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. 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY Timoth **OFFICEHOLDER** Mr. NAME NICKNAME SUFFIX Kvan 4 CANDIDATE / JAN 16 2024 **OFFICEHOLDER MAILING** CTIONS ADMINISTRATOR **ADDRESS** HOOD COUNTY, TEXAS Change of Address AREA CODE PHONE NUMBER EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR М 6 CAMPAIGN **TREASURER** Danielle TS Date Processed NAME SUFFIX Date Imaged 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) AREA CODE EXTENSION 8 CAMPAIGN PHONE NUMBER **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED 07/01/ 12023 2023 THROUGH ELECTION DATE ELECTION TYPE 11 ELECTION Other Day Description 03 / 05 /2024 General Special OFFICE HELD (if any) 12 OFFICE 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

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
Timothy	Ryan Sinclair	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$1,200.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 409.23
	4. TOTAL POLITICAL EXPENDITURES	\$2,139.23
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAG OF REPORTING PERIOD	\$ 96.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	\$ 485.00
l .	swear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	DX · 11 1	
	Timothy ga	andidate or Officeholder
	Signature of Ca	andidate of Officerolder
	Please complete either option below	v:
	complete cities option bolot	••
(1) Affidavit		
MELISSA M BA		
NOTARY PUI * STATE OF TE		
My Comm. Expires 07	before me by Timothy Ryan Soldic this the	110 13
1 011	, ,	day of filling,
20 , to certify	which, witness my hand and sear of office.	Alutary 1
Signature of officer administr		Title of officer administering oath
	OR	
(2) Unsworn Declarat	ion	
My name is	, and my date of birth i	3
		·
My address is		
	(street) (city)	(state) (zip code) (country)
		(state) (zip code) (country)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Co	mmission Filers)
Timothy Ryan Sinclair		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$1,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	8	\$ 200.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$ 250.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL (CONTRIBUTIONS	\$1,418.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	AL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL F	FUNDS	\$ 721.23
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 CONTRIE TO FILER	BUTIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

n ine reque	in the requested information is not applicable, bo Not include this page in the report.						
Th	e Instruction Guide explains how t	o complete this	form.	1 Total pages Schedule A1:			
2 FILER NAME		clair		3 Filer ID (Ethics Commission Filers)			
4 Date (2/7/2)	5 Full name of contributor Robert + Cando 6 Contributor address; 9316 S. Longwoo	out-of-state PAC ice Chri City; d Dr., Gra	Stian State; Zip Code	7 Amount of contribution (\$) 7 (\$)			
8 Principal occ	supation / Job title (See Instructions)		9 Employer (See Instr	ructions)			
Date	Full name of contributor		C (ID#:	Amount of contribution (\$)			
	Contributor address;	City;	State; Zip Code				
Principal occi	upation / Job title (See Instructions)		Employer (See Instr	uctions)			
Date	Full name of contributor	Full name of contributor		Amount of contribution (\$)			
	Contributor address;	City;	State; Zip Code				
Principal occ	upation / Job title (See Instructions)		Employer (See Instr	ructions)			
Date	Full name of contributor	out-of-state PA	C (ID#	_) Amount of contribution (\$)			
	Contributor address;	City;	State; Zip Code				
Principal occ	upation / Job title (See Instructions)	-sosomic -	Employer (See Insti	ructions)			
	ATTACH ADDITI		OF THIS SCHEDULE As ruction guide for addition				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requ	ested information is not applicable, DO NOT includ	e this page	e in the report.		
TI	he Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:		
2 FILER NAM	nothy Ryan Sinclair		3 Filer ID (Ethics Commission Filers)		
	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
	6 Full name of contributor out-of-state PAC (ID#:		8 Amount of Contribution \$\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	m of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor	Zip Code	Amount of In-kind contribution description		
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	m of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1 If contributor is out-of-state PAC, please see Instructi				

