / PO BOX; APT / SUITE #: 4 CANDIDATE / STATE; ZIP CODE OFFICEHOLDER P. O. Box 150, Crockett, TX 75835 JUL 15 2024 MAILING **ADDRESS** MECEIVED Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked OFFICEHOLDER (903 721-4488 PHONE Receipt # Amount \$ FIRST MS / MRS / MR CAMPAIGN MI TREASURER Ms. Daphne Date Processed NAME LAST NICKNAME SUFFIX Date Imaged Session STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: 7 CAMPAIGN STATE: ZIP CODE **TREASURER** 213 Martin Luther King, Jr. Blvd., Crockett, TX 75835 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER **PHONE** (903 721-4488 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) Exceeded Modified July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day · Month Dav Year Year COVERED <sup>24</sup> 12 12 3 23 THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Other Description Primary Runoff Day Year = General Special 11 / 5 24 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE County Attorney 349th Judicial District Attorney/Houston 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 TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER** 

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

15 C/OH NAME Ms. Daphne Session		10	6 Filer ID (Ethic	es Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		0.00
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES	\$	850.00
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	HE \$	0.00

18	SI	GNA'	TURE
----	----	------	------

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:

MY CO	sabel Rodríguez MMISSION EXPIRES 02/27/2026 RY ID: 12560005-4				.,	<b>5</b> 0
Sworn to and subscribed	before me by Japhnu S	ession	th	nis the 15	day of	Tuly.
20 24 to certify Pur 1 P	which, witness my hand and seal of of	ffice.  ISUbel Ro	drigu	z aa	Title of officer	Wishw administering oath
	- Timed ham	OR.	ig oath	W	THIC OF OTHER	administering dati
(2) Unsworn Declaration	on					
My nama is			d my data of	hieth is		
My name is		, an	d my date of	DIFTEN IS		
My address is	(atreat)	——————————————————————————————————————	/alta A			· · · · · · · · · · · · · · · · · · ·
e-st Ze	(street)		(city)	(state)	(zip code)	(country)
Executed in	County, State of	, on the	day of _	(month)	, 20 (year)	
		-	Signature of	Candidate/Of	ficeholder (Decl	arant)
arms provided by Tayon Et	to 0 Cofe-	may othics state ty us				Pavisad 1/1/202

## **SUBTOTALS - C/OH**

on Filers)	20 Filer ID (Ethics Com	9 FILER NAME 20 Filer ID (Ethics Co		
		s. Daphne Session	M	
SUBTOTAL AMOUNT		SCHEDULE SUBTOTALS NAME OF SCHEDULE	21	
		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	1.	
		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	2.	
		SCHEDULE B: PLEDGED CONTRIBUTIONS	3.	
		SCHEDULE E: LOANS	4.	
	NTRIBUTIONS	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	5.	
		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	6.	
	CONTRIBUTIONS	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	8.	
850.00	NDS	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	9.	
	BUSINESS OF C/OH	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
	ONTRIBUTIONS	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
	FIONS RETURNED	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	12.	
	ONTRIBUTIONS	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	10. 11. 12.	

### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense 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	complete this form.	, , , , , , , , , , , , , , , , , , , ,	,	
1 Total pages Schedule G:	<sup>2</sup> FILER NAME Ms. Daphne Session		3 Filer ID (Ethics Co	ommission Filers)	
4 Date	5 Payee name				
12/21/2023	Messenger				
6 Amount (\$) 350.00  Reimbursement from political contributions intended	7 Payee address; P O Box 99, Grapeland, TX 75844	City;	State;	Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Political calend	ar		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expe	ense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Daphne Session	Office sought  District Attorney		Attorney	
Date 03/02/2024	Payee name Messenger				
Amount (\$) 150.00  Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, TX 75844	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Thank You ad			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
	Candidate / Officeholder name	Office sought	0	ffice held	
Complete <u>ONLY</u> if direct expenditure to benefit C/	oн Daphne Session □	District Attorney	<i>c</i> County	Attorney	
Date 07/12/2024	Payee name  Messenger				
Amount (\$) 350.00 Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, TX 75844	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Political calend	lar		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expe	ense	
0 0	Candidate / Officeholder name	Office sought	0	ffice held	
Complete ONLY if direct expenditure to benefit C/OH	Daphne Session [	District Attorney	/ County	Attorney	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED!	ED		

