# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (Eth	ics Commission Filers	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MS	FIRST SHERYL	·	MI		USEONLY
	NICKNAME	LAST HA		SUFFIX	Waller Co. I	Elections
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. BOX		CITY: STAT VALLER TY	10. 77	JAN 17 RECEI	
Change of Address					l	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	238-3056	EXTE	ENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR MS	FIRST ELIZAB	ETH 1	E WING	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX		
		HARTLE			Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	8	(NO PO BOX PLEASE); APT / S	787 83	HEMPSTE	AD TX	77445
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EYTE	NODA	aller County Election	
TREASURER PHONE		645-0441	EXIC	inclem	oublic on January 16, ent weather day. All r y 17, 2024 are conside	eports stamped
9 REPORT TYPE	January 15	30th day before e	election	Runoff		fter campaign ppointment er Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final Repo	rt (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year / 14 / 2023	THROUGH	Month	Day Yea / 31 / 20	23
11 ELECTION	Month Day	Year Primary	Runoff	Other Description		
12 OFFICE	OFFICE HELD (if any)		- 1	CE SOUGHT (If KNOW)	•	TATTORNEY
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES BAND OFFICEHOLDERS ARE REQUI	ACCEPTED OR POLITI S MAY HAVE BEEN MA	CAL EXPENDITURES N	MADE BY POLITICAL CO	MMITTEES TO SUPPORT
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	S		
Market and Market and Market and American Continues and American and American	and the second second second	GO ТО	PAGE 2	was I to leave	c vo. postaj de de un fel	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME St	HERYL HA	16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>		\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	•	\$ 3400.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	Ş	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	3	15,841.69
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	T DAY	\$ 3400.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$ 25,000.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	and correc	ct and includes all information
		011=	
	Signature of Ca	ndidate or	Officeholder
	Please complete either option below	r:	
(1) Affidavit			
(1)			
NOTARY STAMP/SEAL			
Swom to and subscribed	before me by this the	(	day of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administer	ring oath Printed name of officer administering oath	Tir	tle of officer administering oath
	OR		
(2) Unsworn Declaration	on		
My name isSh	cryl Ha, and my date of birth is	031	15/1992
My address isP. 0.	0	רג או	
Executed in AND 11			p code) (country)
executed in	ER County, State of TEXAS , on the 15 <sup>TH</sup> day of JANI		20 24 (year)
	Signature of Cardio	late Officeho	older (Declarant)
CHE I THE THE PERSON OF THE PE	Control of the second of the s	AND STREET, SOUTH	A MARKET MAN - POST OF STREET,

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

19 FILER NAME SHERYL HA	20 Filer ID (Ethics Commission Filers)	
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3400.00	)
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CO	ONTRIBUTIONS \$ 0.00	0
3. X SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 200.0	0
4. SCHEDULE E: LOANS	\$ 25,000.	.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FRO	M POLITICAL CONTRIBUTIONS \$ 0.00	0
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00	0
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE F	ROM POLITICAL CONTRIBUTIONS \$ 0.00	0
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CAR	\$ 0.00	0
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM	M PERSONAL FUNDS \$ 15,841.	69
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONT	TRIBUTIONS TO A BUSINESS OF C/OH \$ 0.00	0
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FR	OM POLITICAL CONTRIBUTIONS \$ 0.00	0
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, TO FILER	AND CONTRIBUTIONS RETURNED \$ 0.00	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
2 FILER NAME	SHERY L HA		3 Filer ID (Ethics Commission Filers)
4 Date 11/22/2023	5 Full name of contributor  LARRY PARR 6 Contributor address;  City;  HOG18 HOLIK HEMPSTEA	7 Amount of contribution (\$) \$ 100.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 11   30   2023	DORA ANN GOSTECHIK	State; Zip Code	Amount of contribution (\$) \$ 150.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	
Date 11   3 0   2 0 2 3	CHRISTINE COCKRELL	State: Zip Code ON,TX 77003	Amount of contribution (\$) \$250.00
ATTORN	eation / Job title (See Instructions)	COCKRELL & OL	INER LAW FIRM
Date 12/1/2023	Full name of contributor out-of-state PAC JOEL TRIMM  Contributor address; City: 32225 U.S. 90 BUS, BROOKS	State; Zip Code	Amount of contribution (\$) \$200.00
	T 4 CONSTABLE	Employer (See Instruct WALLER COUN	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### **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	
2 FILER NAME	SHERYL HA	3 Filer ID (Ethics Commission Filers)		
4 Date 12   17   2023	5 Full name of contributor ☐ out-of-state PAC TED KRENEK 6 Contributor address; City; 32225 U.S. 90 BUS, BROOKS	7 Amount of contribution (\$) \$ 200.00		
400	pation / Job title (See Instructions)  4 JUSTICE OF THE PEACE	tions)		
Date 12   19   2023	Full name of contributor Out-of-state PACE STREET HEMPS	State; Zip Code	Amount of contribution (\$) \$2500.00	
	pation / Job title (See Instructions) SOWNER	EE & WINE CAFÉ		
Date	Full name of contributor out-of-state PAC  Contributor address; City;	State; Zip Code	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor out-of-state PAC Contributor address; City;	State: Zip Code	Amount of contribution (\$)	
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES			
THE STREET STREET	If contributor is out-of-state PAC, please see Instr	uction guide for additional :	reporting requirements.	

