## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	auide explains how to complete this form. 1 Filer ID (Ethics Commission Filers) 2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS (MR) FIRST Charles DI OFFICE USE ONLY NICKNAME LAST FSA 21220 SUFFIX Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2742 Chi Sholm TRI, Denver City, TK JAN 16 2024	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmark	(ed
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI NECEDAR Date Processed 11024	-
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY; STATE; ZIP CODE 27742 Chisholm TRI; Dealed Gig, TX 19328	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (BLC) 113-9332	
9 REPORT TYPE	January 15       30th day before election       Runoff       15th day after campaign treasurer appointment (Officeholder Only)         July 15       8th day before election       Exceeded Modified Reporting Limit       Final Report (Attach C/OH - FR)	)
10 PERIOD COVERED	Month         Day         Year         Month         Day         Year           10         /19         /23         THROUGH         12/31/23         33	
11 ELECTION	ELECTION DATE     ELECTION TYPE       Month     Day     Year       3/5/24     General     Special	
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) YOALUM HI County Commissioner HI	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPP THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDG CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITUR COMMITTEE TYPE COMMITTEE NAME	EOR
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME	
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Revised 8/17/2020

### 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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 33832
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	PAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	<sup>1E</sup> \$
	wear, or affirm, under penalty of perjury, that the accompanying report is true an quired to be reported by me under Title 15, Election Code.	nd correct and includes all informatio
	Signature of Candi Please complete either option below:	date or Officeholder
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declarati	on	
My name is	The J. Espinor and my date of birth is	12/21/1960
My address is74	2 Chishofm, Trel. Derver City 7	X. 72323 YOAKum
Executed in YGAK	(street) (city) (state <u>M</u> _County, State of <u>TEXAS</u> , on the <u>6</u> day of <u>7</u> (month)	e) (zip code) (country) , 20 <u>24</u> . (year)
	Signature of Candidate	e/Officeholder (Declarant)

## SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19 FILER NAME

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20 Filer ID (Ethics Commission Filers)

-	IEDULE SUBTOTALS IE OF SCHEDULE	SUBTOTAL AMOUNT					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.	SCHEDULE E: LOANS	\$					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$2433,2					
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 750.00					
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	\$					

EXPENDITUR	RES M	ADE BY CRE	EDIT	CAR	<b>.</b>	S	CHEI	DULE <b>F4</b>
If the requested inform	nation is n	ot applicable, <b>DO NC</b>	)T inclu	ude this	page in the rep	oort.		
		EXPENDITURE C	ATEGC	ORIES FC	DR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services The Instruction Guide	ense	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Travel In Distr Travel Out Of	n Equipm rict District	g Expense ent & Related Expense r not listed above)
1 Total pages Schedule F4:	2 FILER	NAME				3 Filer ID (E	thics Co	ommission Filers)
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHAR	GED T	OACRE	EDIT CARD	\$		
5 Date 12/11/2023	6 Payee	4 imprint						
7 Amount (\$)	8 Payee	address;			City;	Stat	e;	Zip Code
\$468.22	101 (	lommerce St		(	Joh Kosh,	W	Ĵ	54901
9 TYPE OF EXPENDITURE		Political		Non-Poli	itical			
10	(a) Categor	y (See Categories listed at the to	op of this sc	hedule)	(b) Description			
PURPOSE OF EXPENDITURE	A	lvertising E	xpel	re	EmeryBoar	d. Patriotic	L	
	(c)	Check if travel outside of Texas. C	complete Sch	hedule T.	Check if A	ustin, TX, officehold	ler living	expense
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate / Officeholder na	me	Off	fice sought	O	ffice he	ld
Date	Payee	name						
$\frac{2}{6}$		stline address;			City;	Stat	<u>.</u>	Zip Code
5/9412	DO	Rry 71714	44	(	n Uncinna		) 	
				Non-Pol				75x 11-0171
		ry (See Categories listed at the t	top of this se	chedule)	Description			
PURPOSE OF EXPENDITURE	Ad	Vertising Exp	urc.	-	Pens	<b>)</b>		
		Check if travel outside of Texas.	Complete Sc	hedule T.	Check if A	ustin, TX, officehold	der living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate / Officeholder na	me	Of	fice sought	0	ffice he	ld
	ATTA	CH ADDITIONAL COP	IES OF	THIS SC	CHEDULE AS NE	EDED		

