		CEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction C	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS / MR Dwig	g ht	MI	OFFICE USE ONLY
, , , , , , ,	NICKNAME	Gallivan	SUFFIX	# P D
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	: APT / SUITE #,	CITYSTATE: ZIP CODE	LISA SE TIONS AI TOR COU
Change of Address				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand descended STEP
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Micke	y G	MI	Date Progress
TV NVIC	NICKNAME	Gaines	SUFF:X	Date Impart
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE). APT /	SUITE # CITY:	CSTATE ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
9 REPORT TYPE	X January 15	30th day before	election Runolf	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before e	Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	01 Year 23	Month OC THROUGH	5 30 Year 23
11 ELECTION	ELECTION DA	Year Primary General	Description	
12 OFFICE	Ector Co	ounty District Attor	ney 13 OFFICE SOUGHT (if know	n)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	CEMOLDER THESE EXPENDITURE	ES MAY HAVE BEEN MADE WITHOUT THE CAR	MADE BY POLITICAL COMMITTEES TO SUPPORT MOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TR		
		COMMITTEE GAMPAIGN TE	REASURER ADDRESS	
		GO TO	PAGE 2	

MISTY R HULL

	- 1	ANCE REPORT	CO	VER SHEET PG 2
15 C/OH NAME			16 Filer I	D (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ O
	2,	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ O
EXPENDITURE 3.		TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$
	4.	. TOTAL POLITICAL EXPENDITURES		\$ 0
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY	\$ 1,595.12
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE	\$ 0
		affirm, under penalty of perjury, that the accompanying report is true te reported by me under Title 15, Election Code. Signature of Ca	26	2

Please complete either option below:

NOTARY STAMP/SEAL Sworn to and subscribed before me by Dusty Gallivan this the and day of October	
Dusty Callina this the 2rd day of Ort be	
Sworn to and subscribed before the by	2
53	
20 00 to certify which, witness my hand and seal of office.	
Signature of officer administering oath Printed name of officer administering oath Title of officer administering	oat

(2) Unsworn Declaration My name is ______, and my date of birth is ____ My address is _____ (country) (city) (state) (zip code) (street) Signature of Candidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** Dwight NAME Date I NICKNAME SUFFIX ELECTIONS ADMINISTRATO 4 CANDIDATE/ ADDRESS / PO BOX, APT / SUITE # CITY STATE ZIP GODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION **OFFICEHOLDER** PHONE 6 CAMPAIGN FIRST TREASURER Mickey G NAME Date NICKNAME LAST SUFFIX Gaines STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CAMPAIGN TREASURER **ADDRESS** (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE January 15 30th day before election Runolf 15th day after campaign treasurer appointment (Officeholder Only) July 15 Exceeded Modified 8th day before election Final Report (Attach C/OH=FR) Reporting Limit 10 PERIOD Month 01 Year 22 COVERED 06 30 THROUGH 11 ELECTION ELECTION DATE ELECTION TYPE Primary Runoff Other Description Month Generat Special OFFICE HELD (If any) Ector County District Attorney 12 OFFICE 13 OFFICE SOUGHT (if known) 14 NOTICE FROM 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 CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION DULY 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	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$ 0	
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ O	
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4.	TOTAL POLITICAL EXPENDITURES		\$ O	
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY	\$ 1,595.12	
OUTSTANDING LOAN TOTALS	6,	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE	\$ 0	

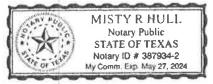
18 SIGNATURE

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



i ilitica ilatii		×			
	OR		and a		
	, ar	nd my date of b	irth is		
	, <u> </u>		·		
(street)		(city)	(state)	(zip code)	(country)
_ County, State of	, on the	day of	(nionth)	20 (year)	·
	-	Signature of (Candidate/Of	ficeholder (Dec	larant)
	(street)	OR	, and my date of b, and my date of b, (city), on the	, and my date of birth is,	(street) (city) (state) (zip code) County, State of , on the day of , 20

CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. OFFICE USE ONLY MS / MRS / MR MI 3 CANDIDATE/ Dwight **OFFICEHOLDER** NAME Date Recei ^{LAS}Gallivan NICKNAME SUFFEX ELECTIONS ADMINIS APT / SUITE #. ZIP CODE ADDRESS / PO BOX: 4 CANDIDATE / **OFFICEHOLDER** A SERTOCHE MAILING ADDRESS Change of Address EXTENSION PHONE NUMBER 5 CANDIDATE/ Date Ha **OFFICEHOLDER PHONE** Receip Mi MS / MRS / MR 6 CAMPAIGN Mickey G TREASURER NAME SUFFIX LAST NICKNAME Gaines STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: ZIP CODE CAMPAIGN TREASURER **ADDRESS** (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 8 CAMPAIGN TREASURER PHONE 9 REPORT TYPE 15th day after campaign Runoff 30th day before election January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Atlach C/OH - FR) July 15 8th day before election Reporting Limit Year 22 10 PERIOD Day 31 Year 22 COVERED THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Other Description Primary Runoff Month Day General Special OFFICE HELD (# any) Ector County District Attorney 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 CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) 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

