CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MR TOMMY	MI	OFFICE USE ONLY		
NAME	NICKNAME LAST BOX	SUFFIX	Pate Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: P O BOX 205 PLAINS, TEXA	,			
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(806) S92-1267	EXTENSION	Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST SELF	Mi	Pate Processed		
NAME	NICKNAME LAST	SUFFIX	Date Imaged 2 210 211		
	OTDEET ADDRESS (NO DO BOY SIEASS)	T / CHITE W. CITY.	5/144/44		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #; CITY; STATE; ZIP CODE SELF				
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION				
9 REPORT TYPE	January 15 30th day bef	fore election Runoff	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15 8th day befor	re election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month	Day Year		
COVERED	1 / 26 / 24	THROUGH 2	/ 24 / 24		
11 ELECTION	ELECTION DATE	ELECTION TYPE			
	Prin	nary Runoff Other			
	Month Day Year	Description			
}	3 5 24 Ger	neral Special			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		
14 NOTICE FROM POLITICAL	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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME				
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN	N TREASURER ADDRESS			
	GO 1	TO PAGE 2	1-10-1		

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 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	\$ 204.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY			
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$		
18 SIGNATURE I s	swear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information		
rec	quired to be reported by me under Title 15, Election Code.			
	Signature of Car	didate or Officeholder		
	Please complete either option below	:		
(1) Affidavit				
/				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by this the	day of		
	which, witness my hand and seal of office.			
20, to certify	which, whiless my hand and seal of office.			
Signature of officer administe	vine ooth	Title of effect of the state of		
Signature of officer administe		Title of officer administering oath		
	OR			
(2) Unsworn Declarati	on			
My name is TU	nmy BOX, and my date of birth is	06/30/1956		
My address is	BOX 703 PIA-INS	TEX 79355, USH		
.4 .1		ate) (zip code) (country)		
Executed in 4011	County, State of Tex, on the 26 day of 03	20 34.		
	(month)	(year)		
	Signature of Candida	at /Officeholder (Declarant)		
	organization of dathdrag	The state of the s		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Commission Filers)			
21	21 SCHEDULE SUBTOTALS NAME 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				
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	204.00	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	IONS RETURNED	\$		

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 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 FILER NAME TOMMY BOX	3 Filer ID (Ethics Commission File	rs)	
4 Date	5 Payee name	<u> </u>		
02/04/2024	MARKET STREET			
6 Amount (\$) 204,00 Reimbursement from political contributions intended	7 Payee address; 4425 19TH	City; State; Zip Code LUBBOCK,TEXAS 79407		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description STAMPS		
	(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		
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/	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
Amount (\$) Reimbursement from political contributions inlended	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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED		