CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics C	Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR Mr.	FIRST Lonnie	Edward	МІ	OFFICE USE ONLY
NAME	NICKNAME	LAST Gosch		SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 711 E. 15th Cameron Tex	•	CITY; STATE;	ZIP CODE	★ Jan 12 2024 ★
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (979) 676	PHONE NUMBER	EXTENSI	ON	Date H 15:12 rked
6 CAMPAIGN TREASURER	MS / MRS / MR Mr.	FIRST Brandon	Arthur	МІ	
NAME	NICKNAME	LAST		SUFFIX	Date Processed Date Imaged
		Gosch			Dute imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (211 W. Fourth St. Hearn	**	SUITE #; CITY;		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE (979) 2	PHONE NUMBER	EXTENSI	ON	
9 REPORT TYPE	January 15	30th day before		noff eeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD			Rep	porting Limit Month	
COVERED	Month 11	Day Year /09 /2023	THROUGH	01	Day Year / 12 / 2024
11 ELECTION	ELECTION DA Month Day 03 05	Year Primary 2024 Genera		Other Description	
12 OFFICE	OFFICE HELD (if any) None	1	13 OFFICE S	SOUGHT (if known)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITUR	RES MAY HAVE BEEN MADE	WITHOUT THE CAN	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME		
		COMMITTEE CAMPAIGN T	REASURER ADDRESS		
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME					16 Filer	ID (Ethics Co	mmission Filers)
17 CONTRIBUTION TOTALS	PLEDGES	NITEMIZED POLITIC. S, LOANS, OR GUAR BUTIONS MADE ELEC	ANTEES OF LOANS	•	N	\$ 180.00	
		OLITICAL CONTRI HAN PLEDGES, LOA		EES OF LOANS)	\$ 5130.00	
EXPENDITURE TOTALS	3. TOTAL UN	NITEMIZED POLITICA	AL EXPENDITURE.			\$ 0	
	4. TOTAL P	OLITICAL EXPEND	ITURES			\$ 3370.11	
CONTRIBUTION BALANCE		DLITICAL CONTRIBU [*] RTING PERIOD	TIONS MAINTAINED) AS OF THE LA	ST DAY	\$ 5130.00	
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT O		NG LOANS AS C)F THE	\$ 0	
	vear, or affirm, under uired to be reported by			ing report is tru	ue and co	rrect and inclu	ides all information
	Signature of Candidate or Officeholder						
		Please comp	olete either o	otion belov	w:		
(1) Affidavit							
NOTARY STAMP/SEA							
Sworn to and subscribed	pefore me by			this the		_ day of	,
20, to certify	vhich, witness my han	d and seal of office.					
Signature of officer administe	ing oath	Printed name of off	icer administering oa	th		Title of officer	administering oath
			OR				
(2) Unsworn Declaration	n						
My name is			and my	/ date of birth i	s		
My address is						,	
-	(street				(state)	(zip code)	(country)
Executed in	County, Sta	ite of	, on the	_ day of (mont	th)	, 20 (year)	
			Sig	nature of Cand	idate/Offic	eholder (Decla	arant)

SUBTOTALS - C/OH

19	FILER NAME 20	Filer ID (Ethics Commission Filers)
Lonnie	ie E. Gosch	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4950.00
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 CONTR	RIBUTIONS \$ 0
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	NTRIBUTIONS \$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 96.59
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 3370.11
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BU	USINESS OF C/OH \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	NS 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 comp	lete this	form.	1 Total pages Schedule A1:
2 FILER NAME Lonnie Edward Gosch				3 Filer ID (Ethics Commission Filers)
4 Date 11/22/2023	5 Full name of contributor out-of Lisa Roden	f-state PAC	(ID#:)	7 Amount of contribution (\$)
	6 Contributor address; City; 707 W. 4th Cameron Texas 76520		State; Zip Code	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Insurance			Self	
Date	Full name of contributor out-of	f-state PAC	(ID#:)	Amount of contribution (\$)
12/08/2023	Stephanie Clouse			
12/06/2023				2000.00
	Contributor address; City	;	State; Zip Code	
	613 E. 7th Cameron Texas 76520			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
surgical tech			Baylor Scott & White	
Date	Full name of contributor	f-state PAC	(ID#:)	Amount of contribution (\$)
12/13/2023	Donald Occhi			50.00
	Contributor address; City;	;	State; Zip Code	
	2316 W. Wagoner Rd. Phoenix Arizona 85023			
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	stions)
Military SGM (RET)	valion / 305 title (See matrictions)		Retired	nions)
Willitary GOW (IVE1)			Kelileu	
Date	Full name of contributor	f-state PAC	/ID#-	Amount of contribution (\$)
12/14/2023	Scott Elliott	-state FAC	(ID#)	
.27.172020				500.00
	Contributor address; City;		State; Zip Code	
	1910 Industrial Blvd/409 N. Houston Cameron Texas 76520			
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Entrepreneur			Self	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

