#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE/ OFFICE USE ONLY BROOKS OFFICEHOLDER KRISTEN NAME Date Received SUFFIX NICKNAME LAST **ELECTIONS** HILL CITY; STATE: ZIP CODE 4 CANDIDATE / APT / SUITE #; ADDRESS / PO BOX; JAN 1 6 2024 **OFFICEHOLDER** RENO TY 15462 MAILING **ADDRESS** RECEIVED Change of Address AREA CODE EXTENSION PHONE NUMBER 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (403) PHONE Amount \$ Receipt # MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER** JEREMY Date Processed NAME NICKNAME SUFFIX Date imaged MASSEY ZIP CODE STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY; STATE; 7 CAMPAIGN TREASURER 75462 RENU **ADDRESS** (Residence or Business) EXTENSION PHONE NUMBER 8 CAMPAIGN AREA CODE

TREASURER PHONE	(903)							
9 REPORT TYPE	January 15	3	Oth day before electio	n Rur	nofi	LJ trea	h day after campaign seurer appointment licaholder Only)	
	July 15	8t	h day before election		needed Modified porting Limit	Fin	al Report (Attach C/OH - FR	)
10 PERIOD	Month	Day	Year		Month	Day	Year	
COVERED	9	/26 /	2023	THROUGH	1 /	11/	2024	
11 ELECTION	Month Day	Year	Primary General	Runoff Special	Other Description			
12 OFFICE	OFFICE HELD (if any)	)		13 OFFICE	SOUGHT (if known)	SSOR		
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CAMBIDATE / OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAMBIDATE'S OR OFFICEHOLDER'S IGNOWLEDGE OR CONSENT. CAMBIDATES 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						
Additional Pages	SPECIFIC	CIFIC COMMITTEE CAMPAIGN TREASURER NAME						
		COMMITTEE	CAMPAIGN TREASU	RER ADDRESS				
			GO TO PA	GE 2				
Forms provided by Texas E	thics Commission		www.ethics.sta	te.tx.us			Revised 11/1	5/202

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

			The second secon		
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	\$		
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS		\$ 8976.10		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITE	JRES	\$ 7374.10 STDAY \$ 1602.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIO OF REPORTING PERIOD	NS MAINTAINED AS OF THE LA	STDAY \$ 1602.00		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F		FTHE \$		
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that	the accompanying report is tru	e and correct and includes all information		
	quired to be reported by me under Title 15, Elec	and the second s			
, , ,	, c., c., c., c., c., c., c., c., c., c.	1/	1. 11		
	e e				
		Signature of Ca	andidate or Officeholder		
		C			
Please complete either option below:					
	and contractions and contract between	2 100 A			
(1) Affidavit TRISTA					
Notary Public,	State of Texas				
Comm. Expire	9971576-2				
WINNIART STAINING SEA		11:	1/		
47 1 1	before me by Drooke	this the	day of January		
20 to certify	which, witness my hand and seal of office.	Soint	Notan		
Signature of officer administe	ring oath Printed name of officer	administering oath	Title of officer administering oath		
January of Children administra					
	Oi	K .			
(2) Unsworn Declaration	on				
My name is		, and my date of birth is			
OSS.		A STROUGH STOP (STOCKED) SO IN TO			
iviy address is	(otroot)	,,,,,,,,,,	state) (zip code) (country)		
6-1 98 X 8	(street)		, , , , , , , , , , , , , , , , , , , ,		
Executed in	County, State of	on the day of(month	(year)		
		Signature of Candid	date/Officeholder (Declarant)		
		olginataro di Sarian	270080 C 011220 2011 3		

## **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		
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8496.10 \$ 480.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 480.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS \$ 7374.10	
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 FL	INDS \$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED \$	

