#### CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 2 Total pages filed. 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. FILED FOR RECORD MS / MRS / MR 3 CANDIDATE/ at SECUSEONLY O'CLOCK AM OFFICEHOLDER Jonathan NAME SUPPLY NICKNAME JUL 17 2023 Richey 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; ZIP CODE KANDACE HERR OFFICEHOLDER 533 E. 5th St., Rusk, TX, 75785 MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER (936)204-3434 PHONE Amount \$ Receipt # MS / MRS / MR 6 CAMPAIGN TREASURER Jonathan Mr. Date Processed NAME LAST NICKNAME SHEEK Date Imaged Richey STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE 4: STATE: ZIP CODE CITY 7 CAMPAIGN TREASURER 533 E. 5th St., Rusk, TX, 75785 **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION CAMPAIGN TREASURER PHONE ( 936 - ) 204-3434 9 REPORT TYPE 15th day after campaign 30th day before election Rupoff 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 17 23 15 / 23 1 THROUGH ELECTION TYPE 31 ELECTION ELECTION DATE Primary Ruboff Day Description General Special 3 24

Cherokee County District Attorney

14 NOTICE FROM POLITICAL COMMITTEE (S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR COMMITTEE TYPE. COMMITTEE TYPE. COMMITTEE NAME.

GENERAL

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

www.ethics.state.tx.us

Additional Pages

12 OFFICE

OFFICE HELD (if any)

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

IS C/OH NAME		ð	16 Filer ID (Et	hics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITIC PLEDGES, LOANS, OR GUAL CONTRIBUTIONS MADE ELE		N \$	0.00
	2. TOTAL POLITICAL CONTR (OTHER THAN PLEDGES, LO	RIBUTIONS IANS, OR GUARANTEES OF LOANS	) \$	2,900.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITIC	CAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPEN	DITURES	\$	6,278.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	UTIONS MAINTAINED AS OF THE LA	AST DAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORTI	OF ALL OUTSTANDING LOANS AS C ING PERIOD	OF THE \$	0.00
(O.48%). Y	Please com	plete either option belo	w:	
(1) Affidavit		n		
NOTARY STAMP/SEAR	92 32			N
20 32 to certify  Agrilo M	before me by <u>Matham</u> to which, witness my hand and seal of office.			,
Signature of officer administe	ring path Printed name of	officer administering oath	Title	of afficer administering oat
(2) Unsworn Declarati	9n	ON.		
My name is		, and my date of birth	is	
My address is				ada) (aasatas)
Executed in	(street) County, State of		(state) (zip o , 20 nth)	ode) (country) ) (year)
		Signature of Can		er (Declarant)

	ER NAME than Richey	26 Filer ID (Ethics Cor	rımissi	on Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
t.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			
4.	SCHEDULE E: LOANS			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$	2,814.50
6.	SCHEDULE,F2: UNPAID INCURRED OBLIGATIONS		\$	
7,,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			
8	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			3,464.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			eanne commisseel indistrict contract EDTA (II fo
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	\$		
12.	SCHEDULE K. INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIB TO FILER	\$		

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this form.	1 Total pages Schedula A1:			
2 FILER NAME Jonathan	Richey	3 Filer ID (Ethics Commission Filers)			
4 Date 06/02/2023	5 Full name of contributor out-of-state PAC (ID#:) Susan Richey 6 Contributor address; City; State: Zip Code 3475 CR 2313, Rusk TX, 75785	7 Amount of contribution (\$) 1,000.00			
8 Principal occupation / Job title (See Instructions)  Retired Educator  9 Employer (See Instructions)					
Date	Full name of contributor out-of-state PAC (ID#:)  Elmer Beckworth	Amount of contribution (\$)			
06/08/2023	Contributor address: City; State: Zip Code 536 Copeland, Rusk, TX 75785	300.00			
Principal occupation / Job title (See Instructions) Employer (See Instructions)  Attorney					
Date 06/27/2023	Full name of contributor cut-of-state PAC (IDA.  Joe Evans  Contributor address; City; State; Zip Code  2262 CR 724, Nacogdoches, TX, 75964	Amount of contribution (\$)			
Principal occup Law Enforcer	nent	uctions)			
Date 07/06/2023	Full name of contributor out-of-state PAC (ID#).  Brett Harrison  Contributor address; City: State: Zip Code  2321 Kings Mill Dr., Tyler, TX, 75703	1,000.00			
Principal occur Attorney	pation / Job title (See instructions)  Employer (See Instru	uctions)			
	ATTAMIS AMBITIONIAS COMPTO OF THE COLLEGES FAC	NEEDED			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS				