			-			
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER NAMI	E		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRII	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	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	IDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.		
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA			
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	IDICIAL)(See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firr	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 1	THIS SCHEDI	ULE AS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

Th	e Instruction Guide explains how to complete thi	s form.	1 Total pages Sched	ule B:
2 FILER NAMI	E		3 Filer ID (Ethics C	commission Filers)
4 TOTAL O	F UNITEMIZED PLEDGES		\$	
5 Date	6 Full name of pledgor ✓ out-of-state PAC (ID#:_		8 Amount of Pledge \$	9 In-kind contribution description
		tate; Zip Code		
			Check if travel outs	I . ide of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (See Instructions)	11 Employer (See	Instructions)	
Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S			
			Check if travel outs	l . ide of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; S	itate; Zip Code		
			Check if travel outs	i ide of Texas. Complete Schedule T.
Principal occ	cupation / Job title (See Instructions)	Employer (See	Instructions)	
Date	Full name of pledgor out-of-state PAC (ID#:_)	Amount of Pledge \$	In-kind contribution description
	Pledgor address; City; Stat	e; Zip Code		
		_	Check if travel outs	l ide of Texas. Complete Schedule T.
Principal occ	upation / Job title (See Instructions)	Employer (See	Instructions)	
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED	

LOANS SCHEDULE E

	ii iiio roquootoo	i ilionilation lo not applica	510, 50 110	i iniciado tino pago		
	The	Instruction Guide explains h	low to compl	ete this form.		1 Total pages Schedule E:
2	FILER NAME					3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	IITEMIZED LOANS				\$
5	Date of loan	7 Name of lender			9 Loan Amount (\$)	
6	Is lender a financial Institution?	8 Lender address; City; State; Zip Code			p Code	10 Interest rate
	Y N					11 Maturity date
12	Principal occupation	on / Job title (See Instructions)		13 Employer (See Ins	structions)	
14	Description of Colla	ateral			ersonal funds See Instruction	s were deposited into political ons)
16	GUARANTOR INFORMATION	17 Name of guarantor				19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address;	City;	State; Zi	p Code	
20	Principal Occupat	ion (See Instructions)		21 Employer (See Ins	structions)	
	Date of loan	Name of lender	out-of-state	PAC (ID#:)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address;	City;	State; Z	ip Code	Interest rate
	Y N					Maturity date
	Principal occupation	on / Job title (See Instructions)		Employer (See Ins	structions)	
	Description of Colla	ateral		Check if p	ersonal fund	s were deposited into political
	none			account (See Instruction	ons)
	GUARANTOR INFORMATION	Name of guarantor				Amount Guaranteed (\$)
		Guarantor address;	City;		p Code	
	not applicable					
	Principal Occupation	on (See Instructions)		Employer (See Ins	structions)	
		ATTACH ADDIT	TIONAL COP	IES OF THIS SCHEDU	LE AS NEE	DED

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)

2 FILER NAME		A
		3 Filer ID (Ethics Commission Filers)
5 Payee name		<u> </u>
7 Payee address;	City;	State; Zip Code
(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 Aust	in, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Payee address;	City;	State; Zip Code
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
Candidate / Officeholder name	Office sought	Office held
Payee name		
Payee address;	City;	State; Zip Code
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
Candidate / Officeholder name	Office sought	Office held
-	(a) Category (See Categories listed at the top of this schedule) (b) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name Payee address; Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	(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 Aust Candidate / Officeholder name Office sought Payee name Payee address; City; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Aust Candidate / Officeholder name Office sought Payee name Payee address; City; Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Aust Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Aust

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 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

Polling Expense Travel In Dis Printing Expense Travel Out C Salaries/Wages/Contract Labor Other (enter