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ 6 Full name of pledgor 5 Date ut-of-state PAC (ID#: 8 Amount 9 In-kind contribution øf Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Amount In-kind contribution Full name of pledgor ut-of-state PAC (ID#: of Pledge \$ description Pledgor address: City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor gut-of-state PAC (ID#: Pledge \$ description Pledgor address: Citv: State: Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Full name of pledgor Date out-of-state PAC (ID#:_ description Pledge \$ City; State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS SCHEDULE E If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Timothy Ryan Sinclair \$ TOTAL OF UNITEMIZED LOANS Loan Amount (\$) Date of loan 7 Name of lender out-of-state PAC (ID#: 250.00 10 Interest rate Is lender a financial Institution? 11 Maturity date Ν 12 Principal occupation / Job title (See Instructions) 13 Employer (See Instructions) 14 Description of Collateral Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 19 Amount Guaranteed (\$) 16 GUARANTOR INFORMATION 18 Guarantor address; Zip Code City; State: not.applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#: Interest rate Zip Code Is lender Lender address; City; State; a financial Institution? Maturity date Ν Υ Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See Instructions) none Amount Guaranteed (\$) **GUARANTOR** Name of guarantor INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Travel In District Polling Expense Contributions/Donations Made By 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. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Timothy Ryan Sinclair 5 Payee name 4 Date Hood County News 7 Payee address; 6 Amount (\$) State: Zip Code 120.00 1501 S. Morgan St. Granbury TX 76048 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Advertisement congratulating graduating students in local **PURPOSE** Advertising Expense **EXPENDITURE** nenspaper. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 9 Complete ONLY if direct expenditure to benefit C/OH Hood County Republican Party Payee address; State; Zip Code Amount (\$) 1,250.00 1315 Waters Edge Dr. Granbury TX 76048 Svite 116-7 Category (See Categories listed at the top of this schedule) Description Ballot Application Filing Fee **PURPOSE** Fees OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) City; State Zio Code Pavee address: 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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested infor	nation is not applicable, DO NOT include this page in the report.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense
1 Total pages Schedule F2	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	IZED UNPAID INCURRED OBLIGATIONS \$
5 Date	6 Payee name
7 Amount (\$)	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name Office sought Office held
Date	Payee name
Amount (\$)	Payee address; City; State; Zip Code
TYPE OF EXPENDITURE	Political Non-Political
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Description
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased;	y; State; Zip Code
	Address of person from whom investment is purchased,	y, State, Zip code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	r.
	Address of person from whom investment is purchased; Cit	y; State; Zip Code
	Address of person with minor modern to personasce,	y, cauc, Ep coac
	Description of investment	2000
	Amount of investment (\$)	
		* 1 miles 10 miles
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULI	E AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

The trouble of the transfer of			
·	EXPENDITURE CATE	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide expla	ins how to complete this form.	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IIZED EXPENDITURES CHARGE	O TO A CREDIT CARD	\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of th	is schedule) (b) Description	
PURPOSE			
OF EXPENDITURE			
EXPENDITORE	(c) Check if trayel outside of Texas. Complet	e Schedule T. Check if A	ustin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE	Category (See Categories listed at the top of the	nis schedule) Description	
OF EXPENDITURE			
ZXI ENDIYORE	Check if travel outside of Texas. Comple	ete Schedute T. Check if A	Austin, TX, officeholder living expense
	Conditate / Office bolder come	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office Held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Fees Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Schedule G: 2 FILER NAME Timothy Ryan Sinclair 11/1/23 5 Payee name I deal Marketing Group (\$) 7 Payee address; City: The Roy 141416 Irving Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date Amount (\$) State: Zip Code 360.00 TX 75014 Reimbursement from political contributions intended (b) Description Advertisement Magnets, plus Printing + distribution costs for advertisement sent to local businesses. 8 (a) Category (See Categories listed at the top of this schedule) **PURPOSE** Advertising Expense 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 expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address; City; State: Zip Code 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 Date Pavee name Amount (\$) Payee address; City; State; Zip Code Reimbursement 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