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.					
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1;		
2 FILER NAME Jonathan	Richey		3 Filer ID (Ethios Commission Filers)		
4 Date 07/07/2023	S Full name of contributor out-of-state RAC Becky Mascot  6 Contributor address; City; 8480 FM 747 S., Jacksonville,	10#	7 Amount of contribution (\$) 500.00		
8 Principal occu Retired	pation / Job title (See Instructions)	9 Employer (Ses )nstruct	lions)		
Date	Full name of contributor out-of-state RAC	(ID#:)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occur	ation / Job title (Ses Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor cut-of-state FAC	(JD#)	Amount of contribution (\$)		
	Contributor address; City;	State; Zip Code			
Principal occup	etion / Job title (See Instructions)	Employer (See Instruc	tions)		
Dats	Full name of contributor out-of-state PAC	(15#:)	Amount of contribution (\$)		
	Contributor address; City;	State: Zip Code			
Principal occup	nation / Job title (See Instructions)	Employer (See instruc			
	ATTACH ADDITIONAL COPIES		**		

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

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

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

Event Expense Food/Beverage Expense GifVAwards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rentsi Expense Polling Expense noting Expense Printing Expense Salaries/Wages/Contract Labor

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

	The Instruction Guide explains how to c	omplete this form.		
Total pages Schedule F1:	2 FILER NAME Jonathan Richey		3 Filer ID (Ethics	Commission Filers)
Date	5 Flayee name			
06/20/2023	Hancock Advertising	P. D. S. SOO - O. D. C. O. D. C.		
Amount (\$)	7 Payee address.	City;	State;	Zip Code
1,275.00	P.O. Box 630010, Nacogdoches, TX,	75963		
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•	
PURPOSE OF EXPENDITURE	Printing Expense	Cards, Door I	langers, Flyer	s
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX. officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held
Ωate	Payee name	***************************************		
07/08/2023	Hancock ADvertising			
Amount (\$)	Payee address;	City;	State;	Zip Code
1,539.50	P.O. Box 630010, Nacogdoches, TX	, 75963		
***************************************	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Cards, Door	Hangers, Flye	rs
	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	stin, YX, officendider living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Of	Candidate / Officeholder name i	Office sought		Office held
Date	Payee name	k:		
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Oheck if travel outside of Texas Complete Schedule T.	Check if As	stin, TX, officeholder living	s exbeuse
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Deverage Expense Git/Awards/Memotials Expense Legal Servicas Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Seleties/Wegsel/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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Jonathan Richey 4 Date 5 Payes name 05/04/2023 Hancock Advertising 7 Payes address; Zip Code 6 Amount (\$) City; 3,464.00 P.O. Box 630010 Reimbursement from political contributions intended (a) Category (See Categories listed at the top of this echedule) (b) Description 8 PURPOSE Web Advertising, Campaign Consulting and Design Advertising Expense, Consulting 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 Payee name Zip Code Payee address; State: Amount (\$) City; Reimbursementfrom political contributions intended Category (See Categories listed at the top of this schedule) Description PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule Tu Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Date Payee name Payee address; State: Zip Code Amount (\$) City; Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Yexas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Candidate / Officeholder name Office sought 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 G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR  Mr.  NICKNAME	Jonathan  LAST  Richey	MI H SUFFIX	office USE ONLY FILED FOR RECOR at
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  ✓ Change of Address	ADDRESS / PO BOX; 533 E. 5th Str	APT / SUITE #; reet, Rusk, TX 75	CITY; STATE; ZIP CODE	JAN 11 2024  KANDACE HERRING ELECTION ADMINISCHEROKEE CD.
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (936 )	PHONE NUMBER 204-3434	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr. NICKNAME	Jonathan LAST Richey	MI SUFFIX	Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		no po box please); APT / : t. Rusk, Texa, 75		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	( 936 )	PHONE NUMBER 204-3434	EXTENSION	
9 REPORT TYPE	January 15 July 15	30th day before 8th day before e	Exceeded Medified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year / 15 / 23	Month THROUGH 1	15 / 24
11 ELECTION	Month Day	Year Primary	Description	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if kno	
14 NOTICE FROM POLITICAL COMMITTEE(S)		EHOLDER. THESE EXPENDITUR AND OFFICEHOLDERS ARE REQ COMMITTEE NAME		MADE BY POLITICAL COMMITTEES TO SUPPORT ANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TE		
		GO TO	PAGE 2	