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

The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F2: 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS \$ 5 Date 6 Payee name **7** Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political **EXPENDITURE** (b) Description 10 (a) Category (See Categories listed at the top of this schedule) **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 Amount (\$) Payee address; City; State; Zip Code 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 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	r; 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)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense Legal Services Salaries/Wages/Contract Labor		ense	Travel In District Travel Out Of District Other (enter a category not listed above)		
		The Instruction Guide explai			outer (onter a surege	,	
1 Total pages Schedule F4:	2 FILER N				3 Filer ID (Ethics	Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPI	ENDITURES CHARGED	TOACR	EDIT CARD	\$ 96.59		
5 Date 12/17/2023	6 Payee r	name					
7 Amount (\$) 96.59	8 Payee a	address; on Rockdale Texas 76567		City;	State;	Zip Code	
9 TYPE OF EXPENDITURE	F	Political	✓ Non-Pol	itical			
10 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of thi	s schedule)	(b) Description t-post and zip ties			
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Aus	stin, TX, officeholder living	g expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Cano	didate / Officeholder name	Of	fice sought	Office h	eld	
Date	Payee ı	name					
Amount (\$)	Payee	address;		City;	State;	Zip Code	
TYPE OF EXPENDITURE	F	Political	Non-Pol	litical			
PURPOSE OF EXPENDITURE	Categor	y (See Categories listed at the top of th	is schedule)	Description			
		Check if travel outside of Texas. Complete	e Schedule T.	Check if Au	ıstin, TX, officeholder livin	g expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder name	Of	fice sought	Office h	eld	
	ATTAC	H ADDITIONAL COPIES	OF THIS SO	CHEDULE AS NE	EDED		

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Transportation Equipment & Related Expense Travel In District

Solicitation/Fundraising Expense

Contributions/Jonations Made Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor	Travel Out Of District Other (enter a category not listed	d above)	
1 Total pages Schedule G:	2 FILER NAME Lonnie Edward Gosch		3 Filer ID (Ethics Commiss	sion Filers)	
4 Date	5 Payee name				
11/15/2023; 11/20/2023	Vista Print				
6 Amount (\$) 545.07 Reimbursement from political contributions intended	7 Payee address; 275 Wyman St. Waltham, Ma 02451	City;	State; Zip	Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	advertising expense	cards/pens/banner			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense		
9	Candidate / Officeholder name	Office sought	Office h	eld	
Complete ONLY if direct expenditure to benefit C/OH Lonnie E. Gosch County Attorney					
Date	Payee name				
11/20/2023; 12/12/2023	build-a-sign				
Amount (\$)	Payee address;	City;	State; Zip	Code	
1388.85 Reimbursement from political contributions intended	11525a Stonehollow Dr. #100 Austin, Texas 78758				
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF EXPENDITURE	advertising expense	signs			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Ormanista ONIV if diseat	Candidate / Officeholder name	Office sought	Office h	eld	
Complete ONLY if direct expenditure to benefit C/C	OH Lonnie E. Gosch County Attor	rney			
Date	Payee name				
11/29/2023	Dr. Dons Buttons				
Amount (\$)	Payee address;	City;	State; Zip C	ode	
139.99	721 Del Paso Road Sacramento CA 95834				
Reimbursement from political contributions intended					
PURPOSE	Category (See Categories listed at the top of this schedule)	Description			
OF	advertising expense	buttons			
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Lonnie E. Gosch County Attor	Office sought	Office h	eld	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

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

SCHEDULE H

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

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

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule H:	2 FILER NAME		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 schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	C	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 Schedule T.	Check if Austin	, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	C	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 Schedule T.	Check if Austin	, TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	C	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.					
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID (Ethics 0	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 required.)	instructions regarding type o	of information	
Date	Payee name				
Amount (\$)	Payee address;	City	State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions regarding 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 (See required.)	e instructions regarding 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 (See required.)	e instructions regarding type	of information	
	ATTACH ADDITIONAL COPIES OF THIS	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 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; S	State; Zip Code
7 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; S	State; 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; S	State; 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; S	State; Zip Code
Purpose for which amount is received Check	if political contribution returned to filer
ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	LE AS NEEDED