#### 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 3 CANDIDATE / Μi OFFICE USE ONLY OFFICEHOLDER Ms Daphne L NAME Date Received NICKNAME LAST SUFFIX Session Houston County Elections 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE #: ZIP CODE **OFFICEHOLDER** P. O. Box 150, Crockett, Texas 75835 OCT 0 8 2024 MAILING **ADDRESS** Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (903 721-4488 (936)545-9929 PHONE Receipt # Amount \$ 6 CAMPAIGN MS / MRS / MR FIRST ΜI **TREASURER** Daphne Ms. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Session STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; 7 CAMPAIGN STATE; ZIP CODE **TREASURER** 213 Martin Luther King, Jr. Blvd, Crockett, Texas 75835 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER 8 CAMPAIGN **EXTENSION TREASURER PHONE** ( 936 545-9929 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) July 15 8th day before election Exceeded Modified Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month Day Year Day Year COVERED 5 7 15 / 10 24 THROUGH

	11 / 5	✓ 24 Seneral	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)			
	Houston Co	ounty Attorney	349th Judician District Attorney/Houston County District Attorney			
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	S 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 OR VISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER	NAME			
		COMMITTEE CAMPAIGN TREASURE	R ADDRESS			

Primary

Runoff

**ELECTION TYPE** 

Other Description

**GO TO PAGE 2** 

11 ELECTION

**ELECTION DATE** 

Day

Month

	TE / OFFICEHOLDER N FINANCE REPORT	COVER	FORM C/OH SHEET PG 2
15 C/OH NAME Daphne L. Session		16 Filer ID (Ethi	cs Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	622.50
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$	0.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	0.00
	Signature of Can	didate or Office	holder
Rite MY	Please complete either option below: 02/27/2026 02/27/2026 02/27/2026		
(1) Affidavit			
NOTARY STAMP/SEAL Sworn to and subscribed to certify the certification of the ce		BAh day of	October.

Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath OR . (2) Unsworn Declaration My name is 5 , and my date of birth is \_\_\_\_\_ My address is (street) (city) (state) (zip code) (country) Executed in County, State of on the day of (month) Rita Isabel Rodríguez MY COMMISSION EXPIRES 02/27/2028 Signature of Candidate/Officeholder (Declarant)

### **SUBTOTALS - C/OH**

	19 FILER NAME Daphne L. Session 20 Filer ID (Ethics Co		
	CHEDULE SUBTOTALS AME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$ 622.50
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 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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Daphne L. Session 4 Date 5 Payee name 09/30/2024 **KIVY** 6 Amount (\$) 7 Payee address: City; Zip Code 262.50 102 S. 5th Street, Crockett, Texas 75835 Reimbursement from political contributions intended 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertisement Radio sponsor/ads (Coaches Show) **EXPENDITURE** (c) Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct Daphne L. Session 349th District Attorney County Attorney expenditure to benefit C/OH Date Payee name 08/21/2024 Messenger Amount (\$) Payee address; City; State: Zip Code 40.00 P. O. Box 99, Grapeland, Texas 75844 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE Advertisement Honor Senior Citizens OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Daphne L. Session 349th District Attorney County Attorney Date Payee name 09/01/2024 Messenger Pavee address: Amount (\$) City; Zip Code State: 40.00 P. O. Box 99, Grapeland, Texas 75844 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Advertisement Labor Day OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Daphne L. Session 349th District Attorney County Attorney ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Giff/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 pot listed charve)

Credit Card Payment	The Instruction Guide explain		Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Daphne L. Session	3	3 Filer ID (Ethics Commission Filers)
4 Date 09/01/2024	5 Payee name Myrtis Dightman Rodeo	J	
6 Amount (\$) 200.00  Reimbursement from political contributions intended	7 Payee address; 1704 FM 2110, Crockett, Tex		State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sch Advertisement	Ad in souvenir be	ook (35th Anniversary)
~	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin, TX	X, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought 349th District Attorne	office held y County Attorney
Date 09/19/2024	Payee name Messenger		
Amount (\$) 40.00  Reimbursement from political contributions intended	Payee address; P. O. Box 99, Grapeland, Tex	City; as 75844	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Advertisement	Description Hispanic Heritage	e Day
	Check if travel outside of Texas. Complete Scheo	dule T. Check if Austin, TX	(, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH Daphne L. Session	Office sought 349th District Attorney	Office held
Date 09/29/2024	Payee name <b>Messenger</b>		
Amount (\$) 40.00 Reimbursement from political contributions intended	Payee address; P. O. Box 99, Grapeland, Texa	City; as 75844	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche Advertisement		ut-We Back the Blue
	Check if travel outside of Texas. Complete Sched	ule T. Check if Austin, TX,	officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Daphne L. Session	349th District Attorney	County Attorney
	ATTACH ADDITIONAL COPIES OF T	THIS SCHEDULE AS NEEDED	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

