

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | |
|--|--|--|---|----------------------|
| The C/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR FIRST MR MICHAEL MI NICKNAME LAST BATTAGLINO SUFFIX | | | OFFICE USE ONLY Date Received RECEIVED IN CITY CLERK'S OFFICE DATE: 7/18/24 TIME: 12:10 PM BY: | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE [REDACTED] WICHITA FALLS, TX 76308-2904 | | | Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION [REDACTED] | | | | |
| 6 CAMPAIGN TREASURER NAME MS / MRS / MR FIRST MR. MICHAEL MI NICKNAME LAST BOYLE SUFFIX | | | | |
| 7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE (Residence or Business) 2817 ELMWOOD AVE, WICHITA FALLS TX 76308 | | | | |
| 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (940) 867-2924 | | | | |
| 9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | |
| 10 PERIOD COVERED Month Day Year 01 / 01 / 2024 THROUGH 06 / 30 / 2024 | | | | |
| 11 ELECTION ELECTION DATE Month Day Year 11 / 07 / 23 General | | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> Special | |
| 12 OFFICE OFFICE HELD (if any) CITY COUNCIL DISTRICT 4 | | | 13 OFFICE SOUGHT (if known) | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | | | 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. | |
| COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | | | COMMITTEE NAME | |
| | | | COMMITTEE ADDRESS | |
| | | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | | |
|---|---|--|
| 15 C/OH NAME Mr. Michael N. Battaglino | | 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) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 250.00 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 4,117.68 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 99.08 |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |
| OUTSTANDING LOAN TOTALS | | |

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

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, 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 oath**

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | |
|--|--|
| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
| M. Michael N. Battaglino | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 250.00 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 549.68 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 3,568.00 |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. <input type="checkbox"/> 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 complete this form. | | | 1 Total pages Schedule A1: 1 |
| 2 FILER NAME Michael N Battaglino | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/11/2024 | 5 Full name of contributor Woody Gossom | <input type="checkbox"/> out-of-state PAC (ID#_____) | 7 Amount of contribution (\$) 250.00 |
| 6 Contributor address; [REDACTED] | | City; State; Zip Code Wichita Falls, TX 76308 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date | Full name of contributor [REDACTED] | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$) |
| | Contributor address; [REDACTED] | City; State; Zip Code [REDACTED] | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor [REDACTED] | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$) |
| | Contributor address; [REDACTED] | City; State; Zip Code [REDACTED] | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor [REDACTED] | <input type="checkbox"/> out-of-state PAC (ID#_____) | Amount of contribution (\$) |
| | Contributor address; [REDACTED] | City; State; Zip Code [REDACTED] | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor 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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: | 2 FILER NAME Michael N. Battaglino | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 06/29/2024 | 5 Payee name Ross Fischer Law PLLC | | |
| 6 Amount (\$) 549.68 | 7 Payee address: 430 Old F.tzhugh No 7, Dropping Springs, TX 78620 | City: _____ State: _____ Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Legal Services | (b) Description Legal Services | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 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 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if 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 NEEDED | | | |

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
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
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)

The Instruction Guide explains how to complete this form.

| | | |
|---|---|---|
| 1 Total pages Schedule G: 2 | 2 FILER NAME Michael N. Battaglino | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/29/2024 | 5 Payee name Ross Fischer Law PLLC | |
| 6 Amount (\$) 1,000.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; 430 Old Fitzhugh No 7, Dripping Springs, TX 78620 | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Legal Services | (b) Description Legal Services (Inv 10899) |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Office sought Office held |
| Date 04/02/2024 | Payee name Ross Fischer Law PLLC | |
| Amount (\$) 1,000.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; 430 Old Fitzhugh No 7, Dripping Springs, TX 78620 | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Legal Services | Description Legal Services (Inv 10898) |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Office sought Office held |
| Date 04/02/2024 | Payee name Ross Fischer Law PLLC | |
| Amount (\$) 568.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; 430 Old F. tzhugh No 7, White Falls, TX 78620 | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Legal Services | Description Legal Services (Inv 10898) |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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: 2 | 2 FILER NAME Michael N. Battaglino | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/01/2024 | 5 Payee name Ross Fischer Law PLLC | |
| 6 Amount (\$) 1,000.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address: 430 Old Fitzhugh No 7, Dripping Springs, TX 78620 | City: _____ State: _____ Zip Code: _____ |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Legal Services | (b) Description Legal Services (Inv. 10823) |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Office sought _____ Office held _____ |
| Date | Payee name | |
| Amount (\$) | Payee address: | City: _____ State: _____ Zip Code: _____ |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Office sought _____ Office held _____ |
| Date | Payee name | |
| Amount (\$) | Payee address: | City: _____ State: _____ Zip Code: _____ |
| <input type="checkbox"/> Reimbursement from political contributions intended | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Office sought _____ Office held _____ |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

| | | | | | | |
|---|---|--|--|---|--|-------------------|
| The C/OH Instruction Guide explains how to complete this form. | | | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: <u>10</u> | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR MR | FIRST AUSTIN | MI A | OFFICE USE ONLY Date Received | | |
| | NICKNAME | LAST COBB | SUFFIX | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address | ADDRESS / PO BOX: 3603 CEDAR ELM APT / SUITE #: CITY: WICHITA FALLS, TX 76308 | | | | Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE (940) | PHONE NUMBER 781-5698 | EXTENSION | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR MR | FIRST JOSHUA | MI D | CITY CLERK'S OFFICE RECEIVED IN 2014 DATE: 7/15/14 TIME: 2:20pm BY: AN | | |
| | NICKNAME | LAST WHITTIKER | SUFFIX CPA | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): 6044 SANDY HILL BLVD APT / SUITE #: CITY: WICHITA FALLS, TX 76310 | | | | STATE: ZIP CODE: | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (940) | PHONE NUMBER 781-6123 | EXTENSION | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | |
| | <input checked="" type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month 1 | Day 1 | Year 24 | Month 6 | Day 30 | Year 24 |
| 11 ELECTION | ELECTION DATE Month 11 Day 5 Year 24 | | Primary <input checked="" type="checkbox"/> General | Runoff <input type="checkbox"/> Special | ELECTION TYPE Other Description | |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) WICHITA FALLS CITY COUNCIL AT LARGE | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages | 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. | | | | | |
| | COMMITTEE TYPE GENERAL SPECIFIC | COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| | | |
|---|---|---|
| 15 C/OH NAME AUSTIN A COBB | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 13,550.00 |
| | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 8,618.65 |
| | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 9,240.80 |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____
20 _____, 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 oath

OR

(2) Unsworn Declaration

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | |
|--|---|
| 19 FILER NAME AUSTIN A COBB | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 12,350.00 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 1,200.00 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. SCHEDULE E: LOANS | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 8,618.65 |
| 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 complete this form. | | | 1 Total pages Schedule A1: 11 |
| 2 FILER NAME AUSTIN A. COBB | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/25/2024 | 5 Full name of contributor CECILLE CARNES DANIEL | out-of-state PAC (ID#: [REDACTED]) | 7 Amount of contribution (\$) 200.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date 01/25/2024 | Full name of contributor MERTHEL DEE KING | out-of-state PAC (ID#: [REDACTED]) | Amount of contribution (\$) 100.00 |
| Contributor address; [REDACTED] | | City; State; Zip Code WICHITA FALLS, TX 76308 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/25/2024 | Full name of contributor JANES SPEARS CARNES | out-of-state PAC (ID#: [REDACTED]) | Amount of contribution (\$) 200.00 |
| Contributor address; [REDACTED] | | City; State; Zip Code WICHITA FALLS, TX 76308 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/25/2024 | Full name of contributor CAMERON AND HEATHER CREMEENS | out-of-state PAC (ID#: [REDACTED]) | Amount of contribution (\$) 1,000.00 |
| Contributor address; [REDACTED] | | City; State; Zip Code WICHITA FALLS, TX 76308 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 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.