### **PLEDGED CONTRIBUTIONS**

### SCHEDULE B

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

	sted information is not applicable, <b>50 NOT I</b>					
The	Instruction Guide explains how to complete this	s form.	1 Total pages Sched	1 Total pages Schedule B:		
2 FILER NAME	SHERYL HA		3 Filer ID (Ethics C	ommission Filers)		
4 TOTAL OF	UNITEMIZED PLEDGES		\$	=		
5 Date	6 Full name of pledgor out-of-state PAC (ID#_SYLVIA CEDILLO LAW OFF 7 Pledgor address; City; St 728 AUSTIN STREET	8 Amount of Pledge \$	9 In-kind contribution description			
40 Delevied services	HEMPSTEAD, TX 77445			ide of Texas. Complete Schedule T.		
10 Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)			
Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description		
	Pledgor address; City; St	ate; Zip Code				
			Check if travel outsi	l . de 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; St	ate; Zip Code				
			Check if travel outsi	de of Texas. Complete Schedule T.		
Principal occu	pation / 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; State	e, Zip Code				
			Check if travel outsi	de of Texas. Complete Schedule T.		
Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)			
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDU	LE AS NEEDED			
in a second second	contributor is out-of-state PAC, please see Inst	ruction guide for	additional reporting	requirements.		

### LOANS SCHEDULE E

If the requested	information is not applicable, DO NO	T include this page in the rep	port.
The	1 Total pages Schedule E:		
2 FILER NAME	SHERYL HA		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$ 25,000.00
5 Date of loan	7 Name of lender  uit-of-state i	PAC (ID#)	9 Loan Amount (\$)
11 /14/2023	SHERYL HA		25,000.00
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
Y N	P.O. BOX 1836 WALL	ER TX 77484	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
	T COUNTY ATTORNEY	-	ATTORNEY'S OFFICE
14 Description of Colla	ateral	Check if personal fundaccount (See Instruction	ds were deposited into political ons)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	18 Guarantor address; City,	State; Zip Code	
not applicable			
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address, City,	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Charle 7 and a second 6	
none		account (See Instructi	ds were deposited into political ons)
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City,	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
	ATTACH ADDITIONAL COS	IEC OF THIS COURDS: F AG SEE	DED
if le	nder is out-of-state PAC, please see Ins	IES OF THIS SCHEDULE AS NEE struction guide for additional re	

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Legal Services Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SHERYL HA ۵) 4 Date 5 Payee name DIBRELL & ASSOCIATES 11/14/2023 7 Payee address; 6 Amount (\$) Zip Code 4203 GLADE SHADOW CT 3,115.35 KATY 77494 Reimbursement from X political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** CONSULTING EXPENSE OF **EXPENDITURE** Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name DIBRELL & ASSOCIATES 11/16/2023 Amount (\$) Payee address; State: Zip Code 200.00 4203 GLADE SHADOW CT TX Reimbursement from X political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING EXPENSE **OF EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 11/17/2023 DIBRELL & ASSOCIATES Amount (\$) City; State: Zip Code 381:00 4203 GLADE SHADOW CT KATY 77494 Reimbursement from x political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING EXPENSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE G