ENGLE AN AUTOM E	621 mil 100		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	duide explains how	to complete this form.	/	5
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR	Daphne	MI L ·	OFFICE USE ONLY  Date Received
	NICKNAME	5655101		Houston County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	POBOX		city; state; zip code oclett 7x 75835	FEB 1 2 2025 RECEIVED
Change of Address	1000 0000	BUILDING AND MARKED	EVTENSION	
5 CANDIDATE/ OFFICEHOLDER PHONE	(0136)	545-9929	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	Daphne	Ľ.	Date Processed
77.4112	NICKNAME	Session	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	313 M	NO PO BOX PLEASE): APT / S Whin Luther	King Tr. Blad	STATE: ZIP CODE  CICCLULT TX  75835
(Residence or Business)			= 5	1383
8 CAMPAIGN TREASURER PHONE	(CI3()	545-9929	EXTENSION	
9 REPORT TYPE	January 15	30th day before	Eveneded Medified	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before el	ection Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	/ O	Day Year / 05 / 2024	THROUGH //	Day Year / 05 / 2024
11 ELECTION	Month Day	Year Primary  General	Runoff Other Description	E
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IF know)	o. Dishict Atorney
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CEHOLDER THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR FTHEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME	
		COMMITTEE CAMPAIGN TO	REASURER ADDRESS	
11	4	GO TO	PAGE 2	

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	Daphne L. Session	
7 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)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 305.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 305.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	Signature of Candidat	e or Officeholder
1 2	Please complete either option below:	
I) Affidavit	Rita Isabel Rodriguez MY COMMISSION EXPIRES 02/27/2026 NOTARY ID: 12560005-4	
NOTARY STAMP/SE	Rita Isabel Rodriguez MY COMMISSION EXPIRES 02/27/2026 NOTARY ID: 12560005-4  EAL and before me by Daphne L. Session this the 13  Ify which, witness my hand and seal of office.	H-day of February
NOTARY STAMP/SE Sworn to and subscribe 20	Rita Isabel Rodriguez MY COMMISSION EXPIRES 02/27/2026 NOTARY ID: 12560005-4  EAL and before me by Daphne L. Session this the 13 Ify which, witness my hand and seal of office.  Put Rodriguez	OCtive Administ
NOTARY STAMP/SE Sworn to and subscribe 20, to certification in the second	Rita Isabel Rodriguez MY COMMISSION EXPIRES 02/27/2026 NOTARY ID: 12560005-4  EAL  ed before me by Daphne L. Session this the /3 ify which, witness my hand and seal of office.  Pith Rodriguez  stering oath  Printed name of officer administering oath	OCtive Administ
NOTARY STAMP/SE Sworn to and subscribe 20	Rita Isabel Rodriguez MY COMMISSION EXPIRES 02/27/2026 NOTARY ID: 12560305-4  EAL and before me by Daphne L. Session this the 13 ify which, witness my hand and seal of office.  Diffy which, witness my hand and seal of office.  Pith Rodriguez  Stering oath  Printed name of officer administering oath  OR	OCtive Administ
NOTARY STAMP/SE worn to and subscribe to the subscribe to	Rita Isabel Rodriguez MY COMMISSION EXPIRES 02/27/2026 NOTARY ID: 12560305-4  EAL and before me by Daphne L. Session this the 13 ify which, witness my hand and seal of office.  Diffy which, witness my hand and seal of office.  Pith Rodriguez  Stering oath  Printed name of officer administering oath  OR	OCtive Administ
NOTARY STAMP/SE worn to and subscribe 0	Rita Isabel Rodriguez MY COMMISSION EXPIRES 02/27/2026 NOTARY ID: 12560305-4  EAL and before me by Daphne L. Session this the 13 ify which, witness my hand and seal of office.  Diffy which, witness my hand and seal of office.  Pith Rodriguez  Stering oath  Printed name of officer administering oath  OR	Officer administering or
NOTARY STAMP/SE worn to and subscribe to to and subscribe to to certify to certify to certify to certify to the subscribe to	Rita Isabel Rodriguez MY COMMISSION EXPIRES 02/27/2026 NOTARY ID: 12560305-4  EAL  ed before me by DAPINE A. SESSION this the /3 ify which, witness my hand and seal of office.  Party Rodriguez  Stering oath  Printed name of officer administering oath  OR  ation	Officer administering or
NOTARY STAMP/SE Sworn to and subscribe 20	Rita Isabel Rodriguez MY COMMISSION EXPIRES 02/27/2026 NOTARY ID: 12560305-4  EAL  ed before me by DAPINE A. SESSION this the /3 ify which, witness my hand and seal of office.  DAVIN RITE ROUVIGUEZ  Stering oath  Printed name of officer administering oath  OR  ation	Officer administering oa
NOTARY STAMP/SE Sworn to and subscribe 20 , to certification in the subscribe 30 , to certification in the subscribe 31 , to certification in the subscribe in	Rita Isabel Rodriguez MY COMMISSION EXPIRES 02/27/20/26 NOTARY ID: 12560005-4  EAL and before me by DAPHNE L. Session this the 13 Ify which, witness my hand and seal of office.  Part Pour guez  stering oath  Printed name of officer administering oath  OR  Attor  (street) (city) (state)	Officer administering or