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: 11 |
| 2 FILER NAME AUSTIN A. COBB | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/27/2024 | 5 Full name of contributor RUSTY AND RICHELLE COBB SONS | out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) 600.00 |
| | 6 Contributor address; [REDACTED] | City; State; Zip Code WICHITA FALLS, TX 76308 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date 01/30/2024 | Full name of contributor REBECCA LOONEY | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 250.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code WICHITA FALLS, TX 76308 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/31/2024 | Full name of contributor JAN SCHAFF | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 100.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code WICHITA FALLS, TX 76308 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 02/02/2024 | Full name of contributor MICHAEL DETRICK | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 250.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code WICHITA FALLS, TX 76308 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 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.

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: <u>11</u> |
| 2 FILER NAME AUSTIN A. COBB | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/05/2024 | 5 Full name of contributor TANNER AND TAYLOR WACHSMAN | 6 Contributor address; [REDACTED] WICHITA FALLS, TX 76310 | 7 Amount of contribution (\$) 500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date 02/15/2024 | Full name of contributor MICHAEL AND ANDREA GRASSI | out-of-state PAC (ID#: _____) Contributor address; [REDACTED] WICHITA FALLS, TX 76308 | Amount of contribution (\$) 1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 03/06/2024 | Full name of contributor KERRY AND SHARON ROACH | out-of-state PAC (ID#: _____) Contributor address; [REDACTED] WICHITA FALLS, TX 76302 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 04/03/2024 | Full name of contributor GARY MEHAN | out-of-state PAC (ID#: _____) Contributor address; [REDACTED] WICHITA FALLS, TX 76308 | Amount of contribution (\$) 1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 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.**

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: 11 |
| 2 FILER NAME AUSTIN A. COBB | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/17/2024 | 5 Full name of contributor MARK AND LUCY HOOD 6 Contributor address; [REDACTED] | out-of-state PAC (ID#: WICHITA FALLS, TX 76308 | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date 04/18/2024 | Full name of contributor ROBERT AND JOAN VINSON Contributor address; [REDACTED] | out-of-state PAC (ID#: City; State; Zip Code WICHITA FALLS, TX 76308 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/03/2024 | Full name of contributor LINDA PATRICK Contributor address; [REDACTED] | out-of-state PAC (ID#: City; State; Zip Code WICHITA FALLS, TX 76308 | Amount of contribution (\$) 1,000.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 05/03/2024 | Full name of contributor LYNN C STALEY Contributor address; [REDACTED] | out-of-state PAC (ID#: City; State; Zip Code WICHITA FALLS, TX 76308 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 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.

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | |
| 2 FILER NAME AUSTIN A. COBB | | 1 Total pages Schedule A1: <u>11</u> |
| 4 Date 05/30/2024 | 5 Full name of contributor DWIGHT AND SANDRA ROSS 6 Contributor address; [REDACTED] WICHITA FALLS, TX 76308 | 7 Amount of contribution (\$) 50.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 05/30/2024 | Full name of contributor CATHERINE TAYLOR Contributor address; [REDACTED] WICHITA FALLS, TX 76308 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/04/2024 | Full name of contributor DENNIS CANNEDY Contributor address; [REDACTED] WICHITA FALLS, 76301 | Amount of contribution (\$) 150.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 06/03/2024 | Full name of contributor MARK AND BEVERLY CALLENDER Contributor address; [REDACTED] WICHITA FALLS, TX 76308 | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| 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.

| | | | |
|---|---|---|---|
| <p>The Instruction Guide explains how to complete this form.</p> | | | 1 Total pages Schedule A1: 11 |
| 2 FILER NAME AUSTIN A. COBB | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/04/2024 | 5 Full name of contributor PATRICIA THACKER | out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) 100.00 |
| 6 Contributor address; [REDACTED] | | City; State; Zip Code WICHITA FALLS, TX 76308 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date 06/04/2024 | Full name of contributor GENE AND HELEN WILLINGHAM | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 100.00 |
| Contributor address; [REDACTED] | | City; State; Zip Code VERNON, TX 76385 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/06/2024 | Full name of contributor CRAIG AND JENNIFER ESTES | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 250.00 |
| Contributor address; [REDACTED] | | City; State; Zip Code WICHITA FALLS, TX 76308 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/06/2024 | Full name of contributor ANN K GUNN | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 500.00 |
| Contributor address; [REDACTED] | | City; State; Zip Code WICHITA FALLS, TX 76308 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 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.**

| | | | |
|--|---|--|---|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: 11 |
| 2 FILER NAME AUSTIN A. COBB | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/12/2024 | 5 Full name of contributor STEVEN K AND PATRICIA BURROSS | 6 Contributor address: [REDACTED] WICHITA FALLS, TX 76308 | 7 Amount of contribution (\$) 300.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date 06/12/2024 | Full name of contributor DICK AND MERRI BUNDY | out-of-state PAC (ID#: [REDACTED] | Amount of contribution (\$) 100.00 |
| Contributor address: [REDACTED] | | City; State; Zip Code [REDACTED] | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/12/0204 | Full name of contributor ANDREW W. WOLF | out-of-state PAC (ID#: [REDACTED] | Amount of contribution (\$) 50.00 |
| Contributor address: [REDACTED] | | City; State; Zip Code [REDACTED] | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/12/2024 | Full name of contributor HG AND ML BARHAM | out-of-state PAC (ID#: [REDACTED] | Amount of contribution (\$) 250.00 |
| Contributor address: [REDACTED] | | City; State; Zip Code [REDACTED] | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 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.

| | | | |
|--|---|---|---|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: 11 |
| 2 FILER NAME AUSTIN A. COBB | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/12/2024 | 5 Full name of contributor MR AND MRS JOE J PARKER | 6 Contributor address; BYERS, TX 76357 | 7 Amount of contribution (\$) 200.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date 06/12/2024 | Full name of contributor DENNIS AND ANN BISHOP | out-of-state PAC (ID#: WICHITA FALLS, TX 76308 | Amount of contribution (\$) 50.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/12/2024 | Full name of contributor ROBERT E WHITELY | out-of-state PAC (ID#: WICHITA FALLS, TX 76301 | Amount of contribution (\$) 200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/12/2024 | Full name of contributor LOUIS J AND JULIE WILSON | out-of-state PAC (ID#: WICHITA FALLS, TX 76301 | Amount of contribution (\$) 100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 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.