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

		EXPENDII	URECATE	GORIE	S FOR BC	)X в(а)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Event Expense Fees Food/Beverage Expo Gift/Awards/Memori Legal Services		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)		ent & Related Expense	
ordar aymork		The Instruction	Guide explair	is how to	complete	this form.			
1 Total pages Schedule G:	2 FILER NAM	SHER	IL HA				3 Filer ID (Ethics Commission Filers)		
4 Date 11   30   2023	5 Payee nam	RELL & A	\SSOC1A	ITES					
6 Amount (\$) 5 17 . 50	7 Payee add		- 60 4	> A \	0.7	City;		State;	Zip Code
Reimbursement from political contributions intended	420	3 GLADI	e SHAI	WOO	CI	KAT	4	TX	77494
8 PURPOSE	(a) Category (	See Categories listed	at the top of this s	chedule)	(b) Des	cription			
OF EXPENDITURE	ADVE	RTISING	EXPEN'	SE					
	(c) C	neck if travel outside of T	exas. Complete Sci	hedule T.		Check if Austin	, TX, officeho	lder living exp	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	te / Officeholder	name		Office so	ought		C	Office held
Date 1113012023	Payee nam	skell ż	ASSOCI	ATES					32
Amount (\$)	Payee add					City;		State;	Zip Code
245.28 Reimbursement from political contributions intended	420	3 GLAD	E SHAT	W0(	COUR	T KA	HT4	TX	77494
PURPOSE		See Categories listed		chedule)	Des	cription	0.5		1.33
OF EXPENDITURE	EVE	NT EXPE	MSE						
		heck if travel outside of T		hedule T.		Check if Austin	n, TX, officeho	older living exp	pense
Complete ONLY if direct expenditure to benefit C/	110	te / Officeholder	name		Office so	ought			Office held
Date 11/30/2023	Payee nam	e Ala's Ca	FE						
Amount (\$)	Payee add					City;	5	State;	Zip Code
750.00 Reimbursement from political contributions intended	90	5 13TH	STREE	T		HEMP	STEAD	TX	77445
PURPOSE		See Categories listed		chedule)	Des	cription			
OF EXPENDITURE	EVE	ENT EXP	ENSE						
	CI	neck if travel outside of T	exas. Complete Sci	hedule T		Check if Austin	TX, officeho	der living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candida	te / Officeholder	name		Office so	ought		(	Office held
n anni an midden and a second	ATTAC	CH ADDITIONA	L COPIES O	FTHIS	SCHEDUL	E AS NEED	ED		and the second

### 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 Candidate/Officeholder/Politic Credit Card Payment	Tide: Out Of District	•
1 Total pages Schedule G	2 FILER NAME SHERYL HA 3 Filer ID (Ethics Commission F	ilers)
4 Date 1113012023	DIBRELL & ASSOCIATES	
Amount (\$)  1,444.00  Reimbursement from political contributions intended	7 Payee address; City: State; Zip Code 4203 GLADE SHADOW CT KATY TX 774	9 <del>+</del>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE  (b) Description  Check if Austin, TX, officeholder living expense	- 27
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Office sought Office held	
Date 11/30/2023	DIBRELL & ASSOCIATES	
Amount (\$)  1,000.00  Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4203 G LADE SHADOW CT KATY TX 774	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  CONSULTING EXPENSE  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 12/2/2023	Payee name DIBRELL & ASSOCIATES	
Amount (\$) 936-05 Reimbursement from political contributions intended	Payee address; Zip Code 4203 GLADE SHADOW CT KATY TX 7740	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE	
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T  Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held	
the Property of the State of the second state	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	4-18 (a. 1-18, 1) (b. 16

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SHERYLHA 6 4 Date 5 Payee name DIBRELL & ASSOCIATES 12/7/2023 7 Pavee address: 6 Amount (\$) City; State: Zip Code 1676.70 4203 GLADE SHADOW CT KATY TX 77494 Reimbursement from political contributions ntended (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** ADVERTISING EXPENSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name DIBRELL & ASSOCIATES 12/19/2023 Amount (\$) Payee address: City: State: Zip Code 380.62 GLADE SHADOW CT KATY 4203 TX Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING EXPENSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH DIBRELL & ASSOCIATES 12/19/2022 Amount (\$) Payee address: City: State: Zip Code 625.004203 GLADE SHADOW CT KATY TX 77494 Reimbursement from political contributions ntended Category (See Categories listed at the top of this schedule) Description **PURPOSE** ADVERTISING EXPENSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE G

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

		EXPENDITURE	CATEGORIES	FOR BOX 8	3(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 Exp			Office Ov Polling Ex ense Printing E	xpense Nages/Contract	xpense Labor	Transpor Travel In Travel O	District ut Of District	g Expense ent & Related Expense rnot listed above)		
1 Total pages Schedule G	2 FILER NAME	SHERYL HA  3 Filer ID (Ethics Commission Filers)								
4 Date	5 Payee name	SHORICI	щ							
12/21/2023		ZELL & AS	SOCIATE	S						
6 Amount (\$)  1385.00 Reimbursement from political contributions intended	7 Payee address 4203	GLADE	SHADOW		City; KA	ιΤΥ	State;	Zip Code 77494		
8 PURPOSE OF EXPENDITURE	ADVE	Categories listed at the to	EXPENSE	(b) Descrip	tion			82 <u>.</u>		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Check if travel outside of Texas Complete Schedule T Check if Austin, TX of Candidate / Officeholder name Office sought						Office held		
Date 12/27/2023	Payee name	RELL ¿A	SSOCIAT	ES			90 			
Amount (\$) 1500.00 Reimbursement from political contributions intended	Payee address		SHADOV		City; KAT	4	State;	Zip Code 77494		
PURPOSE OF EXPENDITURE	CONSU	Categories listed at the to	PENSE	Descrip		TV officers	No. 15 de la constante de la c			
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate /	Officeholder name		Office sough		TA, Officer	older living exp	Office held		
Date 12/28/2023	Payee name	ZELL & ASS	BOCIATES				2 2 2 2			
Amount (\$)  368.19  Reimbursement from political contributions intended	Payee address	GLADE	SHADOW	CT	KAT		State	Zip Code 17494		
PURPOSE OF EXPENDITURE		Categories listed at the to	35	Descrip	tion					
Complete ONLY if direct expenditure to benefit C/OH		traveloutside of Texas. Co Officeholder name		Office sough		TX officeho	older living exp	Office held		
es = 1 Marachalla Added Room according	ATTACH A	ADDITIONAL COR	PIES OF THIS S	CHEDULE A	S NEEDE	ED .	(2)(a)			

