CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR МІ 3 CANDIDATE/ OFFICE USE ONLY OFFICEHOLDER NAME Date Received ILED FOR RECORD NICKNAME SUFFIX ZIP CODE RUSK COUNTY, TEXAS 4 CANDIDATE/ ADDRESS / PO BOX; STATE; **OFFICEHOLDER** MAILING Henderson, Tix **ADDRESS** Change of Address 5 CANDIDATE/ **EXTENSION OFFICEHOLDER** .DEPUTY PHONE 13, Receipt # Amount \$ MI, CAMPAIGN MS / MRS / MR **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged imerson STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE CAMPAIGN TREASURER **ADDRESS** (Residence or Business) 8 CAMPAIGN **EXTENSION TREASURER** PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Month Day Year COVERED 15/23 15 **THROUGH** ELECTION TYPE **ELECTION DATE** 11 ELECTION Primary Runoff Other Description Month Day General Special 13 OFFICE SOUGHT (if known) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR 14 NOTICE FROM **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

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

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	Office (eshe) a category	Thornsted above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)
4 Date 12/18/33	5 Payee name Henderson News	3		
6 Amount (\$) Reimbursement from political contributions intended	5 Payee name Henderson News 7 Payee address; C/O Longview News Jo Longview 1	urnal City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	Advertisement	(b) Description Best (Flectal Of	Ficial
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Relmbursement 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	ı, TX, officeholder living ex	pense
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 ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED	ED	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBU PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR GUARANTEES OF LOCALITY CONTRIBUTIONS MADE ELECTRONICALLY	DANS, OR \$ ()		
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUAR	ANTEES OF LOANS)		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITU	JRE. \$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 150		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTA OF REPORTING PERIOD	AINED AS OF THE LAST DAY \$ 35979		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTA LAST DAY OF THE REPORTING PERIOD	ANDING LOANS AS OF THE \$		
I swear, or affirm, under penalty of perjury, that the accompanying report is trile and correct and includes all information required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: CINDY CLIFTON NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 06/06/25 NOTARY ID 1019262-2				
NOTARY STAMP/SEA Sworn to and subscribed 20	MILLET	on this the 12 day of January,		
/undun/i	lifton Cindy Clifton	ng oath Title of officer administering oath		
Signature of officer administer	ri ng oath Printed n àme of officer administeri O R	ng oaur mucer administering oaur		
(2) Unsworn Declarati	engelenderfolge grappe in der im in die der der segen, erstengang der fram geben. Der meine in der den geben i			
•				
		nd my date of birth is		
My address is	,,	(city) (state) (zip code) (country)		
Executed in	County, State of, on the			
		Signature of Candidate/Officeholder (Declarant)		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT		FO COVER SH	ORM C/OH HEET PG 1		
The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	ed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Micheal LAST J'merson	SUFFIX F	OFFICE F性医DFOR USK COUN	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX		CITY; STATE; ZIP CODE EXTENSION	JUL 1	MINISTRATOR
OFFICEHOLDER PHONE 6 CAMPAIGN	(903)	649 3	1099 BY	Receipt #	or pate Postmanepun
TREASURER NAME	NICKNAME	Michen LAST Jimerso	SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	ı	NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 649-309	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before e		15th day afte treasurer ap (Officeholder Final Report	pointment
10 PERIOD COVERED	Month O	Day Year / 16 / 24	THROUGH 07	Day Year	+
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special		
12 OFFICE	OFFICE HELD (if any)	y Allomey	13 OFFICE SOUGHT (If know)	Horney	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER, THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITUES IN S MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLD	DER'S KNOWLEDGE OR
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE			
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICA PLEDGES, LOANS, OR GUARA CONTRIBUTIONS MADE ELEC		AN \$	
	2. TOTAL POLITICAL CONTRIE (OTHER THAN PLEDGES, LOAR	BUTIONS NS, OR GUARANTEES OF LOAN	s) \$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICA	L EXPENDITURE,	\$	
	4. TOTAL POLITICAL EXPEND	ITURES	\$ 0	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUT OF REPORTING PERIOD	IONS MAINTAINED AS OF THE L	AST DAY \$ 359.46	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF LAST DAY OF THE REPORTING	FALL OUTSTANDING LOANS AS 3 PERIOD	OF THE \$	
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, the	nat the accompanying report is t	and correct and includes all information	
	quired to be reported by me under Title 15, E		irde and content and includes all information	
	,			
		//////		
		Signature of	Candidate or Officeholder	
		Signature of C	Candidate or Officenoider	
)	
			And the state of t	
Please complete either option below:				
ccaer	CINDY CLIFTON			
(1) Affidavit	NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 06/06/25 NOTARY ID 1019262-2			
NOTARY STAMP/SEA	A .) .		
Swom to and subscribed	/ dia	liftor this th	e <u>12</u> day of <u>July</u> .	
Signature of officer administe	ring oath Printed name of office	cer administering oath	Title of officer administering oath	
		OR		
(2) Unsworn Declaration	on			
My name is		, and my date of birth	is	
My address is				
	(street)	(city)	(state) (zip code) (country)	
Executed in	County, State of	, on the day of(mor	, 20 (year)	
			didate/Officeholder (Declarant)	

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. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY **OFFICEHOLDER** NAME FILED FOR RECORD SUFFIX NICKNAME RUSK COUNTY, TEXAS ZIP CODE STATE; 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; **OFFICEHOLDER** MAILING **ADDRESS** Change of Address EXTENSION PHONE NUMBER 5 CANDIDATE/ AREA CODE **OFFICEHOLDER** PHONE Amount \$ Receipt # MI MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed $X_i \cap Y$ NAME SUFFIX NICKNAME Date Imaged ZIP CODE STATE; CITY; STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CAMPAIGN TREASURER **ADDRESS** 4-11-50 (Residence or Business) EXTENSION PHONE NUMBER AREA CODE 8 CAMPAIGN **TREASURER** PHONE 15th day after campaign 9 REPORT TYPE 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election July 15 Reporting Limit 10 PERIOD COVERED THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Month Day Year Primary Runoff Other Description · Special 13 OFFICE SQUGHT (if known) OFFICE HELD (if any) 12 OFFICE THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MAD WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHE PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	R THAN \$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS) \$		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY \$ 357.46		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOAD LAST DAY OF THE REPORTING PERIOD	IS AS OF THE \$		
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.				
	Signatu	re of Canadate or Officeholder		
	Please complete either option	below:		
(1) Affidavit				
NOTARY STAMP/SE/	AL			
Sworn to and subscribed	before me by MICHCALE I merson	this the 10 day of January.		
	ywhich, witness my hand and sebrof office.			
Cindy/lelf	a Cindy Cliston			
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath		
	OR			
(2) Unsworn Declarat	ion			
My name is	, and my date o	f birth is		
_	(street) (city)	(state) (zip code) (country)		
Executed in	County, State of, on the day of	, 20 (month) (year)		
	Clausations	of Candidate/Officeholder (Declarent)		
,	Signature	of Candidate/Officeholder (Declarant)		