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|---|---|---|---|
| <p>The Instruction Guide explains how to complete this form.</p> | | | 1 Total pages Schedule A1: 11 |
| 2 FILER NAME AUSTIN A. COBB | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/12/2024 | 5 Full name of contributor JOHN AND ANDREA WELLSFRY 6 Contributor address; WICHITA FALLS, TX 76307 | 7 Amount of contribution (\$) 200.00 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date 06/12/2024 | Full name of contributor DEBBIE GUSTAFSON Contributor address; WICHITA FALLS, TX 76308 | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/14/2024 | Full name of contributor MICHAEL AND TRACY MINTER Contributor address; WICHITA FALLS, 76305 | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/25/2024 | Full name of contributor DENNIS W MCADEN Contributor address; WICHITA FALLS, TX 76308 | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 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.**

| | | | |
|--|---|--|---|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: 11 |
| 2 FILER NAME AUSTIN A. COBB | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/25/2024 | 5 Full name of contributor CECIL AND VICKI HENDERSON | 6 Contributor address; [REDACTED] WICHITA FALLS, TX 76308 | 7 Amount of contribution (\$) 250.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date 06/25/2025 | Full name of contributor DALE L HARVEY | out-of-state PAC (ID#: [REDACTED] | Amount of contribution (\$) 200.00 |
| Contributor address; [REDACTED] | | City; State; Zip Code WICHITA FALLS, TX 76307 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/25/2024 | Full name of contributor KATHERINE AND BILL MCGREGOR | out-of-state PAC (ID#: [REDACTED] | Amount of contribution (\$) 100.00 |
| Contributor address; [REDACTED] | | City; State; Zip Code WICHITA FALLS, TX 76308 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 01/05/2025 | Full name of contributor JACOB HEURING | out-of-state PAC (ID#: [REDACTED] | Amount of contribution (\$) 50.00 |
| Contributor address; [REDACTED] | | City; State; Zip Code WICHITA FALLS, TX 76308 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 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.**

| | | | |
|---|--|---|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | | 1 Total pages Schedule A1: 11 |
| 2 FILER NAME AUSTIN A. COBB | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/05/2024 | 5 Full name of contributor ALLI HEURING | out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) 50.00 |
| | 6 Contributor address; [REDACTED] | City; State; Zip Code WICHITA FALLS, TX 76308 | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) | |
| Date 06/27/2024 | Full name of contributor JACOB EMETT | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 100.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code HOUSTON, TX 77007 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/28/2024 | Full name of contributor STEPHEN SANTELLANA | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 500.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code WICHITA FALLS, TX 76310 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor | out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS 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.**

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: 1 |
| 2 FILER NAME AUSTIN A. COBB | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 1,200.00 |
| 5 Date 06/12/2024 | 6 Full name of contributor JANES SPEARS CARNES 7 Contributor address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code [REDACTED] WICHITA FALLS, TX 76308 | 8 Amount of Contribution \$ 1,200.00 9 In-kind contribution description FOOD, BEVERAGES, AND LOCATION Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) RETIRED | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) N/A |
| 12 Contributor's principal occupation (FOR JUDICIAL) N/A | | 13 Contributor's job title (FOR JUDICIAL) (See Instructions) N/A |
| 14 Contributor's employer/law firm (FOR JUDICIAL) N/A | | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A | | |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: [REDACTED]) Contributor address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip Code [REDACTED] | Amount of Contribution \$ Check if travel outside of Texas. Complete Schedule T. |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) | | Employer (FOR NON-JUDICIAL) (See Instructions) |
| Contributor's principal occupation (FOR JUDICIAL) | | Contributor'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
If contributor 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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: | 2 FILER NAME AUSTIN A. COBB | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 01/05/2024 | 5 Payee name GII AD GROUP | | |
| 6 Amount (\$) 2,500.00 | 7 Payee address; 900 8TH STREET STE 301, WICHITA FALLS, TX 76301 | City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description CAMPAIGN ADVERTISING | |
| | (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 01/09/2024 | Payee name BOB PAYTON CONSULTING | | |
| Amount (\$) 500.00 | Payee address; 4015 KINGSBURY DRIVE, WICHITA FALLS, TX 76309 | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE | Description CAMPAIGN CONSULTING EXPENSES | |
| | 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/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 01/08/2024 | Payee name WHOANN CREATIVE | | |
| Amount (\$) 400.00 | Payee address; 3 BAYBERRY COURT, WICHITA FALLS, TX 76310 | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description WEBSITE AND ADVERTISING | |
| | 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/OH | Candidate / Officeholder name | Office sought | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

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 | 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 | 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 F1: 4 | 2 FILER NAME AUSTIN A. COBB | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 01/12/2024 | 5 Payee name UNIVERSITY KIWANIS CLUB OF WICHITA FALLS | | |
| 6 Amount (\$) 600.00 | 7 Payee address; PO BOX 2421, WICHITA FALLS, TX 76307 | City; State; Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE | (b) Description PANCAKE FESTIVAL BOOTH EXPENSE | |
| | (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 01/16/2024 | Payee name TNT SIGNS | | |
| Amount (\$) 283.62 | Payee address; 6301 SOUTHWEST PARKWAY, WICHITA FALLS, TX 76310 | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description CAMPAIGN SIGNS | |
| | 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/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 01/16/2024 | Payee name MYREMITTANCEENVELOPES.COM | | |
| Amount (\$) 112.85 | Payee address; 60 BLUE BERRY LANE, DRESDEN, MAINE 04342 | City; State; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) PRINTING EXPENSE | Description PRINTING OF CAMPAIGN ENVELOPES | |
| | 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/OH | Candidate / Officeholder name | Office sought | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: | 2 FILER NAME 4 AUSTIN A. COBB | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 01/25/2024 | 5 Payee name BROCRO CREATIVE | | |
| 6 Amount (\$) 43.30 | 7 Payee address; 607 E. SCOTT ST, WICHITA FALLS, TX 76301 | City: _____ State: _____ Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | (b) Description CAMPAIGN MATERIALS AND ADVERTISING | |
| | (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 01/29/2024 | Payee name WIX.COM | | |
| Amount (\$) 350.73 | Payee address; 500 TERRY A FRANCOIS BLVD SIXTH FLOOR, SAN FRANCISCO, CA 84158 | City: _____ | State: _____ Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | Description CAMPAIGN WEBSITE | |
| | 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/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 07/31/2024 | Payee name PAYPAL.COM | | |
| Amount (\$) 21.32 | Payee address; 2211 NORTH 1ST ST, SAN JOSE, CA 95131 | City: _____ | State: _____ Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FEES | Description PAYPAL TRANSACTION FEES | |
| | 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/OH | Candidate / Officeholder name | Office sought | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

**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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: | 2 FILER NAME AUSTIN A. COBB | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/12/2024 | 5 Payee name ARTS COUNCIL OF WICHITA FALLS | | |
| 6 Amount (\$) 150.00 | 7 Payee address; 2120 SPEEDWAY AVENUE, WICHITA FALLS, TX 76308 | City; | State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE | (b) Description CAMPAIGN ANNOUNCEMENT EVENT (\$50 DEPOSIT RETURNED 3/22/2024) | |
| | (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 |
| 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/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Check if travel outside of Texas. Complete Schedule T. | Check if 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 NEEDED | | | |

CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR/AM

| | | | | | | |
|---------------------------------------|---|----------------------------|--------------|--|---------------------------------|---|
| 1 Filer ID (Ethics Commission Filers) | | 2 Total pages filed: 19 | | OFFICE USE ONLY 4/24/2024 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr. Austin A. | FIRST LAST Cobb | MI SUFFIX | Date Received RECEIVED IN CITY CLERK'S OFFICE 7/25/2024 By [Signature] | | |
| 4 ORIGINAL REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election | | | <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) | Final report Other (specify) | Date Hand-delivered or Date Mailed Receipt # Amount \$ Date Processed Date Imaged |
| 5 ORIGINAL PERIOD COVERED | Month 01 | Day 01 | Year 24 | Month 6 | Day 30 | Year 24 |

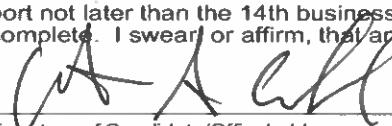
6 EXPLANATION OF CORRECTION
Expenses (F1) inadvertently left off/ did not print

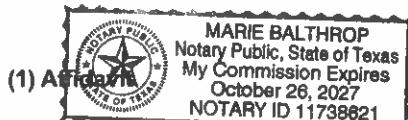
7 SIGNATURE I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:

Semiannual reports: I swear, or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.