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

SCHEDULE T

'		<u>'</u>			
The Instruction Gui	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	n or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure report	od on:				
		_			
Schedule A2 Schedule A2	hedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2	chedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name	of person(s) traveling				
8 Depar	ture city or name of departure location				
9 Destin	ation 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	n or Labor Organization / Pledgor / Payee				
Contribution / Expenditure report	ed on:				
Schedule A2 Sc	hedule 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				
Depar	ture city or name of departure location				
Destin	ation situation and destination leastion				
Destil	ation 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	on or Labor Organization / Pledgor / Payee				
Contribution / Expenditure report	ed on:				
Schedule A2 Sche	dule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
	dule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
	of person(s) traveling				
Depar	ture city or name of departure location				
Destir	ation city or name of destination location				
Means of transportation	Purpose of travel (including name of conference, se	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 how to complete this form.						
	•• Complete only if "Report Type" on page 1 is marked "Final Report" ••						
1	C/OH N	IAME	2 Filer ID (Ethics Commission Filers)				
3	SIGNA	TURE					
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder						
4		WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••					
	A.	CAMPAIGN FUNDS					
	Chec	k only one:					
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.				
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.						
	B.	ASSETS					
	Chec	k only one:					
		I do not retain assets purchased with political contributions or interest or other incom-	e from political contributions.				
		I do retain assets purchased with political contributions or interest or other income from 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 with political requirements of Election Code, § 254.204.	er income from political contributions to				
		S	ignature of Candidate				
5		EHOLDER plete this section <i>only</i> if you are an officeholder ••					
		I am aware that I remain subject to filing requirements applicable to an officeholder who difile. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political contributions or interest or other income from political contributions.	after filing the last required report as				
		Sig	gnature of Officeholder				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how to complete this	form. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST Mr. Lonnie	OFFICE USE ONLY			
NAME	NICKNAME LAST Gosch	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUIT 711 E. 15th Cameron Texas 76520	RECEIVED			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	Date Hand-de			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST Mr. Brandon	MI A	Receipt # Amount \$		
NAME	NICKNAME LAST Gosch	SUFFIX	Date Processed Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 211 W. Fourth St. Hearne Texas 77859	; APT / SUITE #; CITY;	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION			
9 REPORT TYPE		ay before election Runoff y before election Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD		Reporting Limit			
COVERED	Month Day Yes 01 / 13 / 202		Day Year / 05 / 2024		
11 ELECTION	Month Day Year 03 05 2024	Primary Runoff Other Description General Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known County and District Attorney))		
14 NOTICE FROM POLITICAL COMMITTEE(S)	ITICAL THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDG CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
00	COMMITTEE TYPE COMMITTEE NAME	E			
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAM	PAIGN TREASURER ADDRESS			
	G	O TO PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)
Lonnie E. Gosch			
17 CONTRIBUTION TOTALS		ITICAL CONTRIBUTIONS (OTHER THAN UARANTEES OF LOANS, OR ELECTRONICALLY)	\$ 7800.00
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES,	ITRIBUTIONS LOANS, OR GUARANTEES OF LOANS)	\$ 7800.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLI	TICAL EXPENDITURE.	\$ 7016.71
	4. TOTAL POLITICAL EXP	ENDITURES	\$ 7016.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTR OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ 8617.39
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUN LAST DAY OF THE REPOR	NT OF ALL OUTSTANDING LOANS AS O RTING PERIOD	FTHE \$ 0
	wear, or affirm, under penalty of perju		e and correct and includes all information
		Signature of Ca	andidate or Officeholder
	Please co	mplete either option belov	v·
	1 10030 00	inplote cities option belov	•
(1) Affidavit			
NOTARY STAMP/SEAL	_		
Sworn to and subscribed	before me by	this the	day of,
	which, witness my hand and seal of offic		
Signature of officer administe	ring oath Printed name of	of officer administering oath	Title of officer administering oath
		OR	
(2) Unsworn Declaration	on		
My name is		and my date of hirth is	
			·
my addices is	(street)		state) (zip code) (country)
Executed in	` ,	, on the day of (month	
			date/Officeholder (Declarant)

SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics C	ommission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7800.00
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	\$ 7016.71
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The	Instruction Guide explains how to compl	1 Total pages Schedule A1:	
2 FILER NAME Lonnie E Gosch			3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2024	5 Full name of contributor □ out-of-	-state PAC (ID#:)	7 Amount of contribution (\$) 5000.00
	6 Contributor address; City; Pfluegerville Texas 78660	State; Zip Code	
8 Principal occu Attorney/Rancher	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 01/22/2024	Full name of contributor out-of- Jack Cook Contributor address; City; Georgetown Texas 78633	State; Zip Code	Amount of contribution (\$) 2500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 01/22/2024	Full name of contributor out-of-	-state PAC (ID#:)	Amount of contribution (\$)
	Contributor address; City; Rodgers Texas 76569	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 01/26/2024	Full name of contributor out-of- Lonnie E Gosch Contributor address; City; Cameron Texas	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Executive Asst.		Employer (See Instruc Horizon Grass Farms	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2:		
2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$		
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	upation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Emplo	yer (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contri	butor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law fi	rm 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		Amount of In-kind contribution Contribution \$ description		
	Contributor address; City; State;	Zip Code			
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Emplo	yer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's	principal occupation (FOR JUDICIAL)	Contri	butor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm 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 THIS SCHEDULE AS NEEDED				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	The	Instruction Guide explains how to complete th	1 Total pages Schedule B:		
2	FILER NAME			3 Filer ID (Ethics C	commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor □ out-of-state PAC (ID#:_		8 Amount of Pledge \$	9 In-kind contribution description
		_	state; Zip Code		
				Check if travel outs	I . ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; S	State; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; S	State; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Stat	te; Zip Code		
					ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
					<u>-</u>
		ATTAQUARRITONAL COST	OF THE OCCUPATION	LEACHEERE	
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE 49 NEEDED	