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salanes/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SHERYL HA G 4 Date 5 Payee name CYPRESS BREAKFAST HOUSE 12/29/2023 7 Payee address; 6 Amount (\$) State: Zip Code 12344 BARKER CYPRESS #120 CYPRESS TX 62.00 77429 Reimbursement from X political contributions 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** FOOD I BEVERAGE EXPENSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH WALLER COUNTY REPUBLICAN PARTY 11/16/2023 Amount (\$) Payee address: Zip Code 1250.00 350 BUSINESS 290 HEMPSTEAD TX 77494 Reimbursement from political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** FEES OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Pavee name Amount (\$) Payee address: City: State: Zip Code Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ett	nics Commission Filers)	2 Total pages filed: G				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS	SHERYI		MI	OFFICE USE ONLY				
NAME	NICKNAME	LAST HA		SUFFIX	Date Received  Waller Co. Elections				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. 80X	1836 W	ALLER, T		FEB <b>0 2</b> 2024				
Change of Address									
5 CANDIDATE/ OFFICEHOLDER PHONE	( 720 ) 7	238-3056	EXT	ENSION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  MS	ELIZABE	ETH	EWING	Receipt # Amount \$  Date Processed				
INAIVIL	NICKNAME	LAST		SUFFIX					
		HARTLE	4		Date Imaged				
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / SI	UITE #. (	CITY;	STATE: ZIP CODE				
TREASURER ADDRESS	P.O. BOX	1045		HEMPST	EAD. TX 77445				
(Residence or Business)	1.0.00%	. 10-10							
8 CAMPAIGN	AREA CODE	PHONE NUMBER	FYT	ENSION					
TREASURER	AREA GODE								
PHONE	(979) 645-0441								
9 REPORT TYPE	January 15	30th day before e	lection	Runoff	15th day after campaign treasurer appointment (Officeholder Only)				
	July 15	8th day before ele	ction	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)				
10 PERIOD	Month	Day Year		Month	Day Year				
COVERED	01	/ 01 / 2024	THROUGH	01	/ 25 / 2024				
11 ELECTION	ELECTION DA			ELECTION TYPE					
	Month Day	Year X Primary	Runoff	Other Description					
	03/05/	2024 General	Special						
12 OFFICE	OFFICE HELD (if any)			ICE SOUGHT (if known	50 April				
			WAL	LER COUN	TY DISTRICT ATTORNEY				
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEUOI DED THESE EXPENDITURES	MAY HAVE REEN MA	ADE 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 TRE	ASURER NAME						
		COMMITTEE CAMPAIGN TR	EASURER ADDRES	SS					
		GO TO	PAGE 2						
1		30 10							

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	SHERV	IL HA			<b>16</b> Fil	er ID (Ethic	s Commission Filers)
17 CONTRIBUTION TOTALS	1.	PLEDGES, LOANS	ED POLITICAL CON S, OR GUARANTEES MADE ELECTRONI		THAN	\$	0.00
	2.		AL CONTRIBUTION EDGES, LOANS, OR	NS GUARANTEES OF LOA	ANS)	\$	0.00
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZE	ED POLITICAL EXPE	ENDITURE:		\$	0.00
	4.	TOTAL POLITICA	AL EXPENDITURE	s		\$	3,402.79
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL OF REPORTING P		MAINTAINED AS OF THE	E LAST DAY	\$	3,400.00
OUTSTANDING LOAN TOTALS	6.		AMOUNT OF ALL O	OUTSTANDING LOANS A	AS OF THE	\$ 2	5,000.00
			of perjury, that the der Title 15, Election		s true and o	correct and	includes all information
,	equired to be	reported by the und	ier fille 13, Liection	Code.			
				4	inll	a	
				Signature	Candidate	e or Officeh	iolder
		Pleas	se complete d	either option be	low:		
(1) Affidavit							
(.,							
NOTARY STAMP/SE	ΔΙ						
				-			
Sworn to and subscribe				this	the	day of	,
20, to certif	fy which, with	ess my hand and sea	al of office.				
Signature of officer adminis	tering oath	Printe	ed name of officer adm	ninistering oath		Title of of	fficer administering oath
			OR				
(2) Unsworn Declarate	tion						
							1.000
My name isSH							
My address is	0. ROX		· · · · · · · · · · · · · · · · · · ·	WALLEK (city)	_, <b>TX</b> _, (state)	(zip code	
Executed inWAI	IEN	(street)	TEVAS on				
Executed in	LLCK	oounty, State of	- ICATO , OIL	\(\sigma_{\psi}\)	month)	(ye	ar)
				Signature of C	Candidate/Of	ficeholder (	Declarant)
				-	1/		