# SUBTOTALS - C/OH

Duphne L. Sessi	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CON	NTRIBUTIONS \$
2. SCHEDULE A2: NON-MONETARY (IN-KIND)	POLITICAL CONTRIBUTIONS \$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURE	S MADE FROM POLITICAL CONTRIBUTIONS \$
6. SCHEDULE F2: UNPAID INCURRED OBLIGA	ATIONS \$
7. SCHEDULE F3: PURCHASE OF INVESTME	ENTS MADE FROM POLITICAL CONTRIBUTIONS \$
8. SCHEDULE F4: EXPENDITURES MADE BY	CREDIT CARD \$
9. SCHEDULE G: POLITICAL EXPENDITURES	S MADE FROM PERSONAL FUNDS \$ 3 05-00
10. SCHEDULE H: PAYMENT MADE FROM POL	LITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$
11. SCHEDULE I: NON-POLITICAL EXPENDITUR	RES MADE FROM POLITICAL CONTRIBUTIONS \$
12. SCHEDULE K: INTEREST, CREDITS, GAIN: TO FILER	S, REFUNDS, AND CONTRIBUTIONS RETURNED \$

#### 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** 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 complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) . Session 4 Date 5 Payee name 1)-4-2021 6 Amount (\$) 7 Payee address; Zip Code Grapeland Tx 40,00 Reimbursement from political contributions (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** OF Haverhoung expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct Spssion expenditure to benefit C/OH Amount (\$) Grapeland TX 0.00 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) PURPOSE erfising expense OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Grapeland Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Hor

#### 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 **Event Expense** Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 6 Amount (\$) Zip Code Crapeland (b) Description 8 (a) Category (See Categories listed at the top of this schedule) Newspaper Ad- Himeconii **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct Session district Attorne expenditure to benefit C/OH Grapoland TX 758 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) PURPOSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH State; nent from political contributions intended 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 Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Eth	nics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
NAME	NICKNAME	LAST	. *** * * * * * * * * * * * * * * * * *	SUFFIX	Date Received Houston County Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX		Croclatt		FEB 1 2 2025
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	545-992		ENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  ///  NICKNAME	DADAN C LAST SES	sion	MI L . SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	213 N	(NO PO BOX PLEASE): APT /	SUITE #: KU		Bluck  STATE: ZIP CODE  OH TX 75835
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 545. 992		ENSION	
9 REPORT TYPE	January 15  July 15	30th day before		Runoff  Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 05 / 2024	THROUGH	Month	Day Year / 15 / 2025
11 ELECTION	BLECTION DATE  Month Day Year Primary Runoff Other Description  General Special				
12 OFFICE	OFFICE HELD (if any)	et Attorney	<b>13</b> OFF	FICE SOUGHT (if known	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITUR	RES MAY HAVE BEEN MA	ADE WITHOUT THE CAN	ADE 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				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN T	REASURER ADDRES	SS	
		GO TO	PAGE 2		