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH



Revised 11/15/2022

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

		EXPENDITU	RE CATEGOR	ES FOR E	3OX 8(a)		/	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Polit		Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor		Solicitation/Fundra/sing Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)				
Credit Card Payment		The Instruction G	uide explains hov	to comple	te this form.			
1 Total pages Schedule H:	2 FILER N	AME				3 Filer ID	(Ethics	Commission Filers)
4 Date	5 Business	name			/			
6 Amount (\$)	7 Business	address;		-	City;		State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at t	he top of this schedule	(b) Do	escription			
	(c)	Check if travel outside of Texa	s, Complete Schedule T.		Check if Austin	n, TX, officehold	er living exp	pense
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder na	ame	Office	sought			Office held
Date	Business	name						
Amount (\$)	Business	address;			City;		State;	Zip Code
PURPOSE OF EXPENDITURE		(See Categories listed at the Categories liste			escription Check if Austin	n, TX, officehold	er fiving exp	pense
Complete ONLY if direct expenditure to benefit C/O		ate / Office folder na	ime	Office	sought		C	Office held
Date	Business	name						
Amount (\$)	Business	address;			City;		State;	Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at t	he top of this schedule) Di	escription			
	/ -	Check if travel outside of Texa	s. Complete Schedule T		Check if Austin	n, TX, officehold	ler living ex	pense
Complete ONLY if direct expenditure to benefit C/O	•	ate / Officeholder na	ame	Office	sought		(Office held
	ATT	ACH ADDITIONAL	COPIES OF TH	IIS SCHE	DULE AS NEE	DED		1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4

Forms provided by Texas Ethics Commission

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers				
4 Date	5 Payee name					
6 Amount (\$)	7 Payee address;	City State Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address;	City State Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee address;	City State Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
Date	Payee name					
Amount (\$)	Payee andress;	City State Zip Code				
PURPOSE OF EXPENDITURE	Calegory (See instructions for examples of acceptable calegories.)	Description (See instructions regarding type of information required.)				
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE K

ir the reques	ited information is not applicable, be ite i morade tine page if	. are repert	
The	Instruction Guide explains how to complete this form.	1 Total pages Sched	dule K:
2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Name of person from whom amount is received		8 Amount (\$)
	6 Address of person from whom amount is received; City; Sta	te; Zip Code	
	7 Purpose for which amount is received	/ political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code	
	Purpose for which amount is received	political contribution	returned to filer
Date	Name of person from whom amount is received		Amount (\$)
	Address of person from whom amount is received; City; Sta	ate; Zip Code	
	Purpose for which amount is received Check if	political contribution	returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED	

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES

SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS 7 Name of person(s) traveling 6 Dates of travel 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or/name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule C2 Schedule D Schedule A2 Schedule B(J) Schedule F1 Schedule G Schedule COH-UC Schedule B-SS Schedule F2 Schedule F4 Schedule H Dates of travel Name of person(s) traveling peparture city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event)

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

<u> </u>							
	The Instruction Guide explains how to complete this form.						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N	AAME	2 Filer ID (Ethics Commission Filers)				
			/				
3	SIGNA	TURE					
	designa	expect any further political contributions or political expenditures in connecting a report as a final report terminates my campaign treasurer appointmegn contributions or make any campaign expenditures without a campaign tr	ท์t. I also understand that I may not accept any				
			Signature of Candidate / Officeholder				
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below only if you are not an officeholder.					
	A.	CAMPAIGN FUNDS					
	Chec	k only one:					
		I do not have unexpended contributions or unexpended interest or income	e earned from political contributions.				
		I have unexpended contributions or unexpended interest or income earner may not convert unexpended political contributions or unexpended interpersonal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political that I must dispose of unexpended interest or income earned on political contributions in accordance with the	est or income earned on political contributions to expended contributions and that I may not retain olitical contributions longer than six years after nded political contributions and unexpended				
	B.	ASSETS					
	Chec	k only one:					
		I do not retain assets purchased with political contributions or interest or o	other income from political contributions.				
		I do retain assets purchased with political contributions or interest or othe that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased requirements of Election Code, § 254.204.	rest or other income from political contributions to				
			Signature of Candidate				
5	OFFIC	EHOLDER					
		plete this section only if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officer file. I am also aware that I will be required to file reports of unexpended con an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contribution	tributions if, after filing the last required report as political contributions, or assets purchased with				
			Signature of Officeholder				