### SUBTOTALS - C/OH

SHERYL HA	20 Filer ID (Ethics Commis	ssion Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
SCHEDULEA1: MONETARY POLITICAL CONTRIBU	TIONS \$	0.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITI	CAL CONTRIBUTIONS \$	0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4. SCHEDULE E: LOANS	\$	0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MAD	E FROM POLITICAL CONTRIBUTIONS \$	0.00
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS M	ADE FROM POLITICAL CONTRIBUTIONS \$	0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CRED	IT CARD \$	0.00
9. X SCHEDULE G: POLITICAL EXPENDITURES MADE	FROM PERSONAL FUNDS \$	3,402.79
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL	CONTRIBUTIONS TO A BUSINESS OF C/OH \$	0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MA	DE FROM POLITICAL CONTRIBUTIONS \$	0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFU TO FILER	JNDS, AND CONTRIBUTIONS RETURNED \$	0.00

### SCHEDULE G

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

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

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Event Expense Food/Beverage Expense Gift/Awards/Memorials Evpense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Politi Credit Card Payment	ical Committee Legal Services Salaries A  The Instruction Guide explains how to	Wages/Contract Labor Oti	ner (enter a category	not listed above)
1 Total pages Schedule G:	2 FILER NAME SHERYL HA	3	Filer ID (Ethics (	Commission Filers)
4 Date 11612024	5 Payee name TEXAS FEDERATION OF	REPUBLICAN	WOMEN	
6 Amount (\$) 92.34 Reimbursement from political contributions intended	P. 0. B 0 × 171146	City; AUSTIN	State;	Zip Code <b>78717</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  FEE	(b) Description LEADERSHI	255 3 <b>4</b> 3	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin, TX, of Office sought		Office held
Date 1/6/2024	Payee name UNITED STATES POSTAL	SERVICE		
Amount (\$)  1,320.00  Reimbursement from political contributions intended	Payee address; No ADDRESS; USPS. COM	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE  Check if travel outside of Texas. Complete Schedule T.	POSTAGE  Check if Austin, TX, 6	officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought		Office held
Date 1/6/2024	Payee name WALLER AREA CHAMBER	OF COMMERCE	<u> </u>	
Amount (\$)  300.00 Reimbursement from political contributions intended	Payee address; P.O.Box 53	City; WALLER	State;	Zip Code 77484
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES & CONTRIBUTION / DON	Description ATION MEMBE	ERSHIP, AT	MUALDIMM
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin, TX, of Office sought		pense Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED		

### SCHEDULE G

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

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

(	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic redit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide expl	Office Over Polling Ex Printing Ex Salaries/V	kpense //ages/Contract Labor	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1	Total pages Schedule G:	2 FILER NA	SHERYL HA			3 Filer ID (Ethics	Commission Filers)
4	Date	5 Payee na				I	
	11812024	REF	PUBLICAN WO	MEN O	F KATY		
6	Amount (\$)  70.00  Reimbursement from political contributions intended	7 Payee ad 955	O SPRING GR	EEH Bl	City; ND,STE 408	State;	Zip Code ,TX 77494
8	PURPOSE OF	- 10 10	(See Categories listed at the top of th		(b) Description FORUM		
	EXPENDITURE	(c)	Check if travel outside of Texas. Complete	W. 1900		r, TX, officeholder living ex	rpense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	date / Officeholder name		Office sought		Office held
	Date	Payee na	me				
	1/11/2024	DIB	RELL & ASSOCIA	<b>TES</b>			
	Amount (\$)  1,448.48  Reimbursement from political contributions intended	Payee ad	_	DOM CO	OURT KA	State;	Zip Code 77494
	PURPOSE OF EXPENDITURE	• • • •	(See Categories listed at the top of the RTISING EXPE		POSTAGE	E	
	EXPENDITORE		Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
	Complete ONLY if direct expenditure to benefit C/C		date / Officeholder name		Office sought		Office held
	Date	Payee na	me				
	111612024	TRA	CTOR SUPPLY O	OMPAN	44		
	Amount (\$)  G9.16  Reimbursement from political contributions intended	Payee ad	dress; O WALLER-TOMI	BALL, FI	City; M 2920 ROA!	State; D, WALLER,	Zip Code TX 77484
	DUBBOSE		/ (See Categories listed at the top of th		Description		
	PURPOSE OF EXPENDITURE	ADV	IERTISING EXP	ENSE	SIGH SU	IPPLIES	
			Check if travel outside of Texas. Complete	Schedule T.		n, TX, officeholder living e	25 (20 C) 10 (20 C)
	omplete <u>ONLY</u> if direct spenditure to benefit C/OH	Candi	date / Officeholder name		Office sought		Office held
		ATT	ACH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	DED	
							Pavisad 1/1/2024

### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

	Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Gift/Awards/Memorials Expense Legal Services  The Instruction Guide expla		xpense Nages/Contract Labor	Travel In District Travel Out Of District Other (enter a category	not listed above)
1	Total pages Schedule G:	2 FILER NA	ME			3 Files ID (Ethics (	Commission Filess
	3	Z FILER NA	SHERYLHA	١		3 Filer ID (Ethics (	commission Filers)
4	Date	5 Payee nar					
	112512024		IS WINE & LIG	LYOR			
6	Amount (\$)	7 Payee add		92 <u>188</u> 1	City;	State;	Zip Code
	102.81 Reimbursement from	355	23 US 290, SUI	TE B	WAL	LER, TX	77484
	political contributions intended		•				
8	PURPOSE	(a) Category	(See Categories listed at the top of this	s schedule)	(b) Description		
	OF EXPENDITURE	CONT	RIBUTION/ DON	ATION	WALLER AREA SILENT	CHAMBER OF AUCTION IT	COMMERCE
		(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	, TX, officeholder living exp	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	C	Office held
	Date	Payee nar	ne				
	Amount (\$)	Payee add	dress;		City;	State;	Zip Code
	Reimbursement from political contributions intended						
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	s schedule)	Description		
	EXPENDITORE		Check if travel outside of Texas. Complete	Schedule T	Check if Austin	, TX, officeholder living ex	nense
			ate / Officeholder name	oorloadio 1.	Office sought		Office held
	Complete ONLY if direct expenditure to benefit C/C						
	Date	Payee nan	ne				
	Amount (\$)	Payee add	dress;		City;	State;	Zip Code
	Reimbursement from political contributions intended						
	PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this	s schedule)	Description		
			Check if travel outside of Texas. Complete	Schedule T.	Check if Austin	TX, officeholder living exp	pense
	omplete <u>ONLY</u> if direct penditure to benefit C/OH	Candid	ate / Officeholder name		Office sought	(	Office held
		ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NEED	ED	

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages file	d: <b>\\</b>
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	SHERYL		МІ	OFFICE (	JSE ONLY
NAME	NICKNAME	LAST <b>HA</b>		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING	P.O. BOX	APT / SUITE #; C	ALLER, T	TX 77484		Elections 3 2024
ADDRESS  Change of Address					RECE	IVED
5 CANDIDATE/ OFFICEHOLDER PHONE	(720) 2	98 - 3056	EXT	TENSION	Date Hand-delivered	9-12 1-20-20-20-20-20-20-20-20-20-20-20-20-20-
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS	E LIZABI	ETH	EWING	Receipt #  Date Processed	Amount \$
	NICKNAME	HARTLE	Ч	SUFFIX	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (	NO PO BOX PLEASE); APT / SL	JITE #.	CITY;	STATE:	ZIP CODE
TREASURER ADDRESS	P.O. BOX	1045		HEMPST	EAD TX	77445
(Residence or Business)		Victor constraints - Settle Provincial control	1 - 5000			
8 CAMPAIGN TREASURER PHONE	AREA CODE (979) 6	PHONE NUMBER 45 - 0441	EXT	ENSION		
9 REPORT TYPE	_					
THE ORT THE	January 15	30th day before el	lection	Runoff	15th day after treasurer app (Officeholder	pointment
	July 15	X 8th day before elec	ction	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	2
	01/	<b>26 / 2024</b>	THROUGH	02	24 /202	4
11 ELECTION	ELECTION DA	TE Year Primary	Runoff	ELECTION TYPE Other		
	03/05/		Special	Description		
12 OFFICE	OFFICE HELD (if any)			FICE SOUGHT (if known	DISTRICT	ATTORNEY
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS ASSENDED.  EHOLDER. THESE EXPENDITURES  AND OFFICEHOLDERS ARE REQUIF	MAY HAVE REEN M	IADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLD	ER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRE	SS		
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME	HERY L HA	16 Filer ID (E	thics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2275.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	8549.74
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$	5675.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	40,000.00
	swear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct a	nd includes all information
		, 1	
	110	Alla	
	Signature of gan	edidate or Offi	ceholder
		raidate or onr	ocholder
	Please complete either option below	:	
(1) Affidavit			
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by this the _	day	of,
20 to certify	which, witness my hand and seal of office.		
	miles, maisserily halic and search emiss.		
Signature of officer administe	ring oath Printed name of officer administering oath	Title o	of officer administering oath
	OR		
(2) Unsworn Declarati	on		
(-,			
My name isSP	ERYL HA, and my date of birth is	MARC	H 15,1992
My address is P.O.	BOX 1836 WALLER T	X 7749	84 <u>USA</u>
	(street) (city) (st	tate) (zip co	
Executed inWALLE	County, State of TEXAS, on the 23RD day of FEBR	UARY , 20	211 ·
	(month)	PHa	(year)
	Signature of Candid		er (Declarant)