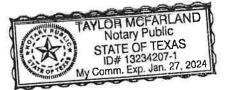
#### CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

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

15 C/OH NAME Jonathan Richey			16 Filer	ID (Eth	ics 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)		\$	650.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4.	TOTAL POLITICAL EXPENDITURES		\$	3,532.99
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAT OF REPORTING PERIOD	ST DAY	\$	0.00
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$	0.00

18 SIGNATURE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code



Signature of andidate or Officeholder

### Please complete either option below:

(1) Affidavit							
20, 24 , to certify	before me by blood which, witness my hand and		moke	ariane	,		r administering oath
		OF					
(2) Unsworn Declarat	ion						
My name is			, and	my date of b	oirth is		
My address is			_,		<u> </u>		
	(street)			(city)	(state)	(zip code)	(country)
Executed in	County, State of		on the	day of	(month)	, 20 (year)	
			-	Signature of	Candidate/Of	ficeholder (Dec	larant)
	thise Commission	waaw ethic	s state tx us				Revised 8/17/20

19	FILER NAME 2	missic	on Filers)		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS				
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$		
4.	4. SCHEDULE E: LOANS				
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS	\$		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	s	\$	2,832.99	
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH				
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$		

#### SCHEDULE A1

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

if the reques	ted information is not applicable, <b>bo</b>	1401 include this page in the i	eport.
The	Instruction Guide explains how to comp	plete this form.	1 Total pages Schedule A1:
2 FILER NAME Jonathan	Richey		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-out-out-out-out-out-out-out-out-out-	of-state PAC (ID#:)	7 Amount of contribution (\$)
08/04/2023	6 Contributor address; City 219 S. Prairieville St., Ath	y; State; Zip Code	250.00
8 Principal occu Attorney	oation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Brian Rollings	of-state PAC (ID#:)	Amount of contribution (\$)
09/11/2023	Contributor address; Cit 435 S. Bois D'Arc, 7	y; State; Zip Code	400.00
Principal occup Attorney	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-	of-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; Cit	y; State; Zip Code	
Principal occu	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-	of-state PAC (ID#)	Amount of contribution (\$)
	Contributor address; City		
Principal occup	etion / Job title (See Instructions)	Employer (See Instruc	ctions)
8		'	
	ATTACH ADDITIONAL If contributor is out-of-state PAC, please	COPIES OF THIS SCHEDULE AS lesee Instruction guide for additional	NEEDED reporting requirements.

#### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

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

Advertising Expense Accounting/Banking Consulting Expense
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 c	omplete this form.		
Total pages Schedule F1;	<sup>2</sup> FILER NAME Jonathan Richey		3 Filer ID (Ethics	Commission Filers)
Date	5 Payee name			
08/18/2023	Hancock Advertising			7: 0.4-
Amount (\$)	7 Payee address;	City;	State;	Zip Code
300.00	P.O. Box 630010, Nacogdoches, TX	75963		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Printing Expense	Signs		
OF EXPENDITURE				
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
09/29/2023	Hancock Advertising			
Amount (\$)	Payee address;	City;	State;	Zip Code
400.00	P.O. Box 630010, Nacogdoches, TX	75963		
	Category (See Categories listed at the lop of this schedule)	Description		
PURPOSE	Printing Expense	Signs		
OF EXPENDITURE				
EXI ENDITORE	Check if travel outside of Texas, Complete Schedule T.	Check if Au	stin, TX, officeholder living	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
·	Check if travel outside of Texas, Complete Schedule T.	Check if Au	ustin, TX, officeholder livir	ig expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS N	EEDED	
	ALINOHADDING CO			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