Signature of Candidate/Officeholder



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Austin Cobb this the 25th day of July,

20 24, to certify which, witness my hand and seal of office.

Marie Balthrop
Signature of officer administering oath

Marie Balthrop
Printed name of officer administering oath

City Clerk / Notary
Title of officer administering oath

OR

(2) Unsworn Declaration

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 _____, 20 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: | 2 FILER NAME AUSTIN A. COBB | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/12/2024 | 5 Payee name ARTS COUNCIL OF WICHITA FALLS | | |
| 6 Amount (\$) 150.00 | 7 Payee address; City; State; Zip Code 2120 SPEEDWAY AVENUE, WICHITA FALLS, TX 76308 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE | | (b) Description CAMPAIGN ANNOUNCEMENT EVENT (\$50 DEPOSIT RETURNED 3/22/2024) |
| | (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 04/03/2024 | Payee name HOEGGER COMMUNICATIONS | | |
| Amount (\$) \$2,185.71 | Payee address; City; State; Zip Code 901 INDIANA AVE #100, WICHITA FALLS, TX 76301 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | | Description CAMPAIGN MARKETING AND SOCIAL MEDIA |
| | 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/OH | Candidate / Officeholder name Office sought | | Office held |
| Date 04/19/2024 | Payee name FIRST GRAPHIC | | |
| Amount (\$) \$1,471.12 | Payee address; City; State; Zip Code 229 GARVON STREET, GARLAND, TX 75040 | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | | Description CAMPAIGN YARD SIGNS |
| | 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/OH | Candidate / Officeholder name Office sought | | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | |
|---|---|--------------------------------------|---|---|--|---------------------|
| The C/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) <i>18/18</i> | 2 Total pages filed: <i>8</i> | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS <input checked="" type="checkbox"/> MRS <input type="checkbox"/> MR <i>Mrs.</i> | FIRST <i>Whitney</i> | MI <i>B</i> | OFFICE USE ONLY Date Received <i>RECEIVED IN CITY CLERKS OFFICE 7/11/2024 By mbs</i> | | |
| | NICKNAME <i>Flack</i> | LAST | SUFFIX | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE <i>2105 Ellingham Wichita Falls Tx. 76308</i> | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE <i>(940)</i> | PHONE NUMBER <i>296-1713</i> | EXTENSION | Date Hand-delivered or Date Postmarked Receipt # <i>Amount \$</i> Date Processed Date Imaged | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS <input checked="" type="checkbox"/> MR <i>Mr.</i> | FIRST <i>Kerry</i> | MI <i>D.</i> | | | |
| | NICKNAME <i>Maroney</i> | LAST | SUFFIX | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE <i>4308 Chelsea Wichita Falls TX 76309</i> | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE <i>(940)</i> | PHONE NUMBER <i>781-3581</i> | EXTENSION | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 | | <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR) | |
| 10 PERIOD COVERED | Month <i>04</i> | Day <i>01</i> | Year <i>2024</i> | Month <i>06</i> | Day <i>30</i> | Year <i>2024</i> |
| 11 ELECTION | Month <i>11</i> | Day <i>05</i> | Year <i>2024</i> | ELECTION TYPE <i>W.F. City Council</i> | | |
| 12 OFFICE | OFFICE HELD (if any) <i>N/A</i> | | | 13 OFFICE SOUGHT (if known) <i>Councilor District 1</i> | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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. | | | | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Mrs. Whitney B. Flack

16 Filer ID (Ethics Commission Filers)

N/A

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)

\$ *1,100.00*

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ *0*

4. TOTAL POLITICAL EXPENDITURES

\$ *4,267.23*

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ *32.31*

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ *3,199.54*

18 SIGNATURE

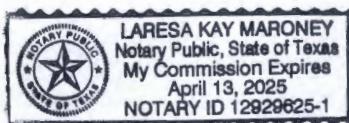
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Whitney Flack

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Laresa Kay Maroney this the 11th day of July.

20 24, to certify which, witness my hand and seal of office.

Laresa Kay Maroney

Signature of officer administering oath

Laresa Kay Maroney

Printed name of officer administering oath

Notary Public

Title of officer administering oath

OR

(2) Unsworn Declaration

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 _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | |
|--|--|
| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
| <i>Mrs. Whitney B. Flack</i> | |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 1,100.00 |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 3,199.54 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 4,267.23 |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. <input type="checkbox"/> 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 complete this form. | | | 1 Total pages Schedule A1: <i>1</i> |
| 2 FILER NAME <i>Mrs. Whitney B. Flack</i> | | | 3 Filer ID (Ethics Commission Filers) <i>N/A</i> |
| 4 Date <i>4/16/24</i> | 5 Full name of contributor <i>Mr. & Mrs. Kerry Maroney</i> | <input type="checkbox"/> out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) <i>\$500.00</i> |
| 6 Contributor address: [REDACTED] | | City: _____ State: _____ Zip Code <i>Wichita Falls Tx. 76309</i> | |
| 8 Principal occupation / Job title (See Instructions) <i>N/A</i> | | 9 Employer (See Instructions) <i>N/A</i> | |
| Date <i>4/16/24</i> | Full name of contributor <i>Mr. & Mrs. David A. Flack</i> | <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) <i>\$500.00</i> |
| Contributor address: [REDACTED] | | City: _____ State: _____ Zip Code <i>Wichita Falls Tx. 76302</i> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date <i>6/18/24</i> | Full name of contributor <i>William K. & Cecille C. Daniel</i> | <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) <i>\$100.00</i> |
| Contributor address: [REDACTED] | | City: _____ State: _____ Zip Code <i>Wichita Falls, Tx. 76302</i> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor [REDACTED] | <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address: [REDACTED] | | City: _____ State: _____ Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| 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 Instruction Guide explains how to complete this form. | | | | 1 Total pages Schedule E: <u>2</u> |
| 2 FILER NAME | | <i>Mrs. Whitney B. Flack</i> | | 3 Filer ID (Ethics Commission Filers) <i>N/A</i> |
| 4 TOTAL OF UNITEMIZED LOANS | | | | \$ 0 |
| 5 Date of loan | 7 Name of lender | <input type="checkbox"/> out-of-state PAC (ID#_____) | | 9 Loan Amount (\$) <i>\$2,837.50</i> |
| 6 Is lender a financial institution? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 8 Lender address; <i>2105 Ellingham Wichita Falls TX 76308</i> | City; | State; | Zip Code |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) <i>N/A</i> | | |
| 14 Description of Collateral <input checked="" type="checkbox"/> none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) <i>N/A</i> | | |
| 16 GUARANTOR INFORMATION | 17 Name of guarantor <i>N/A</i> | | | 19 Amount Guaranteed (\$) <i>N/A</i> |
| | 18 Guarantor address; <i>N/A</i> | City; | State; | Zip Code |
| 20 Principal Occupation (See Instructions) <i>N/A</i> | | 21 Employer (See Instructions) <i>N/A</i> | | |
| Date of loan | Name of lender | <input type="checkbox"/> out-of-state PAC (ID#_____) | | Loan Amount (\$) <i>\$357.23</i> |
| 4/09/24 | <i>Mr. Whitney B. Flack</i> | | | Interest rate <i>N/A</i> |
| Is lender a financial institution? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | Lender address; <i>2105 Ellingham Wichita Falls TX 76308</i> | City; | State; | Zip Code |
| Description of Collateral <input checked="" type="checkbox"/> none | | <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) <i>N/A</i> | | |
| GUARANTOR INFORMATION | Name of guarantor <i>N/A</i> | | | Amount Guaranteed (\$) <i>N/A</i> |
| | Guarantor address; <i>N/A</i> | City; | State; | Zip Code |
| Principal Occupation (See Instructions) <i>N/A</i> | | Employer (See Instructions) <i>N/A</i> | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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
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)

