CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

OPFICEHOLDER PHONE (806) 215-0582 Image: Comparison of the second				
OFFICE USE OLDER NAME Ms. Carma Ann OFFICE USE ONLY AMME LAST SUFFIX Date Received A CANDIDATE / OFFICE HOLDER MALING ADDRESS Dobess / PO BOX, 988 Plains, TX 793555 Date Received JAN 16 2024 S CANDIDATE / OFFICE HOLDER PHONE ADDRESS / PO BOX, 988 Plains, TX 793555 AT/ SUITE #. CITY. STATE: ZiP CODE 6 CAMPAIGN TREASURER ADDRESS AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered of Date Postmano PHONE 7 CAMPAIGN TREASURER ADDRESS (Readence of Buiness) NS / MS / MS / MS FIRST MI Date Processed (Lo - 2004) Date Intradiction of Si Address 8 CAMPAIGN TREASURER ADDRESS (Readence of Buiness) STREET ADDRESS (NO PO BOX PLEASE; APT / SUITE #, CITY. CITY. STATE: ZIP CODE 9 REPORT TYPE January 15 30h day before election Runoff If and ay affer campaign Pressurer appointmin 10 PERIOD COVERED Memb Day Year Moth Day Year 12 OFFICE OFFICE HELD (# my) TAX ASSESSOF COILECTOT 13 OFFICE SOLOIT (# Interem) TAX ASSESSOF COILECTOT 13 OFFICE SOLOIT (# Interem) TAX ASSESSOF COILECTOT 13 OFFICE SOLOIT (# Interem) TAX ASSESSOF COILECTOT 14 NOTICE FROM POLITICE IND COMMIT	The C/OH Instruction (Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
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6 CAMPAIGN TREASURER NAME NS / MS / NR FIRST MI	OFFICEHOLDER		EXTENSION	Date Hand-delivered or Date Postmarked
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POLITICAL COMMITTEE(S) The candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge / consent. candidates and officeholders are required to report this information only if they receive notice of such expenditure Additional Pages COMMITTEE CAMPAIGN TREASURER NAME Specific COMMITTEE CAMPAIGN TREASURER NAME	12 OFFICE			
SECURIC	POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES & CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRE COMMITTEE TYPE COMMITTEE NAME GENERAL COMMITTEE ADDRESS	IAY HAVE BEEN MADE WITHOUT THE CAND D TO REPORT THIS INFORMATION ONLY IF T	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
GO TO PAGE 2		COMMITTEE CAMPAIGN TREA	SURER ADDRESS	

Forms provided by Texas Ethics Commission

Revised 8/17/2020

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ann Saxon		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)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 216.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	st day \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ 0.00
(1) Affidavit	Please complete either option below BIANCA A. ZAVALA Notary Public, State of Texas Comm. Expires 07-06-2025 Notary ID 13320341-5	r:
NOTARY STAMP/SEAL		i the
Sworn to and subscribed 20 24 , to certify Biance for signature of officer administer	which, witness my hand and seal of office. La Bianca Zavala ring oath Printed name of officer administering oath	No Faw y Title of officer administering oath
(2) Unsworn Declaration	OR	
My name is	, and my date of birth is	
My address is	,,,,	,,,
	(street) (city) (s	tate) (zip code) (country)
Executed in	County, State of, on the day of(month), 20 (year)
	Signature of Candid	late/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILE	ERNAME	20 Filer ID (Ethics Cor	nmissio	n Filers)
Ann S	Saxon			
	HEDULE SUBTOTALS ME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	ULE 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		\$	216.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	ULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	EDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU TO FILER	TIONS RETURNED	\$	0.00

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXPENDITURE CATEGOR	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees Off Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense Iaries/Wages/Contract Labor w to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME Ann Saxon		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Sticker Mule		1
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address: 336 Forest Ave, An	_{City;} nsterdam, NY 1201	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu Advertising/Printing Expense	(b) Description Re Elect Stick	ers
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, 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 (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	in, TX, officeholder living expense
Candidate / Officeholder name Office sought Office held		Office held	
Date	Payee name		
Amount (\$) Reimbursement from political contributions	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	le) Description	
	Check if travel outside of Texas. Complete Schedule	T. Check if Austi	n, 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 TH	IS SCHEDULE AS NEED	DED

Mstickermule

Billing address	Shipping address	
Ann Saxon	Ann Saxon	
1751 Co Rd 190	1751 Co Rd 190	
Plains	Plains	
TX 79355	TX 79355	
United States	United States	

	(1
A second s	Item		Quantity	Cost	
	18. AD 1 C T	Custom 36" x 7.5" Rectangle stickers	20	\$172	
		Mule sauce	1	\$0	

Subtotal	\$172
Sales tax	\$16
Shipping	\$28
Order total	\$216
Amount paid via visa xxxxxxxxxx3114	\$216

Sticker Mule, LLC

stickermule.com

336 Forest Ave, Amsterdam, NY 12010