x - x x x x x 1

### SCHEDULE G

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

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Polling By Gift/Awards/Memorials Expense Printin	epayment/Reimbursement Overhead/Rental Expense Expense g Expense ss/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	<sup>2</sup> FILER NAME  Jonathan Richey		3 Filer ID (Ethics Commission Filers)
4 Date 09/29/2023	5 Payee name Hancock Advertising		
6 Amount (\$) 1,409.00 Reimbursement from political contributions intended	7 Payee address; P.O. Box 630010, Nacogdoches,		State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Printing Expense	(b) Description SIgns	
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austi	n, TX. officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/11/2023	Cherokee County Republican Par	ty	
Amount (\$) 1,250.00 Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing Fee	Description Filing Fee	
270 20000	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	tin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/t	Candidate / Officeholder name	Office sought	Office held
Date 01/11/2024	Payee name  Hancock Advertising		
Amount (\$) 173.99 Reimbursement from political contributions intended	Payee address; P.O. Box 630010, Nacogdoches,		State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule Printing Expense	Signs	
	Check if travel outside of Texas, Complete Schedule T.	Check if Aus	atin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder пате	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THI	S SCHEDULE AS NEE	DED

#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MI MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received SUFFIX NICKNAME ZIP CODE FILED FOR RECORD STATE; ADDRESS / PO BOX; 4 CANDIDATE / at 1:46 o'clock M **OFFICEHOLDER** MAILING **ADDRESS** JUL 15 2024 Change of Address AREA CODE PHONE NUMBER EXTENSION CANDIDATE/ **OFFICEHOLDER** PHONE 6 CAMPAIGN TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged STATE; ZIP CODE STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN 533 & 5th St. RUSKT + 75785 TREASURER **ADDRESS** (Residence or Business) EXTENSION AREA CODE CAMPAIGN TREASURER (936) 204 PHONE 9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit Month 10 PERIOD Month COVERED THROUGH ELECTION DATE **ELECTION TYPE** 11 ELECTION Primary Runoff Other Day Month Description General Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) 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. CANDIDATE'S AND 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

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	<b>16</b> File	r ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.n			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 160.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0			
и	4. TOTAL POLITICAL EXPENDITURES	\$ 0, r			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 150.m			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00			
18 SIGNATURE   s	wear, or affirm, under penalty of perjury, that the accompanying report is true and c	correct and includes all information			
TAYLOR MCFARLAND Notary Public STATE OF TEXAS ID# 13234207-1 My Comm. Exp. Jan. 27-2028  Please complete either option below:					
(1) Affidavit					
NOTARY STAMP / SEAL  Sworn to and subscribed before me by bahan Richar this the 15th day of 10 miles my hand and seal of office.  Author Fundament Taylor May and Title of officer administering oath  Title of officer administering oath					
OR					
(2) Unsworn Declarati	on Property of the Control of the Co				
My name is	, and my date of birth is				
My address is	,,,,,,,,,,	(zip codo) (country)			
Executed in	(street) (city) (state) County, State of, on theday of(month)	(zip code) (country), 20 (year)			
	Signature of Candidate/O	fficeholder (Declarant)			

19 FILER NAME 20 Filer ID (Ethics Cor	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 150,00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 6.2
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	\$

#### SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report</b> .				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	THAT RICHTY	3 Filer ID (Ethics Commission Filers)		
4 Date 3 4 2 4	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See In	structions)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
3/4/24	Gruen Wilder  Contributor address; City; State; Zip Code  327 Fairview St. Puskir 75+8	50,=		
	eation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor	Amount of contribution (\$)		
	Contributor address; City; State; Zip Code	=		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
Date	Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)		
	Contributor address; City; State; Zip Code	500030		
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	nstructions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

OFFICE USE ONLY

Date Received

TLED FOR RECORI

1:46 o'clock P.M

An exemption affidavit must be submitted with each paper report.

JUL 15 2024

Beginning on January 1, 2024, a candidate or officeholder who has accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in any calendar year must file all subsequent reports electronically.