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|---|-------------|
| 1 Total pages Schedule F1: 2 | 2 FILER NAME Mrs. Whitney B. Flack | 3 Filer ID (Ethics Commission Filers) N/A | |
| 4 Date 4/04/24 | 5 Payee name Hoegger Communications | | |
| 6 Amount (\$) \$2,837.50 | 7 Payee address; 901 Indiana, Ave. Wichita Falls TX. 76301 Suite 100 | City: State: Zip Code | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Marketing & Advertising | (b) Description 1) Logo Design 2) Photo 3) Media Page Design 4) Yard Sign Design 5) Campaign Materia Design | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> 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 4/09/24 | Payee name Bro Cro Creative | | |
| Amount (\$) \$357.23 | Payee address; 607 E. Scott Ave. Wichita Falls TX 76301 | City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Yard Signs | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 4/19/24 | Payee name Hoegger Communications | | |
| Amount (\$) \$395.00 | Payee address; 901 Indiana Ave. Wichita Falls TX 76301 | City: State: Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising | Description Campaign Announcement Event | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if 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 NEEDED | | | |

**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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) | |
| 2 | Mrs. Whitney B. Flack | 4/14 | |
| 4 Date | 5 Payee name | | |
| 6/27/24 | Bra Crea Creative | | |
| 6 Amount (\$) | 7 Payee address: | City: State: Zip Code | |
| # 670.50 | 607 E. Scott Ave. Wichita Falls TX | 76301 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description | |
| | Advertising | Yard Signs | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 | | |
| 6/30/24 | First National Bank Wichita Falls | | |
| Amount (\$) | Payee address: | City: State: Zip Code | |
| # 7.00 | 3801 Fairway Blvd. Wichita Falls TX | 76310 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Banking Expense | Bank Service Charge | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 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 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if 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 NEEDED | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

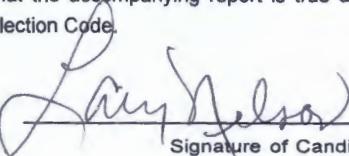
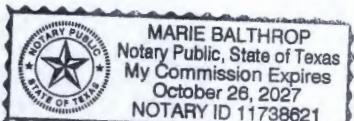
FORM C/OH
COVER SHEET PG 1

| | | | | | | | |
|--|--|--------------------------------------|--|--|------------------|---------------------|--|
| The C/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST <i>Carry</i> | MI <i>W</i> | OFFICE USE ONLY | | | |
| | NICKNAME | LAST <i>Nelson</i> | SUFFIX | Date Received | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX: | APT / SUITE #: | CITY: | STATE: ZIP CODE <i>Wichita Falls TX 76307</i> | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked | | | |
| 6 CAMPAIN TREASURER NAME | MS / MRS / MR | FIRST <i>Marie</i> | MI | Receipt # <input type="text"/> Amount \$ <input type="text"/> Date <input type="text"/> By <input type="text"/> | | | |
| NICKNAME | LAST <i>Nelson</i> | SUFFIX | Date Processed | | | | |
| 7 CAMPAIN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; <i>1601 Hickory</i> | | | CITY: <i>Wichita Falls</i> STATE: <i>TX</i> ZIP CODE <i>76301</i> | | | |
| 8 CAMPAIN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | <i>(440) - 716-0487</i> | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | |
| 10 PERIOD COVERED | Month <i>MAY</i> | Day <i>19</i> | Year <i>2024</i> | Month <i>Scov</i> | Day <i>30</i> | Year <i>2024</i> | |
| 11 ELECTION | ELECTION DATE Month <i>NOV</i> Day <i>5</i> Year <i>2024</i> | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | | |
| 12 OFFICE | OFFICE HELD (if any) <i>City Council Dis #2</i> | | | 13 OFFICE SOUGHT (if known) <i>concl AT LARGE</i> | | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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. | | | | | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | | | | | |
| | | COMMITTEE ADDRESS | | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | | |
| | | 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 EXPENDITURE TOTALS CONTRIBUTION BALANCE OUTSTANDING LOAN TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <i>0</i> | | | |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>0</i> | | | |
| | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <i>0</i> | | | |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>0</i> | | | |
| | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>0</i> | | | |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <i>0</i> | | | |
| 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 |  | | | | |
| NOTARY STAMP/SEAL | | | | | |
| Sworn to and subscribed before me by <u>Larry Nelson</u> this the <u>11</u> day of <u>2024/July</u> , 20 <u>24</u> , to certify which, witness my hand and seal of office. | | | | | |
| <u>Marie Balthrop</u> Signature of officer administering oath | | <u>Marie Balthrop</u> Printed name of officer administering oath | | | |
| <u>City Clerk/ Notary</u> Title of officer administering oath | | | | | |
| OR | | | | | |
| (2) Unsworn Declaration | | | | | |
| 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 _____, 20 _____. | | | | | |
| | | | Signature of Candidate/Officeholder (Declarant) | | |

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | |
|---|---|
| 19 FILER NAME | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | |
| 1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ <i>0</i> | |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$ <i>0</i> | |
| 3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS \$ <i>0</i> | |
| 4. <input type="checkbox"/> SCHEDULE E: LOANS \$ <i>0</i> | |
| 5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ <i>0</i> | |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ <i>0</i> | |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS \$ <i>0</i> | |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ <i>0</i> | |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS \$ <i>0</i> | |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$ <i>0</i> | |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS \$ <i>0</i> | |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$ <i>0</i> | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | |
|---|--|--------------------------------------|--|---|----------------------------------|---------------------|
| The C/OH Instruction Guide explains how to complete this form. | | | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: <i>3</i> | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST <i>Mr. Samuel</i> | MI <i>S</i> | OFFICE USE ONLY Date Received RECEIVED IN CITY CLERKS OFFICE Date <i>7/3/2024</i> Time <i>1:45</i> | | |
| | NICKNAME <i>Sam</i> | LAST <i>Pak</i> | SUFFIX | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX: | APT / SUITE #: | CITY: | STATE: | ZIP CODE | |
| <i>2918 Kyle Cove Wichita Falls TX 76308</i> | | | | | | |
| <input type="checkbox"/> Change of Address | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | |
| <i>(940) 867-9396</i> | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST <i>Mr. Wayne</i> | MI <i>B.</i> | Date Hand-delivered or Date Postmarked Receipt # Date Processed Date Imaged | | |
| | NICKNAME <i>Barney</i> | LAST <i>Fudge</i> | SUFFIX | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: | | | CITY: | STATE; ZIP CODE | |
| <i>[REDACTED]</i> | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | |
| <i>[REDACTED]</i> | | | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | |
| 10 PERIOD COVERED | Month <i>01</i> | Day <i>01</i> | Year <i>2024</i> | Month <i>06</i> | Day <i>30</i> | Year <i>2024</i> |
| 11 ELECTION | ELECTION DATE <i>11 / 05 / 24</i> | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | | | |
| 12 OFFICE | OFFICE HELD (if any) | | | 13 OFFICE SOUGHT (if known) <i>City Council at large</i> | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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. | | | | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | 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) | \$ <u>6</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>6</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>6</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>6</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>6</u> |
| | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>6</u> |
| OUTSTANDING LOAN TOTALS | | |