### SCHEDULE A1

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

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The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:  DOUG CATO  6 Contributor address; City; State;	+ 100 00
4. 10. 10	Contributor address; City; State;	75402
8 Principal occu	pation / Job title (See Instructions)  (LT)(Ld)  [Employed See Instructions)	yer (See Instructions)
Date	Full name of contributor     out-of-state PAC (ID#:	,
10.10.23	Contributor address; City; State;	Zip Code \$ 500.00
	PARIS TX:	15460
Principal occup	ation / Job title (See Instructions) Emplo	yer (See Instructions)
Date	Full name of contributor  TASUN  Pety  Contributor address;  City;  State;	Amount of contribution (\$)
10.16.23		2ip Code 1×75461
	ation / Job title (See Instructions) Emplo	yer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
11-1-23	Contributor address; City; State; Powderly Tk	Zip Coode 75473
Principal occur	sation / Job title (See Instructions) SiNSS WN-ER	yer (See Instructions)
		•••
		OUEDIN E AS NEEDED

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

### SCHEDULE A1

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

ii lile reques	(GG (Inollination to not applicable) 20 110 1 include and [	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	BYDOKE HILL	3 Filer ID (Ethics Commission Filers)
4 Date 11-8-23	6 Full name of contributor out-of-state PAC (ID#:)  LISA JOYCS  6 Contributor address; City; State; Zip Code  PAÑS TV 75460	7 Amount of contribution (\$)  ・ \$ 350.
8 Principal occup	pation / Job title (See Instructions)  9 Employer (See Instru  155 DWNLR	ctions)
Date	Full name of contributor	Amount of contribution (\$)
11.9.23	61en Baweum  Contributor address; City; State; Zip Code  Park 75462	\$250,00
	eation / Job title (See Instructions)  Employer (See Instructions)	ictions)
Date	Full name of contributor	Amount of contribution (\$)
11.15.23	Contributor address: City: State: Zip Code Powdery TX 754	5100.00
	pation / Job title (See Instructions)  Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
11.15.23	Tostin PMLS  Contributor address; City; State; Zip Code  Paris TX 7544	\$150.00
Principal occup	pation / Job title (See Instructions) Employer (See Instru NSS DUNCE	uctions)
	ATTACH ADDITIONAL CODIES OF THIS SCHEDLILE AS	NEEDED

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if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### SCHEDULE A1

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

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor   out-of-state PAC (ID#:)  Mike David Sun  City; State; Zip Code  WAS TY TSULO	7 Amount of contribution (\$)  \$ 250.
	pation / Job title (See Instructions)  SINDSS DUNCR	ctions)
Date	Full name of contributor	Amount of contribution (\$)
1115.23	Contributor address; City; State; Zip Code PANSTX 754/10	\$50.00
Principal coord	ation / Job title (See Instructions)  Employer (See Instruc	ctions)
	tired	
Date	Full name of contributor	Amount of contribution (\$)
71.3	egition / Job title (See Instructions)  Employer (See Instructions)	ctions)
Date   -  7.23	Full name of contributor   out-of-state PAC (ID#:)  TU-ELIA HUSK INS  Contributor address; City; State; Zip Code  PWWELT TX	Amount of contribution (\$)  \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\
Principal occup	action / Job title (See Instructions)  Employer (See Instructions)	ctions)
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## 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:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
11.17.23	FRED NUTT  6 Contributor address; City; State; Zip Co	
	Reno No 752	162
8 Principal occup	pation / Job title (See Instructions) 9 Employer (Se	ee Instructions)
	etired	
Date	Full name of contributor  ut-of-state PAC (ID#:	Amount of contribution (\$)
	Catherine Hatfield	- 00
126.23	Contributor address; City; State; Zip Co	\$100.00
	" Peno Tx 75	1
		pe Instructions)
	ation / Job title (See Instructions)  Employer (See Instructions)	ээ шөлөсгөг
Date	Full name of contributor	Amount of contribution (\$)
12.8.23		\$ 200.00
	Pani TX	
Principal occup		se Instructions)
		Amount of contribution (\$)
Date	Full name of contributor out-of-state PAC (ID#:	
12.14.23	Contributor address; City; State; Zip Co	\$ 500.00
	Contributor address;	
Principal occup	pation / Job title (See Instructions) Employer (S	ee Instructions)
D.	ealer	
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.				
The Ins	truction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
	Ranai Coper Contributor address; City;	State; Zip Code	7 Amount of contribution (\$) \$(00,00	
•	on / Job title (See Instructions)  OSS OWNER	9 Employer (See Instruction	ons)	
Date	Full name of contributor	<b>A</b> 1	Amount of contribution (\$)	
10.23.23	VICKITRONNE B Contributor address; City;	state: Zip Code Pañs Tf75460	\$ 250.00	
Principal occupation	n / Job title (See Instructions) 255 OWNER	Employer (See Instruction	ons)	
Date	Full name of contributor  Felipe  Contributor address;  City;	(ID#:) State; Zip Code	\$40,00	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructi	ons)	
Date 12-14-23	Full name of contributor   out-of-state PAC   Swaim + C+d ware Contributor address; City;		Amount of contribution (\$)	
Principal occupation	on / Job title (See Instructions)	Employer (See Instructi	ons)	
,	ATTACH ADDITIONAL CORIES O	DE THIS SCHEDIN E AS N	-FDED	