### SUBTOTALS - C/OH

19	FILER NAME 20 Filer ID (Ethics Con	nmis	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	2275.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	X SCHEDULE E: LOANS	\$	15,000.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	8549.74
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A1

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

, and the second of the second							
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2				
2 FILER NAME	SHERYL HA		3 Filer ID (Ethics Commission Filers)				
4 Date	• 10 00 00 00 00 00 00 00 00 00 00 00 00	; (ID#:)	7 Amount of contribution (\$)				
112612024	JIM JAMES		250.00				
	6 Contributor address; City;						
	1716 BRIARCREST DR, STE 505, BRYAN, TX 77802						
	pation / Job title (See Instructions)	9 Employer (See Instruct					
ATTORNE	7	S, SPIEGELHAUR, & ASK					
Date	Full name of contributor out-of-state_PAC	; (ID#:)	Amount of contribution (\$)				
112912024	CRAIG GREAVES		250.00				
	Contributor address; City;	State; Zip Code	250.00				
	708 S. BRYAN AVE BRY	AN,TX 77803					
2 858 5 00 VOLUMENTS OF	pation / Job title (See Instructions)	ions)					
ATTORN	<u> </u>	THE LAW OFFICE	OF CRAIG M. GREAVES				
Date	Full name of contributor out-of-state_PAC	(ID#:)	Amount of contribution (\$)				
211 12024	RONDI REYNOLDS		200.00				
		State; Zip Code					
	4919 PARK LAND DRIVE, B	RYAN, TX 77802					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)				
2/14/2024	BRUNO SHIMEK		100.00				
	Contributor address; City;	State; Zip Code					
	218 HORTH MAIN ST, BRY	AM, TX 77803					
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
ATTORNE	1	SELF					

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

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

in the requested information is not applicable, <b>bo Not include this page in the report.</b>						
The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1: 2			
2 FILER NAME	SHERYL HA	3 Filer ID (Ethics Commission Filers)				
5 Full name of contributor out-of-state PAC (ID#:)  FINISHES SOLUTIONS  6 Contributor address; City; State; Zip Code  2614 WASHINGTON ST, WALLER, TX 77484			7 Amount of contribution (\$)			
8 Principal occup DEVELO	pation / Job title (See Instructions)	tions) LUTIONS				
Date 2   9   2 024	HEELEY LEWIS	State; Zip Code	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions)  ATTORNEY  Employer (See Instructions)  SELF			cions)			
Date 2/13/2024 Full name of contributor out-of-state PAC (ID#:)  LEONID KISHINENSKY  Contributor address; City; State; Zip Code  13831 NORTHWEST FWY #312, HOUSTON,TX 7704			Amount of contribution (\$) 250.00			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct				
Date 2/13/2024	Full name of contributor  out-of-state PACE  OANID GREENE  Contributor address; City;  20826 TRENTON VALUEY LN	State; Zip Code	Amount of contribution (\$)			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

### LOANS SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.					
The	The Instruction Guide explains how to complete this form.				
2 FILER NAME	SHERYL HA	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UN	NITEMIZED LOANS		\$ 15,000.00		
5 Date of loan 2/1/2024	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$)		
6 Is lender a financial Institution?	8 Lender address; City; P. 0. BOX 1836 WA	State; Zip Code	10 Interest rate  11 Maturity date		
Y (N)		140 -	TT Waturity date		
ATTORNE	on / Job title (See Instructions)	BRAZOS COUNTY	ATTORNEY'S OFFICE		
14 Description of Coll  None	ateral	15	ds were deposited into political		
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  ut-of-state	PAC (ID#:)	Loan Amount (\$)		
Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate		
Y N			Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Colla	ateral	Check if personal function account (See Instruction	ds were deposited into political ions)		
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
not applicable	Guarantor address; City;	State; Zip Code			
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

### SCHEDULE G

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (order a category por lighted choice)

Candidate/Officeholder/Politi Credit Card Payment	Tayler Out Or District  Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule G: 5	2 FILER NAME SHERYL HA  3 Filer ID (Ethics Commission Filers)
4 Date 113112024	DIBRELL & ASSOCIATES
6 Amount (\$) 467.10 Reimbursement from political contributions intended	7 Payee address; Zip Code 4203 GLADE SHADOW COURT KATY TX 77494
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE  SIGNS
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Candidate / Officeholder name  Office sought  Office held
Date 2/1/2024	DIBRELL なASSOCIATES
Amount (\$)  \$50.00  Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4203 GLADE SHADOW COURT KATY TX 77494
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  CONSULTING EXPENSE  CAMPAIGN CONSULTANT
	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 Office sought Office held
Date 21112024	DIBRELL & ASSOCIATES
Amount (\$)  363.30  Reimbursement from political contributions intended	Payee address; City; State; Zip Code 4203 GL ADE SHADOW COURT KATY TX 77494
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE  SIGNS
	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 NEEDED