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

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,
20 _____, 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 oath

-OR

(2) Unsworn Declaration

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | |
|---|---|---|---------------------------------------|--|---------------|------------|
| The C/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: 13 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR Mr | FIRST Timothy | MI D | OFFICE USE ONLY Date Received | | |
| | NICKNAME Tim | LAST Short | SUFFIX | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; ZIP CODE Wichita Falls, TX 76310 | | |
| Change of Address | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand-Delivered or Date Postmarked | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR Mr. | FIRST Robert | MI W | Receipt # _____ Amount \$ _____ | | |
| | NICKNAME Bob | LAST Payton | SUFFIX | Date Processed _____ | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 4015 Kingsbury Drive | | | CITY; STATE; ZIP CODE Wichita Falls TX 76309 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE (940) | PHONE NUMBER 782-6090 | EXTENSION | | | |
| 9 REPORT TYPE | January 15 | 30th day before election | Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | |
| | <input checked="" type="checkbox"/> July 15 | 8th day before election | Exceeded Modified Reporting Limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month 1 | Day / 1 / | Year 24 | Month 6 | Day / 30 / | Year 24 |
| 11 ELECTION | ELECTION DATE Month 11 / Day 7 / Year 23 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | Runoff Special | ELECTION TYPE Other Description | | |
| 12 OFFICE | OFFICE HELD (if any) Mayor, City of Wichita Falls | | | 13 OFFICE SOUGHT (if known) | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages | 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. | | | | | |
| | COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC | COMMITTEE NAME | | | | |
| | | COMMITTEE ADDRESS | | | | |
| | | COMMITTEE CAMPAIGN TREASURER NAME | | | | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Tim Short

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)

\$

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 15,950.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. **TOTAL POLITICAL EXPENDITURES**

\$ 17,784.68

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 1,509.33

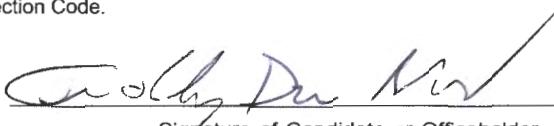
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 12,000.00

18 SIGNATURE

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



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Tim Short this the 8th day of July,
20 24, to certify which, witness my hand and seal of office.

Maui Barthrop
Signature of officer administering oath

Maui Barthrop
Printed name of officer administering oath

City Clerk / Notary
Title of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

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 _____, 20 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | |
|--|---|
| 19 FILER NAME Tim Short | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 15,950.00 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 38.40 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. SCHEDULE E: LOANS | \$ 0.00 |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 17,784.68 |
| 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 | \$ 0.00 |
| 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.

| | | | |
|---|---|--|---|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: 5 |
| 2 FILER NAME Tim Short | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/15/2024 | 5 Full name of contributor Louis and Julie Wilson | out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) 200.00 |
| | 6 Contributor address; [REDACTED] | City; State; Zip Code Wichita Falls, TX 76301 | |
| 8 Principal occupation / Job title (See Instructions) Small Businessperson | | 9 Employer (See Instructions) | |
| Date 02/16/2024 | Full name of contributor Robert and Judy Diltz | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 500.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code Wichita Falls, TX 76308 | |
| Principal occupation / Job title (See Instructions) Small Businessperson | | Employer (See Instructions) | |
| Date 02/16/2024 | Full name of contributor Barry Donnell | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 2,500.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code Wichita Falls, TX 76307 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) | |
| Date 02/14/2024 | Full name of contributor Stephen Santellana | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 1,000.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code Wichita Falls, TX 76310 | |
| Principal occupation / Job title (See Instructions) Small Businessperson | | Employer (See Instructions) | |
| 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.

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: 5 |
| 2 FILER NAME Tim Short | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/20/2024 | 5 Full name of contributor Patricia Thacker | 6 Contributor address; [REDACTED] Wichita Falls, TX 76308 | 7 Amount of contribution (\$) 1,500.00 |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) | |
| Date 02/20/2024 | Full name of contributor Lee Ann Haines | out-of-state PAC (ID#: [REDACTED]) | Amount of contribution (\$) 250.00 |
| | Contributor address: [REDACTED] | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) Small Businessperson | | Employer (See Instructions) | |
| Date 02/20/2024 | Full name of contributor Jacquelyn Hoegger | out-of-state PAC (ID#: [REDACTED]) | Amount of contribution (\$) 250.00 |
| | Contributor address: [REDACTED] | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) Small Businessperson | | Employer (See Instructions) | |
| Date 02/14/2024 | Full name of contributor Terry Paul & Teresa W Caves | out-of-state PAC (ID#: [REDACTED]) | Amount of contribution (\$) 1,250.00 |
| | Contributor address: [REDACTED] | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) | |
| 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.

| | | | |
|---|---|--|---|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: 5 |
| 2 FILER NAME Tim Short | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/20/2024 | 5 Full name of contributor Warren Ayres | out-of-state PAC (ID#: [REDACTED]) | 7 Amount of contribution (\$) 500.00 |
| | 6 Contributor address; [REDACTED] | City; State; Zip Code Wichita Falls, TX 76309 | |
| 8 Principal occupation / Job title (See Instructions) Small Businessperson | | 9 Employer (See Instructions) | |
| Date 02/20/2024 | Full name of contributor Cyndi Schenk | out-of-state PAC (ID#: [REDACTED]) | Amount of contribution (\$) 500.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code Wichita Falls, TX 76308 | |
| Principal occupation / Job title (See Instructions) Small Businessperson | | Employer (See Instructions) | |
| Date 02/21/2024 | Full name of contributor Robert & Lori Payton | out-of-state PAC (ID#: [REDACTED]) | Amount of contribution (\$) 500.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code Wichita Falls, TX 76309 | |
| Principal occupation / Job title (See Instructions) Small Businessperson | | Employer (See Instructions) | |
| Date 02/22/2024 | Full name of contributor Devin Smith | out-of-state PAC (ID#: [REDACTED]) | Amount of contribution (\$) 500.00 |
| | Contributor address; [REDACTED] | City; State; Zip Code Wichita Falls, TX 76310 | |
| Principal occupation / Job title (See Instructions) Small Businessperson | | Employer (See Instructions) | |
| 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.

| | | | |
|---|--|--|---|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: 5 |
| 2 FILER NAME Tim Short | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 02/18/2024 | 5 Full name of contributor Max Vordenbaum | out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) 500.00 |
| | 6 Contributor address; [REDACTED] | City: _____ State: _____ Zip Code Wichita Falls, TX 76308 | |
| 8 Principal occupation / Job title (See Instructions) Retired | | 9 Employer (See Instructions) | |
| Date 02/23/2024 | Full name of contributor Debbie Gustafson | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 1,000.00 |
| | Contributor address; [REDACTED] | City: _____ State: _____ Zip Code Wichita Falls, TX 76308 | |
| Principal occupation / Job title (See Instructions) Small Businessperson | | Employer (See Instructions) | |
| Date 02/26/2024 | Full name of contributor Brian Hooker | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 2,500.00 |
| | Contributor address; [REDACTED] | City: _____ State: _____ Zip Code Wichita Falls, TX 76310 | |
| Principal occupation / Job title (See Instructions) Small Businessperson | | Employer (See Instructions) | |
| Date 03/11/2024 | Full name of contributor Robert and Judy Diltz | out-of-state PAC (ID#: _____) | Amount of contribution (\$) 500.00 |
| | Contributor address; [REDACTED] | City: _____ State: _____ Zip Code Wichita Falls, TX 76308 | |
| Principal occupation / Job title (See Instructions) Small Businessperson | | Employer (See Instructions) | |
| 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.