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

### SCHEDULE A1

if the requested information is not applicable, bo Not include this page in the report.				
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor   out-of-state PAC   Billy   CUI and   6 Contributor address; City;  Broation / Job title (See instructions)			
8 Principal occup	NOSS OWNER	9 Employer (See Instruct		
Date	Full name of contributor	Re	Amount of contribution (\$)	
13.2.23	Contributor address: City;	State: Zip Code  TY 15444	b w2	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date   -7 -23	Full name of contributor	State; Zip Code	Amount of contribution (\$)  \$ 20.00	
	eation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date 11-21-23	Kandy Mcburd Contributor address; City;	State; Zip Code	Amount of contribution (\$)	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	tions)	
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS N	EEDED	
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

### SCHEDULE A1

If the requested information is not applicable, bo Not include this page in the report.				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)  \$\frac{4}{10}.00		
	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)  \$50.00		
. 1	ation / Job title (See Instructions)  Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
12.5.23	Jennifer Snell  contributor address; City; State; Zip Code  Broutstan 1×75421	\$ 196.10		
Α 1	reation / Job title (See Instructions)  Employer (See Instructions)	tions)		
Date   214.23	Full name of contributor   out-of-state PAC (ID#)  Dennis Porterfield  Contributor address; City; State; Zip Code  Paris PA	Amount of contribution (\$)		
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)		
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS N	<b>IFEDED</b>		

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

### SCHEDULE A1

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

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The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME		, · · · ·		3 Filer ID (Ethics Commission Filers)
4 Date	Full name of contributor  DOUG CAT  Contributor address;	City:	State; Zip Code	7 Amount of contribution (\$) \$500.00
(0)			Levit 475442	, , , , , , , , , , , , , , , , , , , ,
8 Principal occu	pation / Job title (See Instructions)  **Retired**		9 Employer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC		Amount of contribution (\$)
12.14.23	Kristi/Scott	Hearn City;	State; Zip Code PUNI N	\$200.00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Date 12.13.23	Full name of contributor  BUDDA CU  Contributor address;	City;	State; Zip Code	Amount of contribution (\$)
		Rin	0 1× 754U2	
Principal occup	etion / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
1.10.24	Contributor address;	city: Pouder	State; Zip Code	\$500,00
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

#### SCHEDULE A1

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The	Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date  ( · 11 · 2 · 1	5 Full name of contributor out-of-state PAC (ID#:	zip Code 75442	7 Amount of contribution (\$) \$750.00
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	pation / Job title (See Instructions)  9 Emp	oloyer (See Instruction	ons)
Date   -   - 2 4	Full name of contributor out-of-state PAC (ID#:  TIA HIII  Contributor address; City; State;	· ·	Amount of contribution (\$) \$ 150,00
<b>.</b> .	nation / Job title (See Instructions) Emp	oloyer (See Instruction	ons)
Date	Full name of contributor   out-of-state PAC (ID#:  SLOH   Lennudy   Contributor address;   City;   State;	Zip Code	Amount of contribution (\$) $$250^{00}$
Principal occup	pation / Job title (See Instructions) Emp	oloyer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#:  Contributor address; City; State;	Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	oloyer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES OF THIS	Schedin e vs me	-EDEN
	If contributor is out-of-state PAC, please see instruction gu		