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		EXPENDITURE CATE	GORIES FO	DR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 6 Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor	Transportation Equi Travel In District Travel Out Of Distri	pment & Related Exp
1 Total pages Schedule F4:	2 FILER NAME 3 Filer 1D (Ethics			s Commission Filer		
4 TOTAL OF UNITEM	IZEDEXP	ENDITURES CHARGED	TOACRE	DIT CARD	\$ 711.25	
5 Date	6 Payee				L	
12/06/2023 7 Amount (\$)	8 Payee	estline		Citra	States	Zin Code
,	6 rayee	address,		City;	State;	Zip Code
\$694.12	PO Box	2027		Lewiston	ME	04241
9 TYPE OF EXPENDITURE		Political	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of this ertising Expense	schedule)	(b) Description Writing Pens		
	(c)	Check if travel outside of Texas. Complete	Schedule T.	Check if Au	ustin, TX, officeholder livi	ng expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate / Officeholder name	Of	fice sought	Office	held
Date	Payee	name				
2/06/2023	Just Su	pplies				
Amount (\$) \$17.13		address; Broadway		city; Denver City	State; / TX	Zip Code 79323
TYPE OF EXPENDITURE		Political	Non-Po	litical		
	Catego	ry (See Categories listed at the top of th	is schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense		Cable ties for campaign signs			
		Check if travel outside of Texas. Complete	e Schedule T.	Check if A	ustin, TX, officeholder liv	ring expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate / Officeholder name	Of	fice sought	Office	held

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		EXPENDITURE CATE	GORIES FO	R BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politics		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overt Polling Expe Printing Exp		Solicitation/Fundrai Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expe
	1	The Instruction Guide explai	ns how to co	mplete this form.		
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics C	Commission Filers
4 TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGED	TOACRE	DITCARD	\$ \$804.04	4
5 Date 11/07/23	6 Payee Sig	name gns on the Cheap			L	
7 Amount (\$)	8 Payee	address;		City:	State;	Zip Code
\$695.68	.115	25A Stonehollow Dr.	Ste#100	Austin	ТХ	78758
9 TYPE OF EXPENDITURE		Political [	Non-Poli	itical		
10	(a) Catego	ry (See Catagories listed at the top of the	is schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense Campaig			Campaign	Signs	
	(c)	Check if travel outside of Texas. Complete	e Schedule T.	Check If AL	ustin, TX, officeholder livin	9 екрепте
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate / Officeholder name	Of	fice sought	Office	neld
Date 11/20/2023	1	name nazon.com				
Amount (\$)	Payee	address;		City;	State;	Zip Code
108.36	44	0 Terry Ave N.		Seattle	WA	98109
TYPE OF EXPENDITURE		Political	Non-Po	litical	<u> </u>	
	Catego	Bry (See Categories listed at the top of t	his schedule)	Description		
PURPOSE OF EXPENDITURE	Adv	ertising Expense		Glow Stic	cks	
	C	Check if travel outside of Texas. Comple	te Schedule T.	Check If A	Nustin, TX, officeholder IIvi	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate / Officeholder name	01	fice sought	Office	heid

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		EXPENDITURE CATE	GORIES FO	OR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Controutions/Donations Made 8 Candidate/Officeholder/Politice		Event Expense Fees Food/Beverage Expense Gift/Awards/Nemorials Expense Lagal Services The Instruction Guide explain	Office Over Polling Exp Printing Exp Salaries/Wa	iges/Contract Labor	Solicitation/Fundrai Transportation Equip Travel in District Travel Out Of District Other (enter a catego	ment & Related Expe
Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics C	ommission Filers
TOTAL OF UNITEM	IZED EXP	ENDITURES CHARGED	TOACRE	EDIT CARD	\$ 806.01	) · · · · · · · · · · ·
5 Dete 12/11/23	6 Payee 4Imp				I	
Amount (\$)	8 Payee	address;		City:	State;	Zip Code
\$468.22	101	Commerce St		Oshkosh	WI 5	54901
TYPE OF EXPENDITURE		Political	Non-Pol	itical		
9 PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of thi vertising Expense	s schedule)	(b) Description Emery Bo	pards	
	(c) Check If trevel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense					) expense
1 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate / Officeholder name	O	ffice sought	Office h	eid
Date 12/12/23	Payee	fice Depot				
Amount (\$)	Payee	address;		City;	State;	Zip Code
\$337.79	6044	Marsha Sharp Frw		Lubbock	ТХ	79323
TYPE OF EXPENDITURE		Political [	Non-Po	lítical		
PURPOSE OF EXPENDITURE		ry (See Categories Ested at the top of th ertisement Expense	ia schedule)	Description Print co	pies of Campaig	n flyers
	C	Check if travel outside of Texas. Complet	e Schedule T.	Check If A	wstin, TX, officehalder livir	ng expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Ca	ndidate / Officeholder name	0	ffice sought	Office	eid