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SHERYL HA 4 Date 5 Payee name 21112024 DIBRELL & ASSOCIATES 6 Amount (\$) 7 Pavee address City; State; Zip Code 334.26 4203 GLADE SHADOW COURT KATY TX 77494 ★ political contributions 8 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** ADVERTISING EXPENSE POSTAGE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date KNIGHTS OF COLUMBUS HEMPSTEAD 2/1/2024 Amount (\$) 100.00 22892 MACK WASHINGTON LANE, HEMPSTEAD, TX 77445 Reimbursement from x political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** ANNUAL CASINO MIGHT CONTRIBUTION/DONATION OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name PATTY'S DINER 21212024 Amount (\$) City; Zip Code State: 32.00 3811 AVENUE G 77466 PATTISON TX Reimbursement from X political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** FOOD I BEVERAGE EXPENSE CONSULTATION OF **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T.

Office held

Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Candidate / Officeholder name

#### SCHEDULE G

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) SHERYL HA 4 Date 5 Payee name WALLER COUNTY REPUBLICAN PARTY 2/13/2023 7 Pavee address: 6 Amount (\$) State: Zip Code 100.00 BROOKSHIRE CONVENTION CENTER Reimbursement from 4029 5TH STREET, BROOKSHIRE, TX 77423 X political contributions intended (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** POLITICS & PIZZA CONTRIBUTION / DONATION OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name 112512024 HEDGEHOG GRILL Amount (\$) Payee address: State: Zip Code 41.11 40100 US 290 BUSINESS WALLER Tχ 77484 Reimbursement from **X** political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** FOOD I BEVERAGE EXPENSE CONSULTATION OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date Payee name 211712024 HEMPSTEAD LITTLE LEAGUE Pavee address: Amount (\$) Zip Code 7640.00 KC HALL Reimbursement from 22892 MACK WASHINGTON LANE, HEMPSTEAD, TX 77445 political contributions Category (See Categories listed at the top of this schedule) Description **PURPOSE** 8TH ANNUAL CRAWFISH BOIL CONTRIBUTION / DONATION OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Candidate / Officeholder name

Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE G

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

Polling Expense Travel In District
Printing Expense Travel Out Of District
Salaries/Wares/Contract Labor
Other (enter a category)

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: 5	2 FILER NAME SHERYL HA		3 Filer ID (Ethics	Commission Filers)
4 Date 2/15/2024	DIBRELL & ASSOCIATES			
6 Amount (\$)  1 0 5 0 . 0 0  Reimbursement from political contributions intended	7 Payee address; 4203 GLADE SHADOW	COURT KA	State;	Zip Code 77494
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE	(b) Description  LIVE CALI	S	
	(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	9	Office held
Date 2/15/12024	DIBRELL & ASSOCIATES			
Amount (\$)  1583.47  Reimbursement from political contributions intended	H203 GLADE SHADOW	COURT KA	TY TX	77494
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	POSTAGE		
300-004-007 \$50.007.00000000000000000000000000000000	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder name	Office sought		Office held
Date 2   15   2024	DIBRELL & ASSOCIATES			
Amount (\$) 514.30 Reimbursement from political contributions intended	Payee address: 4203 GLADE S HADOW	COURT KAT	State;	77494
PURPOSE OF	Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE	SIGNS		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	ĒD .	

### SCHEDULE G

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Wages/Contract Labor Other (enter a category not listed above)
1 Total pages Schedule G:	SHERYL HA	3 Filer ID (Ethics Commission Filers)
4 Date 2 / 15 / 2024	5 Payee name THE KATY TIMES	
6 Amount (\$)  145.00  Reimbursement from political contributions intended	P.O. Box G78	City; State; Zip Code  KATY TX 77492
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE  (c) Check if travel outside of Texas. Complete Schedule T.	(b) Description NEWSPAPER AD  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 211512024	Payee name THE WALLER TIMES	
Amount (\$)  149.20  Reimbursement from political contributions intended	P.O. Box 1736	City; State; Zip Code WALLER TX 77484
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  ADVERTISING EXPENSE  Check if travel outside of Texas Complete Schedule T.	Description NEWSPAPER AD Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought Office held
Date 2/15/2024	THE WALLER COUNTY	EXPRESS
Amount (\$)  180.00  Reimbursement from political contributions intended	Payee address: III O AUSTIN STREET	City; State; Zip Code HEMPSTEAD TX 77445
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	NEWSPAPER AD
Complete ONLY if direct expenditure to benefit C/OH	Check if travel outside of Texas. Complete Schedule T.  Candidate / Officeholder name	Check if Austin, TX, officeholder living expense  Office sought  Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		