LOANS SCHEDULE E

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

	if the requested information is not applicable, DO NOT include this page in the report.						
	The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:			
2	FILER NAME			3 Filer ID (Ethics Commission Filers)			
4	TOTAL OF UN	NITEMIZED LOANS	\$				
5	Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)			
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date			
12		on / Job title (See Instructions)	13 Employer (See Instructions)				
14	Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)			
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)			
	not applicable	18 Guarantor address; City;	State; Zip Code				
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)				
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)			
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate			
	Institution? Y N			Maturity date			
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)				
	Description of Colla	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)			
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)			
	_	Guarantor address; City;	State; Zip Code				
	not applicable						
	Principal Occupati	on (See Instructions)	Employer (See Instructions)				
		ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEE	:DED			

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.	outes (otto) a satego	.,
1 Total pages Schedule F1:	2 FILER NAME	-	3 Filer ID (Ethics	Commission Filers)
1 3	Lonnie E Gosch		,	,
4 Date	5 Payee name		I	
01/23/2024	Rockdale Rotary			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1000.00				
	963 N. FM 908 Rockdale Texas 76567			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE	Advertising Expense	Spangarahin Advartising		
OF	Advertising Expense	Sponsorship Advertising		
EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Lonnie E Gosch County	and District Attorney		
Date	Payee name			
01/23/2024	Rockdale Reporter			
Amount (\$)	Payee address;	City;	State;	Zip Code
1308.40				
	PO Box 552 Rockdale Texas 76567			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE				
OF EXPENDITURE	Advertising Expense	Newspaper Ad		
EXI ENDITORE				
	Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living	-
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
experience to benefit 6,61	Lonnie E Gosch County a	and District Attorney		
Date	Payee name			
01/16/2024	Build-A-Sign			
	Bulld-A-Olgil			
Amount (\$)	Payee address;	City;	State;	Zip Code
924.24	11525A Stonehollow Dr. Ste 100 Austin Texas 78758			
	11323A Storietionow Dr. Ste 100 Austin Lexas 70730			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Advertising Expense	Signs		
OF EXPENDITURE	Automoning Enported	Signs		
EXPENDITORE				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living	expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	Lonnie E. Gosch County a	and District Attorney		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

g Expense Travel In District
ng Expense Travel Out Of District
es/Wages/Contract Labor Other (enter a category r

	Candidate/Officeholder/Politica	l Committee	Legal Services		Salaries/W	ages/Contract La	bor		nter a category	not listed above)
			The Instruction Gui	de explains	how to co	omplete this fo	orm.			
1	Total pages Schedule F2:	2 FILER	NAME					3 Filer I	D (Ethics Co	ommission Filers)
4	TOTAL OF UNITEM	1IZED UN	IPAID INCURREI	D OBLIG	ATIONS	S		\$		
5	Date	6 Payee	name				,			
7	Amount (\$)	8 Payee	address;			City	y;		State;	Zip Code
9	TYPE OF EXPENDITURE		Political		Non-Pol	itical				
10	PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at t	the top of this s	chedule)	(b) Descript	iion			
		(c)	Check if travel outside of Texa	s. Complete Sch	nedule T.	Che	ck if Austir	n, TX, office	eholder living e	expense
11	Complete ONLY if direct expenditure to benefit C/OF		ndidate / Officeholder	name	0	ffice sought			Office he	ld
	Amount (\$)	Payee	address;			City	y;		State;	Zip Code
	TYPE OF EXPENDITURE		Political		Non-Po	litical				
	PURPOSE OF EXPENDITURE	Catego	vry (See Categories listed at I	the top of this s	chedule)	Descrip	otion			
			Check if travel outside of Tex	as. Complete S	chedule T.	Ch	eck if Aust	tin, TX, offi	ceholder living	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate / Officeholder	name	0	ffice sought			Office he	ld
		ATTA	CH ADDITIONAL C	OPIES OF	THIS S	CHEDULE A	AS NEE	DED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