		*	

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 3 CANDIDATE/ FIRST MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX Ryan JUL 10 2024 ADDRESS / PO BOX; ZIP CODE 4 CANDIDATE / **OFFICEHOLDER MAILING** ELECTIONS ADMINISTRATOR **ADDRESS** HOOD COUNTY, TEXAS Change of Address PHONE NUMBER **EXTENSION** 5 CANDIDATE/ AREA CODE Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER Date Processed NAME** SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) **EXTENSION** AREA CODE PHONE NUMBER CAMPAIGN **TREASURER** PHONE 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) 8th day before election Reporting Limit 10 PERIOD Month **COVERED** 30/2024 01/01/2024 **THROUGH ELECTION TYPE** 11 ELECTION **ELECTION DATE** Runoff Other Month Day Description 03/05/2024 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE District Attorney District 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 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

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	mothy Ryan Sinclair	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 78.28
	4. TOTAL POLITICAL EXPENDITURES	\$ 207.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ 48.14
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	\$485.00
	wear, or affirm, under penalty of perjury, that the accompanying report is tru- quired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Timo thy K	andidate or Officeholder
	Signature of Sa	indicate of Official order
	Places complete either entien below	
	Please complete either option below	v.
(1) Affidavit	MELISSA WELBORN NOTARY PUBLIC STATE OF TEXAS ID # 1231542-5 My Comm. Expires 04-23-2025	
NOTARY STAMP/SEA		
Sworn to and subscribed		day of July,
	which, witness my hand and seal of office.	4 .0+0
Signature of officer administra	Jellon Melissa Welborn	Title of officer desiratorist auth
Signature of onicer administr		Title of officer administering oath
(2) Unovern Declarati	OR	
(2) Unsworn Declarati	on	
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)
	(monu	ty (year)
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME	20 Filer ID (Ethics Cor	mmission Filers)	
	Timothy Ryan Sinclair		
21 SCHEDULE SU NAME OF SCHI	BTOTALS		SUBTOTAL AMOUNT
1 scнi	EDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2. SCHI	EDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3 SCHI	EDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCH	4. SCHEDULE E: LOANS		
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			\$
6. SCH	EDULE F2: UNPAID INCURRED OBLIGATIONS		\$129.00
7. SCHI	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8. SCHI	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9. SCHE	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		
10. SCHE	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11. SCHE	EDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCHE	EDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTOR TO FILER	TIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

		-				
	The	Instruction Guide explains how to complete t	his form.	1 Total pages Schedule A1:		
2	FILER NAME			3 Filer ID (Emics Commission Filers)		
4	Date	5 Full name of contributor ut-of-state	PAC (ID#:)	7 Amount of contribution (\$)		
		6 Contributor address; City;				
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	otions)		
	Date		PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	etions)		
	Date	Full name of contributor	BAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City	State; Zip Code			
	Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	ctions)		
	Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)		
		Contributor address; City;	State; Zip Code			
	Principal occupation / Job title (See Instructions) Employer (See Instructions)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	y	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens Legal Services	Office Over Polling Exp se Printing Exp		Travel In Dist Travel Out Of	n Equipmer trict f District	Expense at & Related Expense oot listed above)
		The Instruction Guide ex	cplains how to co	omplete this form.			
1 Total pages Schedule F2:	2 FILERN	nothy Ryan	Sincla	ir	3 Filer ID (E	Ethics Con	nmission Filers)
4 TOTAL OF UNITEM		1			\$ 129	.00	TRS)
5 Date 5/18/24	6 Payeen	ame County Nonddress;	ens				
7 Amount (\$)	8 Payee a	nddress;		City;	St	ate;	Zip Code
*129.00	1501	S. Morgan		Granbu	iry t	+	76048
9 TYPE OF EXPENDITURE	P	olitical	Non-Poli	itical			
10	(a) Category	/ (See Categories listed at the top	of this schedule)	(b) Description	/		
PURPOSE OF EXPENDITURE	Adv	ertising Exp	sense	Annval congratu	gradua tations a	ition idver	tise ment
	(c)	Check if travel outside of Texas. Com	nplete Schedule T.	Check if Aus	stin, TX, officehold	er living exp	pense
11 Complete ONLY if direct expenditure to benefit C/Oh		lidate / Officeholder name	e O	ffice sought	0	office held	
Date	Payee n	name					
Amount (\$)	Payee a	address;		City;	Si	tate;	Zip Code
TYPE OF EXPENDITURE	P	Political	Non-Po	litical	1		
	Category	y (See Categories listed at the top	of this schedule)	Description			
PURPOSE OF				1			
EXPENDITURE							
		Check if travel outside of Texas. Co			ustin, TX, officeho		
Complete ONLY if direct expenditure to benefit C/Oh		didate / Officeholder nam	ne O	office sought		Office held	d
							