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	Nam!		1.0
J. S. S. I. IVINE	Daythne L. S	oussion	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS		DLITICAL CONTRIBUTIONS (OTHER TH GUARANTEES OF LOANS, OR E ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CO (OTHER THAN PLEDGES	NTRIBUTIONS 5, LOANS, OR GUARANTEES OF LOAN	s) \$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED PO	LITICAL EXPENDITURE.	\$ 785.00
	4. TOTAL POLITICAL EX	PENDITURES	\$ 785.00 \$ 785.00
CONTRIBUTION BALANCE	TOTAL POLITICAL CONT     OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE L	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	INT OF ALL OUTSTANDING LOANS AS DRTING PERIOD	OF THE \$
MY MY	Please consistency of the property of the prop	omplete either option belo	w:
Kitul. Rod	before me by DUPINE which, witness my hand and seal of off VIJW3	a Rodriguez	Office Administrate
Signature of officer administer	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
		,, date of bildi	
	(street)	(city)	(state) (zip code) (country)
Executed in		, on theday of (mor	, 20
		Signature of Cano	didate/Officeholder (Declarant)

# SUBTOTALS - C/OH

19	Daphne L. Session	Filer ID (Ethics Commission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	. SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR	RIBUTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL COI	NTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 795.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	SINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTI	RIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS RETURNED \$

SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Labor Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME L. SUSSI	on	3 Filer ID (Ethics	Commission Filers)
4 Date 11-7-2024	5 Payee name MUSSUNGEV			
Amount (\$)  150,00  Reimbursement from political contributions intended	POBOX 99	City; Grapula	State;	Zip Code 75 044
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ANN HESITS EXPLISE	(b) Description (AUS PAPAY)	Ad-Th	ask You
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Daphne L. Sess	Office sought		Office held Strict Attant
Date 11-10-2024	Payee name  NUSSUICV			
Amount (\$)  HOLOO Reimbursement from political contributions intended	P. 0 . Box 99	Grapelar	State;	Zip Code 75644
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising expense	Description NEWS PAPL	vAd-	HONOY VIETANS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name  Daphne L. Session	Office sought		office held thict Atlorium
Date 11-17-202	Payee name  Wesserger			/
Amount (\$)  Reimbursement from political contributions intended	Payee address; PO Box 99	Grapelar	State;	Zip Code 758 44
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  AURTHSING EXPLASE	Description Newspape	rAd-	thristmas in Crocket
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living ex	
Complete ONLY if direct expenditure to benefit C/OH	Daphne L. Session	Office sought	Dis	hict Atta
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDE	D	

### SCHEDULE G

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

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees O P.	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	
1 Total pages Schedule G:	2 FILER NAME	sim	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name  NESSENGEV		
Amount (\$)  Reimbursement from political contributions intended	POBOX 99	Grape	and TX 75844
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sched	e Muspape	V Ad - Thanksgiving
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne L. Session	Office sought	Office held District Attant
Date 12-5-2024	Payee name MLSSlvg.lV		
Amount (\$)  40.00  Reimbursement from political contributions intended	Payee address; FOBAX 99	Grape	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	e Newspap	Der Ad-Chijstones  Der Ad-Chijstones  TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	District Attan
Date 12-10-2025	Payee name Messenger/House	bu Co. Living	
Amount (\$)  75.00  Reimbursement from political contributions intended	Payee address; POBX 99	Grapel	State: Zip Code  AND TX 75844
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	se Mugazin	ead Ad
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Daphne L. Sessie	Office sought	District Harry
	ATTACH ADDITIONAL COPIES OF T	HIS SCHEDULE AS NEED	DED

### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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	complete this form.	
Total pages Schedule G:	Duphne L. Session		3 Filer ID (Ethics Commission Filers)
Date 3 - 22 - 2020	5 Payee name  MUSSERGUY		
Amount (\$)  LOCO  Reimbursement from political contributions intended	Pobox 99	Grape	and TX 75944
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising expense	(b) Description News pay	our Ad-Christmas
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
omplete ONLY if direct spenditure to benefit C/OH	Daphne L. Session	Office sought	District Attern
Date 12-24-2024	Payee name Milssenger		
Amount (\$)  HO 100  Reimbursement from political contributions intended	Payee address; POBAX 99	Grape (a)	State; Zip Code 75844
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advirtising expense	Description Newspape	er Ad- New Year
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name  OH DAPHNE L. SESSION	Office sought	Pishict Attorn
Date 1-5-2025	Payee name MESSENSEY		
Amount (\$)  Reimbursement from political contributions intended	Payee address; POBOX 99	Carapela	State; Zip Code  ACI TX 75944
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ANDVITATION EXPENSE	Description / Clus Pa	aper Ad - Enficen
	Check if travel outside of Texas. Complete Schedule T.	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	District Atta

#### **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. FIRST MS / MRS / MR CANDIDATE / OFFICE USE ONLY OFFICEHOLDER Daphne Ms L NAME Date Received SUFFIX NICKNAME LAST **Houston County Elections** Session APT / SUITE #; ADDRESS / PO BOX; STATE; ZIP CODE 4 CANDIDATE / JUL 15 2024 **OFFICEHOLDER** P O Box 150, Crockett, TX 75835 MAILING HECEIVED **ADDRESS** Change of Address PHONE NUMBER EXTENSION AREA CODE 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (936 5544-3255 ext 270 **PHONE** Amount \$ Receipt # FIRST Мι MS / MRS / MR 6 CAMPAIGN **TREASURER** Daphne Ms Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Session STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; ZIP CODE CITY: STATE CAMPAIGN 213 Martin Luther King, Jr. Blvd, Crockett, TX 75835 TREASURER **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN **TREASURER** PHONE 721-4488 t 903 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 Month Day Year COVERED 15 24 15 24 THROUGH **ELECTION TYPE** 11 ELECTION **ELECTION DATE** Other Description Primary Runoff Month Dav Year N/A Special General 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE District Attorney County 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 OFFICEHOLDER'S 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**

CANDIDATE / OFFICEHOLDER

FORM C/OH

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Ms, Daphne L Session	1		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC     PLEDGES, LOANS, OR GUAR     CONTRIBUTIONS MADE ELEC		s 26.11
	2. TOTAL POLITICAL CONTRI (OTHER THAN PLEDGES, LOA	IBUTIONS ANS, OR GUARANTEES OF LOANS	\$ 26.11
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	AL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPEND	DITURES	\$ 733.89
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBU OF REPORTING PERIOD	TIONS MAINTAINED AS OF THE LA	AST DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT C LAST DAY OF THE REPORTIN	OF ALL OUTSTANDING LOANS AS O	OF THE \$ 0
	Please comp	olete either option belov	w:
( * * ) M	ta Isabel Rodríguez COMMISSION EXPIRES 02/27/2026 TARY ID: 12560005-4		
Sworn to and subscribed		ression this the	15th day of July
to certify	which, witness my hand and seal of office.	sahel Rodriguez	Office Supervisor
Signature of officer administer	ring oath Printed name of off	ficer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
My name is		, and my date of birth is	s
My address is			
* * * * * * * * * * * * * * * * * * *	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of		, 20
		Signature of Cand	idate/Officeholder (Declarant)

## **SUBTOTALS - C/OH**

	er NAME Daphne L. Session	20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	. SCHEDULE E: LOANS		\$
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		s 26.11
6.	S. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	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		\$ 733.8 <del>9</del>
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		