Forms provided by Texas Ethics Commission

		ADE BY CRED				DULE <b>F4</b>
		EXPENDITURE CATE	GORIES FO	R BOX 10(a)	*********	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Fees Office Over Food/Beverage Expense Polling Exp Gift/Awards/Memorials Expense Printing Exp				
		The Instruction Guide expla	ins how to co	mplete this form.		
1 Total pages Schedule F4:	2 FILER	NAME			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL OF UNITEM	ZED EXP	ENDITURES CHARGE	TOACRE	DIT CARD	\$	
5 Date 12/23/23	6 Payee Sigr	name is on the Cheap			L <sub>2-1</sub>	
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code
\$311.97	1152	25 Stonehollow Dr. B2	20	Austin	ТХ	78758
9 TYPE OF EXPENDITURE		Political	Non-Poli	tical		- 44 6 W
10	(a) Catego	Y (See Categories listed at the top of the	nis schødule)	(b) Description		
PURPOSE OF EXPENDITURE	/	Advertising Expense		Campaig	gn Signs	
	(c)	Gheck if travel outside of Texas. Complei	te Schedule T.	Check If Au	atin, TX, officeholder living	experise
11 Complete <u>ONLY</u> If direct expenditure to benefit C/OH	Ca	ndidate / Officeholder name	Ofi	fice sought	Office h	eid
Date	Payee	name				
Amount (\$)	Payee	address;		City;	State;	Zip Code
TYPE OF EXPENDITURE		Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Catego	FY (See Categories listed at the top of a state of the top of t	this schedule)	Description		
	Г	Check if travel outside of Texas. Compl	ete Schedule T.	Check if A	ustin, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Ca	ndidate / Officehoider name	01	fice sought	Office h	eid
	ATTA	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EEDED	

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PERSONAL		(	SCHEDULE G
If the requested in	formation is not applicable, DO NOT include	this page in the rep	port.
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees         Office C           Food/Beverage Expense         Polling           By         Gift/Awards/Memorials Expense         Printing	epayment/Reimbursement Dverhead/Rental Expense Expense g Expense s/Wages/Contract Labor o 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		3 Filer ID (Ethics Commission Filers)
4 Date 1/21/23 6 Amount (\$)	5 Payee name Datum County T 7 Payee address;	epublican city;	Party State; Zip Code
Reimbursement from political contributions intended	PO BOX 132	Plaine	3 TX 79355
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Filing Fee (c) Check iftravel outside of Texas. Complete Schedule T.	(b) Description	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 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/		Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living 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 NEED	ED

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

# FORM C/OH - FR

	The Instruction Guide explains how to complete this form.
	Complete only if "Report Type" on page 1 is marked "Final Report" ↔
1 0	OH NAME 2 Filer ID (Ethics Commission Filers)
3 5	NATURE
c	not expect any further political contributions or political expenditures in connection with my candidacy. I understand that ignating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any apaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.
	Signature of Candidate / Officeholder
4 F	ER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. ••
4	CAMPAIGN FUNDS
	heck only one:
I	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
E	ASSETS
	heck only one:
1	I do not retain assets purchased with political contributions or interest or other income from political contributions.
1	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
	Signature of Candidate
	FICEHOLDER Complete this section o <i>nly</i> if you are an officeholder ••
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.
	Signature of Officeholder