	ATTAC	H ADDITIONAL COPI	ES OF THIS S	CHEDULE AS NE	EDED		
							D : 1.4/4/0004

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
4	Date	5 Name of person from whom investment is purchased	
		6 Address of person from whom investment is purchased; Ci	ty; State; Zip Code
		7 Description of investment	
		8 Amount of investment (\$)	
	Date	Name of person from whom investment is purchased	
		Address of person from whom investment is purchased; Cit	y; State; Zip Code
		Description of investment	
		Amount of investment (\$)	
/	/	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	E AS NEEDED

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/ MI OFFICE USE ONLY **OFFICEHOLDER** Timothy NAME Date Received SUFFIX Ryan ADDRESS / PO BOX: ZIP CODE 4 CANDIDATE/ **OFFICEHOLDER** MAILING **ADDRESS** ECTIONS ADMINISTRATOR Change of Address HOOD COUNTY, TEXAS AREA CODE PHONE NUMBER **EXTENSION** 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER PHONE** Receipt # Amount \$ MS / MRS / MR 6 CAMPAIGN **TREASURER** Danielle **Date Processed** NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE: ZIP CODE CAMPAIGN TREASURER **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION **B** CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month COVERED 12/31/2024 07/01/2024 THROUGH ELECTION TYPE **ELECTION DATE** 11 ELECTION Other Oescription 05/2024 13 OFFICE SOUGHT (if known) 12 OFFICE 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 AODRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER AODRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

		
15 C/OH NAME	Ryan Sinclair	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 53.00
	4. TOTAL POLITICAL EXPENDITURES	\$182.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ - 4.86
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	s 4 85.00
	wear, or affirm, under penalty of perjury, that the accompanying report is tru juired to be reported by me under Title 15, Election Code.	e and correct and includes all information
	Timothy Ison	Smehn_
	Signature of Ca	andidate or Officeholder
	Please complete either option below	v:
(1) Affidavit NOTARY STAMP/SEA	MELISSA WELBORN NOTARY PUBLIC STATE OF TEXAS ID # 1231542-5 My Comm. Expires 04-23-2025	
	before me by Limothy Ryan Sinclair this the	15th day of January.
	which, witness my hand and seal of office.	1 1 -
Signature of officer administe	ring oath Printed name of officer administering oath	Teyas Totary Title of officer administering oath
The sevent with the	OR	
(2) Unsworn Declarati		
	, and my date of birth is	3
My address is		,
		state) (zip code) (country)
Executed in	County, State of , on the day of (mont	h) , 20 (year)
	Signature of Candi	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)
	Timothy Ryan Sinclair	
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 CO	NTRIBUTIONS \$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 4.86
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 FUI	NDS \$129.00
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	TIONS RETURNED \$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	in the requested anomation is not applicable, 90 NOT include this page in the report.				
	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor	_	(ID#:)	7 Amount of contribution (\$)
				State; Zip Code	
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
	Date	Full name of contributor	Out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State/ Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	itions)
	Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occuj	pation / Job title (See Instructions)		Employer (See Instruc	itions)
1		ATTACH ADDIT	TIONAL COPIES	OF THIS SCHEDULE AS N	JEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

	Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedu	ıle A2:
2	FILER NAM	E		3 Filer ID (Ethics Co.	mmission Filers)
4	TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$	
5	Date	6 Full name of contributor)	8 Amount of Contribution \$	9 In-kind contribution description
		7 Contributor address; City; State;	Zip Code	Check if travel outsi	de of Texas. Complete Schedule T.
10	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA	AL)(See Instructions)
12	Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JU	DICIAL)(See Instructions)
14	Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spous	se (if any) (FOR JUDICIAL)
16	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
	Date	Full name of contributor	Zip Code	Amount of Contribution \$	In-kind contribution description de of Texas. Complete Schedule T.
	Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	-
	Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JU	DICIAL) (See Instructions)
	Contributor's	employer/law firm (FOR JUDIOIAL)	Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
	If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
		ATTACH ADDITIONAL COPIES OF T	THIS SCHEDI	II E AS MEEDED	
		If contributor is out-of-state PAC please see Instructi			requirements.

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

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B: The instruction Guide explains how to complete this form. 2 FILER NAME Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED PLEDGES \$ 5 Date 6 Full name of pledgor ut-of-state PAC (ID#: Amoun!/ In-kind contribution of Pleage \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) **Amount** In-kind contribution Full name of pledgor ut-of-state PAC (ID# of Pledge \$ description Zip Code Pledgor address; City; State; Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of Full name of pledgor out-of-state PAC (ID# In-kind contribution Pledge \$ description City State; Zip Code Pledgor address; Check if travel outside of Texas. Complete Schedule T. Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of In-kind contribution Date Full name of pleasor ut-of-state PAC (ID#: Pledge \$ description Pledgor address; City: State; Zip Code Check if travel outside of Texas. Complete Schedule T. Principal occupation //Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE

The	Instruction Guide explains ho	w to complet	e this form.		1 Total pages Schedule E:
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS	-200			\$
5 Date of loan	7 Name of lender	-	.C (ID#:	'/	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address;		State;	Zip Code	10 Interest rate
YN					11 Maturity date
12 Principal occupation	on / Job title (See Instructions)		13 Employer (See	Instructions)	
14 Description of Coll	ateral			if personal fund it (See Instructi	s were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State;	Zip Code	
20 Principal Occupat	ion (See Instructions)		21 Employer (See	Instructions)	
Date of loan	Name of lender	_	AC (ID#		Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State;	Zip Code	Interest rate
Y N					Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See	Instructions)	
Description of Coll	atera			if personal fund	s were deposited into political
none	/			(000 11011001	
GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
	Guarantor address;	City;	State;	Zip Code	
nol applicable Principal Occupati	on (See Instructions)		Employer (See	Instructions)	
/					
If le	ATTACH ADDITIO				