# 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
Gredit Card Payment

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Trav Trav

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

Candidate/Officeholder/Politica Credit Card Payment	al 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 Ms. Daphne L. Session		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
12/02/2023	Messenger		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
26:11	P O Box 99, Grapeland, TX 75844		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	Advertisting	Christmas in C	Brapeland
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	¹ Daphne Session		County Attorney
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			
OF EXPENDITURE			
2/4 2/10/10/12		011.16.915	TV - FE - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
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	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule G: Ms. Daphne L. Session 4 Date 5 Payee name 12/02/2023 Messenger 6 Amount (\$) 7 Payee address; City; State: Zip Code 3.80 Reimbursement from P O Box 99, Grapeland, Tx 75844 political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Christmas in Grapeland Advertising **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Candidate / Officeholder name Office sought Office held Complete ONLY if direct Daphne Session County Attorney expenditure to benefit C/OH Payee name Messenger Amount (\$) Payee address; City; State; Zip Code 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions . intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** Kennard Homecoming Advertising OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Daphne Session County Attorney Payee name Messenger Payee address; State; Zip Code City; 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** Merry Christmas greeting Adverstising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct Daphne Session expenditure to benefit C/OH County Attorney ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Ms. Daphne L. Session 4 Date 5 Payee name Messenger Amount (\$) 7 Payee address; City; State; Zip Code 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Don't Drink & Drive Advertising OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct Daphne Session County Attorney expenditure to benefit C/OH Payee name Messenger Amount (\$) Payee address; City; State: Zip Code 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Happy New Year Advertising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Daphne Session County Attorney Payee name Messenger Payee address; City; Zip Code State; 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) **PURPOSE** National Law Enforcement Appreciation Adverstising OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office held Office sought Complete ONLY if direct Daphne Session expenditure to benefit C/OH County Attorney ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Giff/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel In District Travel Out of District Other (enter a category not listed above)

Solicitation/Fundraising Expense

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries/ The Instruction Guide explains how to		ner (enter a category r	not listed above)
1 Total pages Schedule G:	<sup>2</sup> FILER NAME Ms. Daphne L. Session	<b>3</b> F	Filer ID (Ethics C	ommission Filers)
4 Date 01/14/2024	5 Payee name Messenger			
6 Amount (\$) 40.00  Reimbursement from political contributions intended	7 Payee address; P O Box 99, Grapeland, Tx 75844	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Martin Luther King	ı, Jr. Observ	ance
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name  Daphne Session	Office sought	_	ffice held Attorney
02/08/2024	Payee name Messenger			
Amount (\$) 40.00 Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Lovefest		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expe	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH Daphne Session	Office sought		Attorney
02/15/2024	Payee name Messenger			
Amount (\$) 40.00  Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adverstising	Description Black History Mon	nth	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, o	officeholder living expe	ense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		ffice held
expenditure to benefit C/OH Daphne Session County Attorn				Attorney
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED		

### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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 Other (enter a category not listed above)

Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services Salaries/ The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)	
1 Total pages Schedule G:	<sup>2</sup> FILER NAME Ms. Daphne L. Session		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
03/17/2024	Messenger			
6 Amount (\$) 40.00  Reimbursement from political contributions intended	7 Payee address; P O Box 99, Grapeland, Tx 75844	City;	State; Zip Code	
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	araanay Aganaisa	
OF	Advertising	I nank You Eme	ergency Agencies	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	Check if Austin, TX, officeholder living expense	
9	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Daphne Session		County Attorney	
Date 03/21/2024	Payee name Messenger			
Amount (\$) 40,00  Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City;	State; Zip Code	
PURPOSE OF	Category (See Categories listed at the top of this schedule) Advertising	Description Womens Histor	y Month	
EXPENDITURE	EXPENDITURE  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, of		TX, officeholder living expense	
0 1 0 0 1 1 1	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Daphne Session		County Attorney	
03/31/2024	Payee name Messenger			
Amount (\$) 40.00  Reimbursement from political contributions intended	Payee address; P O Box 99, Grapeland, Tx 75844	City;	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Adverstising	Description Easter		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Onnestate ONIV 11 Nones	Candidate / Officeholder name	Office sought	Office held	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Daphne Session		County Attorney	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

Fees

2 FILER NAME

5 Payee name

Advertising

(c)

#### SCHEDULE G

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

Check if travel outside of Texas, Complete Schedule T.