Date Hand-delivered or Date Postmarked			
ANDACE	HERRING		
CTOMADMY C	一世界也REE CO., T		
Date Processed			
Data Imaged			

Jankertan Ricotay	Filer ID #	
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- 1. I swear or affirm that I have not accepted more than \$32,810 in political contributions or made more than \$32,810 in political expenditures in a calendar year.
- 2. I further swear or affirm that I do not use computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 3. I further swear or affirm that no person acting as my agent or consultant, and no person with whom I contract, uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 4. I further swear or affirm that I understand that I am required to file my campaign finance reports electronically if I, my agent or consultant, or a person with whom I contract exceeds \$32,810 in political contributions or political expenditures in a calendar year, or uses computer equipment to keep current records of political contributions, political expenditures, or persons making political contributions to me.
- 5. I am filing this affidavit with the wy report due on 1-15-24. I understand that this affidavit is required to be filed with each campaign finance report for which I am claiming an exemption from electronic filing.

Please complete either option below: (1) Affidavit TAYLOR MCFARLAND **Notary Public** STATE OF TEXAS ID# 13234207-1 Signature of F My Comm. Exp. Jan. 27-2028 NOTARY STAI Sworn to and subscribed before me by to certify which, witness my hand and sgal of office. Title of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration \_, and my date of birth is \_ My name is My address is \_\_ (street) (state) (zip code) County, State of \_\_\_\_\_ on the \_ Executed in \_\_\_ (month) (year) Signature of Filer (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT			FORM C/OH COVER SHEET PG 1		
The C/OH Instruction G	Suide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR  ML  NICKNAME	Jarathan Richard	SUFFIX	FILEDS FOR RECOR	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address  5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; 673 £	APT / SUITE #; CO SH ST . Pu PHONE NUMBER 204 - 343	SK T TSTEST	JAN 13 2025  KANDACE HERRING  ELECTION ADMIN. CHEROKEE CC., By  Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  NICKNAME	Jonathan Pichar Pichar	H. SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	G33 z	NO PO BOX PLEASE); APT / S	Rusk To 757	STATE; ZIP CODE	
8 CAMPAIGN TREASURER PHONE	(934)	ANT-343	EXTENSION		
9 REPORT TYPE	January 15  July 15	30th day before e	Cupanded Medifod	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	7 Month	15 / 24	THROUGH	Day Year / 15 / 25	
11 ELECTION	ELECTION DA	Year Primary General	ELECTION TYP  Runoff Other Description  Special	E	
12 OFFICE	OFFICE HELD (if any)	E Co. ATTORN	13 OFFICE SOUGHT (if know	wn)	
14 NOTICE FROM POLITICAL COMMITTEE TYPE COMMITTEE NAME  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SU THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLET CONSENT. CANDIDATES AND OFFICEHOLDER'S REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES NAME  THIS BOX IS FOR NOTICE OF POLITICAL COMMITTEES TO SU THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLET COMMITTEES TO SU THE CANDIDATE'S COMMITTEES TO SU THE CANDID				NDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR	
Additional Pages	GENERAL SPECIFIC	COMMETTER CANDIDATE TO THE TOTAL TOT			
	8		PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME		16 Fi	er ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	\$ 0.5			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 0.7	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDIT	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		
	4. TOTAL POLITICAL EXPENDITURES	\$ O.M		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAIN OF REPORTING PERIOD	AINED AS OF THE LAST DAY	\$ 0, 12	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTS' LAST DAY OF THE REPORTING PERIOD	FANDING LOANS AS OF THE	\$ O. ~	
(1) Affidavit	Please complete eith  CHANDRA WINDER  Notary Public  STATE OF TEXAS  ID# 134747167  My Comm. Exp. Apr 29, 20		e or Officeholder	
1 / 1/	before me by Acuela Wards	this the	3 day of Juniory,	
Signature of officer administ	ering oath Printed name of officer administ	ering oath	Title of officer administering oath	
	OR			
(2) Unsworn Declarat	ion			
My name is		and my date of birth is	*	
My address is				
	(street)	, ,,	(zip code) (country)	
Executed in	County, State of, on the	day of (month)	, 20 (year)	
	_	Signature of Candidate/C	Officeholder (Declarant)	

19	FILER NAME 20 Filer ID (Ethics Co		mmissio	n Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0
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	\$	0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	0
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	