16 C/OH NAME	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ O
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
_	4. TOTAL POLITICAL EXPENDITURES	\$ O
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA	\$ 1,595.12
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ O
red	quired to be reported by me under Title 15, Election Code. Signature of Candid.	ate or Officeholder
	Please complete either option below:	
(1) Affidavit	MISTY R HULL Notary Public STATE OF TEXAS Notary ID # 387934-2 My Comm. Exp. May 27, 2024	
NOTARY STAMP/SEA	D -1 0 11: 21	d day of October
	which, witness my hand and seal of office.	Motory Title of officer administering oath
(2) Unsworn Declarati	OR OR OF THE OR OR O	
	and my date of birth is	
iviy address is	(street) (city) (state)	(zip code) (country)
Executed in	County, State of, on theday of(month)	, (,
	Signature of Candidate/6	Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY Dwight **OFFICEHOLDER** NAME Date Rece Gallivan SUFFIX LISA SERTUGHE SECTIONS ADMINISTRATO NICKNAME APT / SUITE #: STATE. ZIP CODE 4 CANDIDATE/ ADDRESS / PO BOX **OFFICEHOLDER** MAILING ADDRESS Change of Address PHONE NUMBER EXTENSION 5 CANDIDATE/ **OFFICEHOLDER** PHONE Receip FIRST MI MS / MRS / MR 6 CAMPAIGN Mickey G TREASURER Date P NAME SUFFIX LAST NICKNAME Date (il accd Gaines ZIP CODE STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE # CAMPAIGN TREASURER **ADDRESS** (Residence or Business) EXTENSION AREA CODE PHONE NUMBER 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) July 15 8th day before election Reporting Limit Year 21 Month 12 Day 31 10 PERIOD COVERED THROUGH **ELECTION TYPE** ELECTION DATE 11 ELECTION Other Description Primary Runoff General Special 13 OFFICE SOUGHT (if known) OFFICE HELD (If any) Ector County District Attorney 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 CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **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

CAMPAIG	N FINANCE REPORT	
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAT PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ O
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ O
	4. TOTAL POLITICAL EXPENDITURES	\$ O
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	\$ 1,595.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS LAST DAY OF THE REPORTING PERIOD	SF THE \$ 0
	Please complete either option belo	Candidate or Officeholder
(1) Affidavit	MISTY R HULL Notary Public STATE OF TEXAS Notary ID # 387934-2	
NOTARY STAMP/SEA	My Comm. Exp. Mily 27, 2024	
Sworn to and subscribed		and day of October
Mistry	which, witness my hand and seal of office.	Notary
Signature of officer adminute		Title of officer administering oath
(2) Unsworn Declaration	on	
My name is	and my date of birth	S
My address is	, , , , , , , , , , , , , , , , , , ,	(abola) (dia anda) (amin'n)
Executed in	(street) (city) County, State of on the day of (nion	(state) (zip code) (country) th) 20 (year)
	Signature of Cano	lidate/Officeholder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form. 1 ACCOUNT # (Elhics Commission Filers) 2 Total pages	s filed:
The Con instruction during explains now to complete and terms	90
OFFICEHOLDER NAME NICKNAME LAST Gallivan	UCHE INISTRATOR IN TEXAS
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS / PO BOX: APT / SUITE #: CITY, STATE; ZIP CODE The complete of address CANDIDATE / AREA CODE PHONE NUMBER EXTENSION STATE; ZIP CODE Date Hand Selver RECORD RECORD RECORD STATE: ZIP CODE Date Hand Selver RECORD RECORD STATE: ZIP CODE Date Hand Selver STATE: ZIP CODE STATE: ZIP CODE Date Hand Selver STATE: ZIP CODE Date Hand Selver STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CODE STATE: ZIP CO	LISK SERTUC TONS ADMINITY OR COUNTY.
OFFICEHOLDER PHONE	ELEC ELEC
6 CAMPAIGN TREASURER NAME MS/MRS/MR MI Mickey NICKNAME LAST Gaines	H _M
7 CAMPAIGN TREASURER ADDRESS (residence or business) STREET ADDRESS (NOPO BOX PLEASE): APT / SUITE #: CITY: STATE, ZIP CODE	
8 CAMPAIGN TREASURER PHONE PHONE PHONE EXTENSION	
treasurer a (officeholder	after campaign appointment roaly) rt (Allach G/OH = FR)
10 PERIOD COVERED 01 01 2021 THROUGH 06 30 2021	
11 ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff General	Special Special
12 OFFICE OFFICE HELD (if any) Ector County District Attorney	
GO TO PAGE 2	

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

SUPPORT	& 7	OTAL	S	COVER SHEET PG 2
14 C/OH NAME Dust	ty Ga	allivan		15 ACCOUNT # (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	CAN	DIDATE / OFFICE	ICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MA HOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAN ES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
	соми	MITTEE TYPE	COMMITTEE NAME	
		GENERAL SPECIFIC	COMMITTEE ADDRESS	
	L	J SPECIFIC		
		LA.	COMMITTEE CAMPAIGN TREASURER NAME	
additional pages			COMMITTEE CAMPAIGN TREASURER ADDRESS	
			COMMITTEE CAMP AIGN THEAGNET AND ALGO	
17 CONTRIBUTION TOTALS	1.		I POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	
	2.		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED			MIZED \$ 0.00
	4.	TOTAL	POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5_		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	\$ 1,595.12
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD			тне \$ 0.00
18 AFFIDAVIT	S: Note	VIA ESPIN Notary Public TATE OF TEX ary ID # 12919 vm. Exp. Decemb	is true and correct and includes all me under Title 15, Election Code.	f perjury, that the accompanying report Il information required to be reported by
AFFIX NOTARY STAM			by the said Duety Gallivan	thin the
15th day		July —	me, by the said <u>Dusty Gallivan</u> , 20 <u>21</u> , to certify which, witness	, this the
Allira	G	pur	& Sylvia Espinoza	Notary Public
Signature of officer admi	nisteri	ig oath	Printed name of officer administering oath	Title of officer administering oath

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