#### **EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Ms. Daphne L. Session Messenger 7 Payee address; City; State; Zip Code P O Box 99, Grapeland, Tx 75844 (a) Category (See Categories listed at the top of this schedule) (b) Description

D.A.R.E Day

Check if Austin, TX, officeholder living expense

Candidate / Officeholder name Office held Office sought Complete ONLY if direct Daphne Session County Attorney expenditure to benefit C/OH Payee name Messenger Amount (\$) Payee address; City; State: Zip Code 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** Stop Child Abuse! Advertising OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Daphne Session County Attorney

Payee name Messenger Payee address; City; Zip Code State; 40.00 P O Box 99, Grapeland, Tx 75844 Reimbursement from polítical contributions intended Description Category (See Categories listed at the top of this schedule) **PURPOSE** Law Enforcement Week Adverstising OF **EXPENDITURE** 

Complete ONLY if direct expenditure to benefit C/OH

Advertising Expense

Accounting/Banking

Consulting Expense

Credit Card Payment

4 Date

40.00

8

Contributions/Donations Made By

1 Total pages Schedule G:

Reimbursement from political contributions

intended

**PURPOSE** 

**EXPENDITURE** 

Candidate/Officeholder/Political Committee

Candidate / Officeholder name **Daphne Session** 

Check if travel outside of Texas. Complete Schedule T.

Office held Office sought **County Attorney** 

Check if Austin, TX, officeholder living expense

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

www.ethics.state.tx.us

### SCHEDULE G

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

·						
		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	-	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Of Polling E Printing I Salaries	Expense Wages/Contract Labor	Solicitation/Fundraisi Transportation Equipi Travel In District Travel Out Of District Other (enter a catego	ment & Related Expense
1 Total pages Schedule G:	2 FILER NA	ME			3 Filer ID (Ethics	Commission Filers)
	Ms. Da	aphne L. Session				
4 Date 06/16/2024	5 Payee nan					
6 Amount (\$) 40.00 Reimbursement from political contributions intended	7 Payee add P O Bo	ress; x 99, Grapeland, Tx 7	75844	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category Advertisi	(See Categories listed at the top of this ${f s}$	chedule)	(b) Description Juneteenth		
	(c) C	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living e	xpense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name INE Session		Office sought	Count	office held y Attorney
06/20/2024	Payee nan <b>Messe</b> r					
Amount (\$) 40.00  Reimbursement from political contributions intended	Payee add	<sub>tress;</sub> x 99, Grapeland, Tx 7	'5844	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Advertisi	(See Categories listed at the top of this s	chedule)	Description National Day o	of Prayer for L	E
	C	Check if travel outside of Texas. Complete Sc	hedule T.	Check if Austin	n, TX, officeholder living e	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/C		ne Session	· · · · · · · · · · · · · · · · · · ·	Office sought	Count	office held y Attorney
Date 07/04/2024	Payee nam <b>Messer</b>					
Amount (\$) 80.00  Reimbursement from political contributions intended	Payee add P O Bo	<sub>lress;</sub> x 99, Grapeland, Tx 7	'5844	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category Adverstis	(See Categories listed at the top of this so	chedule)	Description 4th of July x 2		
	C	heck if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	, TX, officeholder living ex	kpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ne Session		Office sought	County	Office held  Attorney
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS NEED	ED	

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to con	
	→ Complete only if "Report Type" on page 1 is	marked "Final Report" ••
	HNAME	2 Filer ID (Ethics Commission Filers)
	hne Lynette Session	
3 SIG	NATURE	
desi	not expect any further political contributions or political expenditures in configurating a report as a final report terminates my campaign treasurer appoint paign contributions or make any campaign expenditures without a campaign	ntment. I also understand that I may not accept any
	ER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
CI	heck only one:	
	I do not have unexpended contributions or unexpended interest or inc	come earned from political contributions.
	I have unexpended contributions or unexpended interest or income ex may not convert unexpended political contributions or unexpended in personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned of filing this final report. Further, I understand that I must dispose of une interest or income earned on political contributions in accordance with	interest or income earned on political contributions to f unexpended contributions and that I may not retain on political contributions longer than six years after expended political contributions and unexpended
В.	ASSETS	
CI	heck only one:	
	I do not retain assets purchased with political contributions or interest	t or other income from political contributions.
	I do retain assets purchased with political contributions or interest or of that I may not convert assets purchased with political contributions or personal use. I also understand that I must dispose of assets purchase requirements of Election Code, § 254.204.	interest or other income from political contributions to
		Signature of Candidate
	FICEHOLDER Complete this section <i>only</i> if you are an officeholder ••	
V	I am aware that I remain subject to filing requirements applicable to an of file. I am also aware that I will be required to file reports of unexpended an officeholder, I retain political contributions, interest or other income fipolitical contributions or interest or other income from political contributions.	contributions if, after filing the last required report as rom political contributions, or assets purchased with