	Т	he Instruction Guide explains how to complete this form.	1	Total pa	ages Schedule F3:	
2	FILER NAME		3	Filer ID	(Ethics Commission	n Filers)
4	Date	5 Name of person from whom investment is purchased				
		6 Address of person from whom investment is purchased; City	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	 ⁄;		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)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME	·	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGE	D 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 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of the	his schedule) (b) Description	
	(c) Check if travel outside of Texas. Comple	ete 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 OF EXPENDITURE	Category (See Categories listed at the top of t	his schedule) Description	
	Check if travel outside of Texas. Comple	ete Schedule T. Check if A	ustin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

ng Expense Travel In District
ting Expense Travel Out Of District
Travel Out Of District
Travel Out of District
Travel Out of District

Candidate/Officeholder/Politic	The Instruction Guide explains how to	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
8 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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended		_	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEED	ED

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

SCHEDULE H

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filer	s)
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 schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / 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 Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	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 Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission 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 required.)	instructions regar	ding 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 (See required.)	instructions rega	rding type of	finformation	
Date	Payee name					
Amount (\$)	Payee address;	City		State	Zip Code	
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	f information	
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 required.)					f 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 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; S	State; Zip Code					
7 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; S	State; 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; S	State; 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; S	State; 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 FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

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 / Corpo	ation or Labor Organization / Pledgor / Payee					
5 Contribution / Expenditure re	ported on:					
Schedule A2						
Schedule F2						
Scriedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
6 Dates of travel 7 Na	7 Name of person(s) traveling					
8 De	parture city or name of departure location					
9 De	stination city or name of destination location					
10 Means of transportation	11 Purpose of travel (including name of conference, s	eminar, or other event)				
Name of Contributor / Corpo	ation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure re	ported 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 Na	ume of person(s) traveling					
De	eparture city or name of departure location					
De	stination city or name of destination location					
Means of transportation	Purpose of travel (including name of conference, s	eminar, or other event)				
Name of Contributor / Corpo	ation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure re	ported on:					
Schedule A2	chedule B Schedule B(J) Schedule C2	Schedule D Schedule F1				
Schedule F2	chedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS				
Dates of travel Na	ume of person(s) traveling					
De	eparture city or name of departure location					
De	stination 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 how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••							
		Complete only if Report Type on page 1 is marked. Find	in Report					
1	C/OH N	JAME	2 Filer ID (Ethics Commission Filers)					
3	SIGNA	TURE						
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder							
		9						
4		WHO IS NOT AN OFFICEHOLDER uplete A & B below <i>only</i> if you are not an officeholder. ••						
	A.	CAMPAIGN FUNDS						
	Chec	k only one:						
		I do not have unexpended contributions or unexpended interest or income earned from	m political contributions.					
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.							
	B.	ASSETS						
	Chec	k only one:						
		I do not retain assets purchased with political contributions or interest or other income	e from political contributions.					
		I do retain assets purchased with political contributions or interest or other income from 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 with political requirements of Election Code, § 254.204.	r income from political contributions to					
			ignature of Candidate					
5		EHOLDER uplete this section <i>only</i> if you are an officeholder ••						
		I am aware that I remain subject to filing requirements applicable to an officeholder who d file. I am also aware that I will be required to file reports of unexpended contributions if, an officeholder, I retain political contributions, interest or other income from political conpolitical contributions or interest or other income from political contributions.	after filing the last required report as					
		Sig	gnature of Officeholder					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	uide explains how to complet	e this form.	Filer ID (Ethics Commission Filers	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR F Mr Lonnie	FIRST	MI E	OFFICE USE O	NLY
NAME	NICKNAME I Gosch	_AST	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; AF 711 E. 15th Cameron, Texas 76520	★ Feb 26 2024	*		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 676 0932			Date H	rked
6 CAMPAIGN TREASURER	MS / MRS / MR F	FIRST	MI A.	Receipt # Amou	int \$
NAME	NICKNAME L Gos	_AST sch	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX F 211 W. Fourth Hearne, Texas 77859	PLEASE); APT / SUITE #	ŧ; CITY;	STATE; ZIP C	CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE I	NUMBER	EXTENSION		
9 REPORT TYPE	January 15	30th day before election		15th day after campa treasurer appointmer (Officeholder Only)	nt
	July 15	8th day before election	Exceeded Modified Reporting Limit	Final Report (Attach C	C/OH - FR)
10 PERIOD COVERED	Month Day	Year	THROUGH 2	Day Year / 26 / 2024	
11 ELECTION	Month Day Year 03 05 2024	Primary [Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if knd	own)	
14 NOTICE FROM POLITICAL COMMITTEES TO THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOW COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO THE CANDIDATE'S OR OFFICEHOLDER'S KNOW CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDENCE.					IOWLEDGE OR
,	COMMITTEE TYPE COMMITTE	E NAME			
Additional Pages	GENERAL	E ADDRESS			
	SPECIFIC COMMITTE	E CAMPAIGN TREASUR	RER NAME		
	СОММІТТЕ	E CAMPAIGN TREASU	RER ADDRESS		
		GO TO PA	GE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Lonnie E. Gosch		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER T PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	HAN \$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	NS) \$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 3276.39
	4. TOTAL POLITICAL EXPENDITURES	\$ 3276.39
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	LAST DAY \$ 2554.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	S OF THE \$ 0
	swear, or affirm, under penalty of perjury, that the accompanying report is quired to be reported by me under Title 15, Election Code.	true and correct and includes all information
	Signature of	Candidate or Officeholder
	Please complete either option be	ow:
	p and a part of	
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this	the day of,
	which, witness my hand and seal of office.	
Signature of officer administe	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birt	h is
, -	(street) (city)	(state) (zip code) (country)
Executed in	County, State of , on the day of (m	
	Signature of Ca	andidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER	19 FILER NAME 20 Filer ID (Ethics Con				
Lonnie E. Gosch					
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ o		
4.	SCHEDULE E: LOANS		\$ 0		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 3250.63		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$ 0		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ o		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$ 25.76		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$ 0		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 0		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT	TIONS RETURNED	\$ 0		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2	FILER NAME				3 Filer ID (Ethics Commission Filers)
4	Date	5 Full name of contributor		C (ID#:)	7 Amount of contribution (\$)
		6 Contributor address;	City;	State; Zip Code	•
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
	Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	nation / Job title (See Instructions)		Employer (See Instruc	otions)
	Date	Full name of contributor	_	C (ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
	Date	Full name of contributor		(ID#:)	Amount of contribution (\$)
		Contributor address;	City;	State; Zip Code	
	Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
		ATTACH ADDIT	IONAL CODIES	OF THIS SCHEDULE AS N	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.**