| | | | |
|--|---|--|---|
| The Instruction Guide explains how to complete this form. | | | 1 Total pages Schedule A1: 5 |
| 2 FILER NAME Tim Short | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 04/08/2024 | 5 Full name of contributor Cyndi Schenk | out-of-state PAC (ID#: <u> </u>) | 7 Amount of contribution (\$) 500.00 |
| | 6 Contributor address: [REDACTED] | City; State; Zip Code Wichita Falls, TX 76308 | |
| 8 Principal occupation / Job title (See Instructions) Small Businessperson | | 9 Employer (See Instructions) | |
| Date 04/08/2024 | Full name of contributor Lee Ann Haines | out-of-state PAC (ID#: <u> </u>) | Amount of contribution (\$) 500.00 |
| | Contributor address: [REDACTED] | City; State; Zip Code Wichita Falls, TX 76308 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date 06/27/2024 | Full name of contributor Stephen Santellana | out-of-state PAC (ID#: <u> </u>) | Amount of contribution (\$) 1,000.00 |
| | Contributor address: [REDACTED] | City; State; Zip Code Wichita Falls, TX 76310 | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor | out-of-state PAC (ID#: <u> </u>) | Amount of contribution (\$) |
| | Contributor address; | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS 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.

| | | | | |
|---|---|--|--|--|
| <p>The Instruction Guide explains how to complete this form.</p> | | | | <p>1 Total pages Schedule A2: 1</p> |
| <p>2 FILER NAME Tim Short</p> | | | | <p>3 Filer ID (Ethics Commission Filers)</p> |
| <p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p> | | | | <p>\$</p> |
| <p>5 Date 06/30/2024</p> | <p>6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert & Lori Payton)</p> <p>7 Contributor address; City; State; Zip Code 4015 Kingsbury Drive, Wichita Falls, TX 76309</p> | | | <p>8 Amount of Contribution \$ 38.40</p> <p>9 In-kind contribution description Software Subscription</p> |
| <p>Check if travel outside of Texas. Complete Schedule T.</p> | | | | |
| <p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Consultant</p> | | | | <p>11 Employer (FOR NON-JUDICIAL) (See Instructions)</p> |
| <p>12 Contributor's principal occupation (FOR JUDICIAL)</p> | | | | <p>13 Contributor's job title (FOR JUDICIAL) (See Instructions)</p> |
| <p>14 Contributor's employer/law firm (FOR JUDICIAL)</p> | | | | <p>15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> |
| <p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | | | |
| <p>Date</p> | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:</p> <p>Contributor address; City; State; Zip Code</p> | | | <p>Amount of Contribution \$</p> <p>In-kind contribution description</p> |
| <p>Check if travel outside of Texas. Complete Schedule T.</p> | | | | |
| <p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)</p> | | | | <p>Employer (FOR NON-JUDICIAL) (See Instructions)</p> |
| <p>Contributor's principal occupation (FOR JUDICIAL)</p> | | | | <p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p> |
| <p>Contributor's employer/law firm (FOR JUDICIAL)</p> | | | | <p>Law firm of contributor's spouse (if any) (FOR JUDICIAL)</p> |
| <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> | | | | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p> | | | | |

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 4 | 2 FILER NAME Tim Short | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 01/31/2024 | 5 Payee name Prosperity Bank | | |
| 6 Amount (\$) 10.00 | 7 Payee address; 2525 Kell Blvd. | City; Wichita Falls State; TX Zip Code 76308 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Bank Service Charge | |
| | (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 02/29/2024 | Payee name Prosperity Bank | | |
| Amount (\$) 10.00 | Payee address; 2525 Kell Blvd. | City; Wichita Falls State; TX Zip Code 76308 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Bank Service Charge | |
| | 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/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 03/02/2024 | Payee name Ross Fischer Law | | |
| Amount (\$) 1,000.00 | Payee address; 430 Old Fitzhugh, No. 7 | City; Dripping Springs State; TX Zip Code 78620 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Legal Services | Description Consult and Advise on complaint before the Ethics Commission | |
| | 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/OH | Candidate / Officeholder name | Office sought | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

**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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: 4 | 2 FILER NAME Tim Short | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 03/04/2024 | 5 Payee name Mike Stevens | | |
| 6 Amount (\$) 12,277.00 | 7 Payee address; 6923 Indiana Ave, Box 292 | City; Lubbock State; TX Zip Code 79413 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Unpaid obligation from 12/31/23 report | |
| | (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 04/06/2024 | Payee name Ross Fischer Law | | |
| Amount (\$) 1,568.00 | Payee address; 430 Old Fitzhugh, No. 7 | City; Dripping Springs State; TX Zip Code 78620 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Legal Services | Description Consult and Advise on complaint before the Ethics Commission | |
| | 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/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 04/30/2024 | Payee name Prosperity Bank | | |
| Amount (\$) 10.00 | Payee address; 2525 Kell Blvd. | City; Wichita Falls State; TX Zip Code 76308 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Bank Service Charge | |
| | 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/OH | Candidate / Officeholder name | Office sought | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

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 | 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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | 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 F1: | 2 FILER NAME 4 Tim Short | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 05/31/2024 | 5 Payee name Prosperity Bank | | |
| 6 Amount (\$) 10.00 | 7 Payee address; 2525 Kell Blvd. | City: Wichita Falls State: TX Zip Code 76308 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description Bank Service Charge | |
| | (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 06/26/2024 | Payee name Texas Oncology Foundation, Inc. | | |
| Amount (\$) 340.00 | Payee address; 12377 Merit Drive, Suite 700 | City: Dallas State: TX Zip Code 75251 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Contribution/Donation | Description Distributes to charity the total of anonymous contributions previously collected. | |
| | 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/OH | Candidate / Officeholder name | Office sought | Office held |
| Date 06/27/2024 | Payee name Ross Fischer Law | | |
| Amount (\$) 1,549.68 | Payee address; 430 Old Fitzhugh, No. 7 | City: Dripping Springs State: TX Zip Code 78620 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Legal Services | Description Consult and Advise on complaint before the Ethics Commission. Includes payment of civil penalty and various handling expenses. | |
| | 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/OH | Candidate / Officeholder name | Office sought | Office held |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
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)

The Instruction Guide explains how to complete this form.