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees
Food/Beverage Expense
Gift/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 In District
Travel Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
45.32	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 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
PURPOSE OF EXPENDITURE	Category (See Categories jisted at the top of this schedule) Check if travel outside of Texas. Complete Schedule T.	Description Check if Auet	in, TX, officeholder living	evnense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	in, rx, onconoider irring	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense **Event Expense** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Retated Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By Travel Out Of District Printing Expense Candidate/Officeholder/Political Committee 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) 1 Total pages Schedule F2: 2 FILER NAME \$ 4.86 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS 5 Date 6 Payee name City; 7 Amount (\$) 8 Payee address; State: Zip Code 9 TYPE OF **Political** Non-Political **EXPENDITURE** (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date Zip Code Amount (\$) City; State: Payee address; TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	Т	he Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2	FILER NAME		3 Filer ID (Ethics Commission Filers)
4 1	Date	5 Name of person from whom investment is purchased	
		6 Address of person from whom investment is purchased; Cit	y; State; Zip Code
		7 Description of investment	
		8 Amount of investment (\$)	
	Date	Name of person from whom investment is purchased	
		Address of person from whom investment is purchased; City	y; State; Zip Code
		Description of investment	
		Amount of investment (\$)	
/		ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 10(a) Event Expense** Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) USE A NEW PAGE FOR EACH CREDIT CARD ISSUER The Instruction Guide explains how to complete this form. 1 TOTAL PAGES **2 FILER NAME** 3 FILER ID (Ethics Commission Filers) **SCHEDULE F4:** 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Name of financial institution 5 CREDIT CARD **ISSUER** (a) Amount Charged (b) Date Expenditure Charged (c) Date(s) Credit Card ssuer Paid **6 PAYMENT** 7 PAYEE (a) Payee name State, Zip Code (b) Payee address; City, 8 PURPOSE OF (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE Political** Non-Political (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held 9 Complete ONLY If direct expenditure to benefit C/OH (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date Expenditure Charged **PAYMENT** Ś PAYEE (a) Payee name (b) Payee address; City, State, Zip Code **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political Check if travel outside of exas. 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 (c) Date(s) Credit Card Issuer Paid (a) Amount Charged (b) Date Expenditure Charged **PAYMENT** \$ **PAYEE** City, (a) Payee name (b) Payee address; State. Zip Code **PURPOSE OF** (a) Category (See Categories listed at the top of this schedule) (b) Description **EXPENDITURE** Political Non-Political Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office Sought Office Held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Accounting/Banking Consulting Expense

Advertising Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor		Travel Out Of District Other (enter a category not listed above)				
Siddle of Syllians		The Instruction Guide explain	ns how to d	complete this form.				
1 Totel pages Schedule G:	2 FILER NA	othu Rvan Si	incla	ir	3 Filer ID (Ethics	Commission Filers)		
4 Date	Timothy Ryan Sinclair 5 Payee name							
11/14/2024	Hood	County New	15					
6 Amount (\$) \$ 129.00	7 Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended	150	1 Morgan 5	5+.	Granbu	y TX	76048		
8	(a) Category	(See Categories listed at the top of this s	schedule)	(b) Description	- duation	10		
PURPOSE OF EXPENDITURE	Adve	tising Expense	e	congrati	-advation Lations adv	ertisement		
	(c)	Check if travel outside of Texas. Complete Sc	Check if Austin	k if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candid	late / Officehoider name		Office sought		Office held		
Date	Payee na:	me				2.50		
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended								
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	schedule)	Description		Ú .		
	Check if travel outside of Texas. Complete Schedule T.			Check if Austi	n, TX, officeholder living e	xpense		
Complete ONLY if direct expenditure to benefit C/6		date / Officeholder name		Office sought		Office held		
Date	Payee na	me						
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code		
Reimbursement from political contributions intended						36,000		
PURPOSE OF EXPENDITURE	Category	/ (See Categories listed at the top of this s	schedule)	Description				
		Check if travel outside of Texas, Complete So	chedule T.	Check if Austi	n, TX, officeholder living e	xpense		
Complete ONLY if direct expenditure to benefit C/OH	Candid	date / Officeholder name		Office sought		Office held		
	ATTA	ACH ADDITIONAL COPIES O	OF THIS S	CHEDULE AS NEED	DED			

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

						/		
		EXPENDITURE CATE	EGORIES	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	Office O Polling E Printing Salaries	payment/Reimbursement verhead/Rental Expense Expense Expense Wages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Orl Of District Other (wher a catego	ment & Related Expense		
		The Instruction Guide expla	ins how to	complete this form.				
1 Total pages Schedule H:	2 FILER N	AME	135		3 Filer ID (Ethics	Commission Filers)		
4 Date	5 Business	name		/	/			
6 Amount (\$)	7 Business	address;		City;	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this	schedu e)	(b) Description	2.2			
	(c) (Check if travel outside of Texas. Complete S	ichedule T.	Check if Austin	ı, TX, officeholder living e	xpense		
9 Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name	/	Office sought		Office held		
Date	Business	name				M.)		
Amount (\$)	Business	address;	/	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the lop of this	schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, T3				, TX, officeholder living e	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought	·	Office held		
Date	Business	name						
Amount (\$)	Business	address;		City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	schedule)	Description				
		Check if travel outside of Texas. Complete S	chedule T.	Check if Austin	a, TX, officeholder living e	xpense		
Complete OMLY if direct expenditure to benefit C/O		ate / Officeholder name		Office sought		Office held		
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED			

