CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

100			4 51 10 51 0		Tabel same State
The C/OH Instruction G	duide explains how	to complete this form.	1 Filer ID (Ethics Com	mission Filers) 2	Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	TOMM 4	1	MI	OFFICE USE ONLY
NAME	NICKNAME	BOX		SUFFIX	e Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #; P/		79333	JAN - 9 2024
6 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	рноме NUMBER 592—196	extension 7	Date	e Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR SECH	7 LAST		MI Date	e Processed 4
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;		STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before e	ection Exceed	led Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	OC+	Day Year / 11 / 903 3	THROUGH		Day Year 1 / 2073
11 ELECTION	Month Day	Year Primary General	Runoff Special	Other Description	
12 OFFICE	YOAKUM (ounty Commissi	13 OFFICE SOL	JGHT (if known)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WIT	HOUT THE CANDIDATE	Y POLITICAL COMMITTEES TO SUPPORT 'S OR OFFICEHOLDER'S KNOWLEDGE OR ECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS	EASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO ТО	PAGE 2		

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Reset Page

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SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	TOMMY BOX		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	\$	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLIT	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 320.57	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	\$ 320.57 \$ 460.06	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONT	\$	

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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	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTR	TEES OF LOANS, OR	s D
	2. TOTAL POLITICAL CONTRIBU- (OTHER THAN PLEDGES, LOANS		s D
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL	EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDIT	URES	\$ 780.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	NS MAINTAINED AS OF THE LA	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING		F THE \$ O
(1) Affidavit	BIANCA A. ZAVALA	and opinion below	
	r lease comple	ete either option belo	•••
NOTARY STAND	Notary Public, State of Texas Comm. Expires 07-06-2025 Notary ID 13320341-5		
Sworn to and subscribed	before me by Tammy	Juy BOK this the	9th day of January,
20 24 , to certify	which, witness my hand and seal of office.	Zavala	Notary
Signature of officer administer			Title of officer administering oath
		OR .	
(2) Unsworn Declarati	on		
My name is		, and my date of birth i	s
My address is			
	(street)	(city)	(state) (zip code) (country)
Executed in	County, State of	, on the day of(mon	, 20 th) (year)
		Signature of Cano	lidate/Officeholder (Declarant)

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

	EXPENDITURE CATEG	GORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		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 explain	ns how to complete this form.	
1 Total pages Schedule F4:	2 FILERNAME OMMy BO	X	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	s Q
5 Date 127/93	6 Payee name Vista Print	netherland	5 B.U.
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
#46.74	975 Wyman 57	- WA)tham, M	A 09451-1300
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	Advertising Expen	156	
	(c) Check if travel outside of Texas. Complete	Schedule T. Check if A	stin, TX, officeholder living expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 19/30/93	Payee name 4 Imprint		
Amount (\$)	Payee address;	City;	State; Zip Code
273.83	101 Commerce ST	Oshkosh	WI 34901
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this Odver 4/3/ng Expen	Sechedule) Description	
	Check if travel outside of Texas. Complete	Schedule T. Check if A	ustin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought	Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Tommy SOX	County Comm	lisioner Pc+#3
	1		
	ATTACH ADDITIONAL COPIES O	THIS SCHEDING AS NO	EDED
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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
Codif 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 (online) a relegant of listed above)

Candidate/Officeholder/Politi Credit Card Payment		s/Wages/Contract Labor	I ravel Out Of District Other (enter a category not listed above)		
1 Total pages Schedule G:	TOMMN BOX	3	Filer ID (Ethics Commission Filers)		
4 Date 12-12-33	Lubbock Brader Bla	HDE			
6 Amount (\$) 460.04 Reimbursement from political contributions intended	TOMMY BOX 5 Payee name Lubbock Brader Bla 7 Payee address; 9-4 16 MARShAll ST	Lubbock	State; Zip Code Tex 79415		
B PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertisins	(b) Description			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	K, 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		
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	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED)		