| | | | |
|--|--|---|--|
| 1 Total pages Schedule F1: 4 | 2 FILER NAME Tim Short | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 06/27/2024 | 5 Payee name Stephen Santellana | | |
| 6 Amount (\$) 1,000.00 | 7 Payee address; [REDACTED] | City; Wichita Falls State; TX Zip Code 76310 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Other | (b) Description Cash Contribution returned | |
| | (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 06/30/2024 | Payee name Prosperity Bank | | |
| Amount (\$) 10.00 | Payee address; 2525 Kell Blvd. | City; Wichita Falls | State; TX Zip Code 76308 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Fees | Description Bank Service Charge | |
| | 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/OH | Candidate / Officeholder name | Office sought | Office held |
| Date | Payee name | | |
| Amount (\$) | Payee address; | City; | State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | Check if travel outside of Texas. Complete Schedule T. Check if 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 NEEDED | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | |
|--|--|--|--|---|----------------------|
| The C/OH Instruction Guide explains how to complete this form. | | | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME MS / MRS / MR. FIRST MI MR. THOMAS H. NICKNAME LAST SUFFIX TOM TAYLOR | | | | OFFICE USE ONLY Date Received | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE [REDACTED] WICHITA FALLS TX 76306 | | | | Date Hand-delivered or Date Postmarked 11/21/2021 | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION [REDACTED] | | | | Receipt # Amount \$ [REDACTED] | |
| 6 CAMPAIGN TREASURER NAME MS / MRS / MR. FIRST MI MR. TREY NICKNAME LAST SUFFIX SRALLA | | | | Date Processed Date Imaged | |
| 7 CAMPAIGN TREASURER ADDRESS STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #, CITY, STATE, ZIP CODE (Residence or Business) 401 NORTH SCOTT AVE, WICHITA FALLS TX 76306 | | | | | |
| 8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (940) 322-4121 | | | | | |
| 9 REPORT TYPE <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | |
| 10 PERIOD COVERED Month Day Year 1 / 1 / 24 THROUGH 6 / 30 / 24 | | | | | |
| 11 ELECTION ELECTION DATE Month Day Year 11 / 7 / 23 | | | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE OFFICE HELD (if any) COUNCILOR DISTRICT 5 | | | | 13 OFFICE SOUGHT (if known) | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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. | | | | | |
| Additional Pages COMMITTEE TYPE COMMITTEE NAME <input type="checkbox"/> GENERAL COMMITTEE ADDRESS <input type="checkbox"/> SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | |

GO TO PAGE 2

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

| | |
|---|---|
| 19 FILER NAME MR. THOMAS H. TAYLOR | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 500.00 |
| 2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0.00 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0.00 |
| 4. SCHEDULE E: LOANS | \$ 0.00 |
| 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 | \$ 0.00 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0.00 |
| 11. <input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,000.00 |
| 12. <input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.64 |

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: 1 |
| 2 FILER NAME MR. THOMAS H. TAYLOR | | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 01/12/2024 | 5 Full name of contributor MR. STEPHEN SANTELLANA | out-of-state PAC (ID#: _____) | 7 Amount of contribution (\$) 500.00 |
| | 6 Contributor address: [REDACTED] | City; State; Zip Code WF 76310 | |
| 8 Principal occupation / Job title (See Instructions) BUSINESS OWNER | | 9 Employer (See Instructions) SELF EMPLOYED | |
| Date | Full name of contributor [REDACTED] | out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; [REDACTED] | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor [REDACTED] | out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; [REDACTED] | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Date | Full name of contributor [REDACTED] | out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| | Contributor address; [REDACTED] | City; State; Zip Code | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| <p style="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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 I: | 2 FILER NAME MR. THOMAS H. TAYLOR | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 03/15/2024 | 5 Payee name ROSS FISCHER LAW, PLLC | |
| 6 Amount (\$) 1,000.00 | 7 Payee address; 430 OLD FITZHUGH, DRIPPING SPRINGS TX 76620 | City State Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See instructions for examples of acceptable categories.) LEGAL SERVICES | (b) Description (See instructions regarding type of information required.) CONSULTING SERVICES AND PREPARING CORRECTION OF REPORT |
| 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 of information required.) |
| 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 of information required.) |
| 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 of information required.) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER**SCHEDULE K**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 K: 1 |
| 2 FILER NAME MR. THOMAS H. TAYLOR | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 06/30/2024 | 5 Name of person from whom amount is received UNION SQUARE FEDERAL CREDIT UNION | 8 Amount (\$) 0.64 |
| | 6 Address of person from whom amount is received; City; State; Zip Code 1401 HOLIDAY, WICHITA FALLS TX 76301 | |
| | 7 Purpose for which amount is received INTEREST ON ACCOUNT 1 JAN 2024 - 30 JUN 2024 | 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; 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; 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; State; Zip Code | |
| | Purpose for which amount is received | Check if political contribution returned to filer |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | |
|---|---|-------------------|---|--|------------------|---------------------|
| The C/OH Instruction Guide explains how to complete this form. | | | 1 Filer ID (Ethics Commission Filers) 82-2601617 | 2 Total pages filed: 4 | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR NICKNAME | FIRST LAST | MI SUFFIX | OFFICE USE ONLY | | |
| | <i>ROBERT</i> <i>Whitely</i> | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; | APT / SUITE # | CITY; STATE; ZIP CODE | <i>Wichita Falls, TX. 76301</i> | | |
| <input type="checkbox"/> Change of Address | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand-Delivered or Date Postmarked | | |
| [REDACTED] | | | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR NICKNAME | FIRST LAST | MI SUFFIX | Receipt Date 7/10/24 Amount \$ 105.71 By 105.71 | | |
| | <i>ROBERT</i> <i>YORK</i> | | | Date Processed | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE <i>Wichita Falls, TX. 76308</i> | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | | | |
| <i>(940) 781-9400</i> | | | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election | | <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month 01 | Day 01 | Year 2024 | Month 09 | Day 30 | Year 2024 |
| 11 ELECTION | ELECTION DATE Month / Day / Year / | | | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Other Description | | |
| 12 OFFICE | OFFICE HELD (if any) <i>Councilor AT LARGE</i> | | | 13 OFFICE SOUGHT (if known) | | |
| 14 NOTICE FROM POLITICAL COMMITTEE(S) | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / 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. | | | | | |
| <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME | | | | |
| | <input type="checkbox"/> GENERAL | | | | | |
| | <input type="checkbox"/> SPECIFIC | | | | | |
| | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME

Robert E. Whiteley

16 Filer ID (Ethics Commission Filers)

82-2601617

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)

\$ -0

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 200.00

4. TOTAL POLITICAL EXPENDITURES

\$ 200.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 7254.00

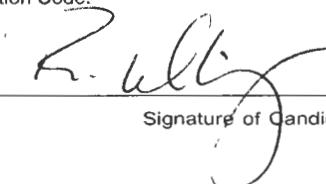
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -0

18 SIGNATURE

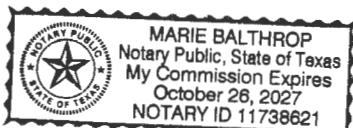
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Robert E. Whiteley this the 10th day of July,

20 24, to certify which, witness my hand and seal of office.

Marie Balthrop

Signature of officer administering oath

Marie Balthrop

Printed name of officer administering oath

City Clerk / Notary

Title of officer administering oath

OR

(2) Unsworn Declaration

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 _____, 20 _____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***ROBERT E. Whitley***20 Filer ID (Ethics Commission Filers)***82-2601617***21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

| | | |
|-----|--|------------------|
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ <i>0</i> |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ <i>0</i> |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>200.00</i> |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ <i>0</i> |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ <i>0</i> |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>0</i> |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ <i>0</i> |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ <i>0</i> |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ <i>0</i> |

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 | 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 | 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 F1: | 2 FILER NAME <i>ROBERT E. Whiteley</i> | 3 Filer ID (Ethics Commission Filers) <i>82-2601617</i> | |
| 4 Date <i>6-12-'24</i> | 5 Payee name <i>Austin CoBIS "For Councilor At Large Campaign"</i> | | |
| 6 Amount (\$) <i>200.00</i> | 7 Payee address; <i>Wichita Falls, TX.</i> | City; State; Zip Code <i>76308</i> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <i>Contribution made by C/OH Political Contribution</i> | (b) Description | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 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 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 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 |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | <input type="checkbox"/> 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 | | | |