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE/

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Cor	nmission Filers)		
4 Date	5 Payee name						
6 Amount (\$)	7 Payee address;	City		State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See	e instructions regal	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Sec required.)	e instructions rega	rding type of	information		
Date	Payee name		5 3				
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Secrequired.)	e instructions rega	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Serequired)	e instructions rega	irding type of	information		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NE	EDED				

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

SCHEDULE K

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule M.
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received 6 Address of person from whom amount is received; City; Sta	8 Amount (\$)
	7 Purpose for which amount is received	political contribution returned to filer
Date	Name of person from whom amount is received Address of person from whom amount is received; City; St	Amount (\$)
	Purpose for which amount is received	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	ite; Zip Code
	Purpose for which amount is received Check if	political contribution returned to filer
Date	Name of person from whom amount is received Address of person from whom amount is received; City; St.	Amount (\$)
	Purpose for which amount is received Check if	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

If the requested information is not applicable, DO NOT include this page in the report.								
The Instruction Guide explains how to complete this form.	1 Total pages Schedule T:							
2 FILER NAME	3 Filer ID (Ethics Commission Filers)							
4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee								
5 Contribution / Expenditure reported on:								
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1							
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS							
6 Dates of travel 7 Name of person(s) traveling								
8 Departure city or name of departure location								
9 Destination city or name of destination location								
10 Means of transportation 11 Purpose of travel (including name of conference, se	eminar, or other event)							
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee	Alexander and a second a second and a second a second and							
Contribution / Expenditure reported on:								
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1								
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS							
Dates of travel Name of person(s) traveling								
Departure city or name of departure location								
Destination city or name of destination location								
Means of transportation Purpose of travel (including name of conference, se	eminar, or other event)							
Name of Contributor / Corporation or Jabor Organization / Pledgor / Payee								
Contribution / Expenditure reported on:								
Schedule A2 Schedule B Schedule B(J) Schedule C2	Schedule D Schedule F1							
Schedule F2 Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS							
Dates of travel Name of person(s) traveling								
Departure city or name of departure location								
Destination city or name of destination location	on city or name of destination location							
Means of transportation Purpose of travel (including name of conference, s	eminar, or other event)							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED							

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

_			
		The Instruction Guide explains ho	
		Complete only if "Report Type" on page	ge 1 is marked "Final Report" ••
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE	
	designa	t expect any further political contributions or political expenditure ating a report as a final report terminates my campaign treasure gn contributions or make any campaign expenditures without a	er appointment. I also understand that I may not accept any
			Signature of Candidate / Officeholder
4		WHO IS NOT AN OFFICEHOLDER nplete A & B below only if you are not an officeholder. ••	
	A	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended inter	est or income earned from political contributions.
		may not convert unexpended political contributions of unexpended	se of unexpended political contributions and unexpended
	В.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions of	r interest or other income from political contributions.
		that I may not convert assets purchased with political contrib	erest or other income from political contributions. I understand utions or interest or other income from political contributions to s purchased with political contributions in accordance with the
			Signature of Candidate
5		EHOLDER uplete this section only if you are an officeholder	
		I am aware that I remain subject to filing requirements applicable file. I am also aware that I will be required to file reports of une an officeholder, I retain political contributions, interest or other political contributions or interest or other income from political	expended contributions if, after filing the last required report as income from political contributions, or assets purchased with
			Signature of Officeholder

			,
•			