			-		
Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:	
2 FILER NAMI	E		3 Filer ID (Ethics Co	ommission Filers)	
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRII	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	supation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)	
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	IDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Full name of contributor)	Amount of Contribution \$	In-kind contribution description	
	Contributor address; City; State;	Zip Code	Check if travel outsi	 de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIA		
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	IDICIAL)(See Instructions)	
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm 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	THIS SCHEDI	ULE AS NEEDED		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

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

	The	Instruction Guide explains how to complete th	is form.	1 Total pages Sched	ule B:
2	FILER NAME		3 Filer ID (Ethics C	commission Filers)	
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor □ out-of-state PAC (ID#:_		8 Amount of Pledge \$	9 In-kind contribution description
		_	state; Zip Code		
				Check if travel outs	I . ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; S	State; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; S	State; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Stat	te; Zip Code		
					ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
					<u>-</u>
		ATTAQUARRITONAL COST	OF THE OCCUPATION	I E AC NEEDED	
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE 49 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

	ii the requested	information is not applicable, bo NC	or include this page in the rep	port.
	The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	NITEMIZED LOANS		\$
5	Date of loan	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 11 Maturity date
12		on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State; Zip Code	
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
	Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
	Institution? Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral		ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	_	Guarantor address; City;	State; Zip Code	
	not applicable			
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
		ATTACH ADDITIONAL COF	PIES OF THIS SCHEDULE AS NEE	:DED

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (order a category pot listed above)

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
1	Lonnie E. Gosch		
4 Date	5 Payee name		
2/9/2024; 2/13/2024	US Press		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1713.89	Valdosta, Ga. 31601		
8	(a) Category (See Categories listed at the top of this schedule	(b) Description	
PURPOSE	Advertising Expense; Printing Expense	Post Card Mailers	
OF EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Lonnie E. Gosch Col	Office sought unty and District Attorney	Office held
Date	Payee name		
02/12/2024; 02/13/2024	T dyce hame		
02/12/2024, 02/13/2024	The Cameron Herald		
Amount (\$)	Payee address;	City;	State; Zip Code
1304.00	Cameron, Texas 76520		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advertising Expense	Newspaper Ad	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Lonnie E. Gosch Cou	nty and Disttrict Attorney	
Date	Payee name		
02/16/2024	-		
02/10/2021	Aggieland Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
232.74	Bryan, Texas 77802		
	, , , , , , , , , , , , , , , , , , ,		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	Printing Expense	Flyer	
OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Lonnie E. Gosch Cou	nty and District Attorney	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEI	EDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

g Expense Travel In District
ng Expense Travel Out Of District
es/Wages/Contract Labor Other (enter a category r

	Candidate/Officeholder/Politica	l Committee	Legal Services		Salaries/W	ages/Contract La	bor		nter a category	not listed above)
			The Instruction Gui	de explains	how to co	omplete this fo	orm.			
1	Total pages Schedule F2:	2 FILER	NAME					3 Filer I	D (Ethics Co	ommission Filers)
4	TOTAL OF UNITEM	1IZED UN	IPAID INCURREI	D OBLIG	ATIONS	S		\$		
5	Date	6 Payee	name				,			
7	Amount (\$)	8 Payee	address;			City	y;		State;	Zip Code
9	TYPE OF EXPENDITURE		Political		Non-Pol	itical				
10	PURPOSE OF EXPENDITURE	(a) Catego	ry (See Categories listed at t	the top of this s	chedule)	(b) Descript	iion			
		(c)	Check if travel outside of Texa	s. Complete Sch	nedule T.	Che	ck if Austir	n, TX, office	eholder living e	expense
11	Complete ONLY if direct expenditure to benefit C/OF		ndidate / Officeholder	name	0	ffice sought			Office he	ld
	Amount (\$)	Payee	address;			City	y;		State;	Zip Code
	TYPE OF EXPENDITURE		Political		Non-Po	litical				
	PURPOSE OF EXPENDITURE	Catego	vry (See Categories listed at I	the top of this s	chedule)	Descrip	otion			
			Check if travel outside of Tex	as. Complete S	chedule T.	Ch	eck if Aust	tin, TX, offi	ceholder living	expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ndidate / Officeholder	name	0	ffice sought			Office he	ld
		ATTA	CH ADDITIONAL C	OPIES OF	THIS S	CHEDULE A	AS NEE	DED		

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

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)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	IZED 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 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th	(b) Description	
	(c) Check if travel 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 OF EXPENDITURE	Category (See Categories listed at the top of the	is schedule) Description	
	Check if travel outside of Texas. Complete	te Schedule T. Check if A	Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS 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/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Travel In District
Travel Out Of District

Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how	to complete this form.	,
1 Total pages Schedule G:	2 FILER NAME Lonnie E. Gosch		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
02/19/2024	Anderle's Lumber		
6 Amount (\$) 25.76	7 Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended	Cameron, Texas 76520		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF	other	material for signs	
EXPENDITURE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
9	Candidate / Officeholder name	Office sought	Office held
Complete ONLY if direct expenditure to benefit C/OH	Lonnie E. Gosch Cou	unty and District Attorney	
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
EXI ENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEED	ED

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

SCHEDULE H

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

Printing Expense Travel Out Of District
Salaries/Wages/Contract Labor Other (enter a category not listed above)

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.		
1 Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filer	s)
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 schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/C	Candidate / 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 Schedule T.	Check if Austin	, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name H	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 Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics Co	ommission 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 required.)	instructions regar	ding 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 (See required.)	instructions rega	rding type of	finformation		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	e instructions rega	rding type of	f information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required.)	instructions rega	rding type of	f information		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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

SCHEDULE K

The Instruction Guide explains how to complete this form.	1 Total pages Schedule 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; Si	itate; Zip Code			
7 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; S	State; 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; Si	itate; 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; S	State; 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 FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

	tion to the applicable, 20 fto 1 monato tine page				
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 / Corpo	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure re	ported on:				
Schedule A2					
Schedule F2					
Scriedule F2	Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS				
6 Dates of travel 7 Na	7 Name of person(s) traveling				
8 De	8 Departure city or name of departure location				
9 De	9 Destination city or name of destination location				
10 Means of transportation					
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure re	ported on:				
Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1					
Schedule F2					
Dates of travel N	Dates of travel Name of person(s) traveling				
Departure city or name of departure location					
Do	Destination city or name of destination location				
Means of transportation	Purpose of travel (including name of conference, s	Purpose of travel (including name of conference, seminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure re	ported on:				
Schedule A2	chedule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2	chedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of person(s) traveling					
D	Departure city or name of departure location				
Do	Destination 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 how to complete this form. •• Complete only if "Report Type" on page 1 is marked "Final Report" ••				
		Complete only if Report Type on page 1 is marked. Find	in Report		
1	C/OH N	JAME	2 Filer ID (Ethics Commission Filers)		
3	SIGNA	TURE			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder				
		9			
4	FILER WHO IS NOT AN OFFICEHOLDER Complete 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 earned from	m political contributions.		
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	B.	ASSETS			
	Check only one:				
	I do not retain assets purchased with political contributions or interest or other income from political contributions.				
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.				
			ignature of Candidate		
5 OFFICEHOLDER •• Complete this section <i>only</i> if you are an officeholder ••					
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.				
		Sig	gnature of Officeholder		