#### SCHEDULE A2

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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:	
2 FILER NAME BRULL HILL			3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
6 Date	Full name of contributor out-of-state PAC (ID#:	Zip Code 775462	8 Amount of Contribution \$ \$100.	In-kind contribution description CUR detail Auctin Them ide of Texas. Complete Schedule T.
	supation / Job title (FOR NON-JUDICIAL) (See Instructions)			AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribut	or's job title (FOR JL	IDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	16 Law firm	Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date     14-23	51W Se lup 286 Park 1	Zip Code	<u> </u>	In-kind contribution description  ACHM  I VANGE  de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer	(FOR NON-JUDICE	AL)(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 spou	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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### SCHEDULE A2

,			
The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:		
2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	SUTIONS \$		
5 Date 6 Full name of contributor   out-of-state PAC (ID#:	8 Amount of Contribution \$   9 In-kind contribution description Auction  Sip Code   50   514   4 m    Busket   Busket   Check if travel outside of Texas. Complete Schedule T.		
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employer (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date  Full name of contributor   out-of-state PAC (ID#:	Amount of Contribution \$ In-kind contribution description Auton  Zip Code  Tyubo Check if travel outside of Texas. Complete Schedule T.  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.			

### SCHEDULE A2

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

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The Instruction Guide explains how to complete this form	1 Total pages Schedule A2:			
2 FILER NAME Brooke Hill	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS \$			
Full name of contributor out-of-state PAC (ID#:    1	8 Amount of Contribution \$ In-kind contribution description  Zip Code  Successive Succes			
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date Full name of contributor out-of-state PAC (IDIE:	Amount of Contribution \$   In-kind contribution description			
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 T	HIS SCHEDULE AS NEEDED			

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### SCHEDULE A2

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

1 Total pages Schedule A2: 3 Filer ID (Ethics Commission Filers) \$		
e		
Ψ		
8 Amount of Sometime of Contribution \$ In-kind contribution description  \$ 15 00   biff with the contribution description   biff with the contribution   biff with the co		
ver (FOR NON-JUDICIAL)(See Instructions)		
outor's job title (FOR JUDICIAL) (See Instructions)		
m of contributor's spouse (if any) (FOR JUDICIAL)		
Amount of Contribution \$ In-kind contribution description  \$ 25 00   61 Ft tem  Card  Check if travel outside of Texas. Complete Schedule T.		
rer (FOR NON-JUDICIAL)(See Instructions)		
Contributor's job title (FOR JUDICIAL) (See Instructions)		
Law firm of contributor's spouse (if any) (FOR JUDICIAL)		

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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

#### SCHEDULE A2

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

		<u> </u>	
The instruction Guide explains how to complete this form.			1 Total pages Schedule A2:
2 FILER NAME Browke Hill			3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$
5 Date	Full name of contributor out-of-state PAC (IDIE  C3 SALSA  7 Contributor address; City; State;  Expection / Job title (FOR NON-JUDICIAL) (See Instructions)	Zip Code	8 Amount of Contribution \$ In-kind contribution description MATERIAL STATES AND CANS IF INCOME.  \$ 20.00   CANS IF INCOME.  \$ 20.50   CANS IF INCOME.  CANS IF INCOME.  Check if travel outside of Texas. Complete Schedule T.  or (FOR NON-JUDICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date     #123	Full name of contributor out-of-state PAC (ID#:  LOV) LAMPhe //  Contributor address; City; State;	Zip Code	Amount of Contribution \$ In-kind contribution \$ description    Massage   Mas
Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	ntor'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 T	THIS SCHEDU	JLE AS NEEDED

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### SCHEDULE A2

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

if the requested miormation is not applicable, DO NOT frictings this page in the report.				
The instruction Guide explains how to complete this for	n. 1 Total pages Schedule A2:			
2 FILER NAME BROOKE HILL	3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIL	BUTIONS \$			
6 Full name of contributor out-of-state PAC (ID#				
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	## Employer (FOR NON-JUDICIAL)(See Instructions)			
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)			
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date  Full name of contributor   out-of-state PAC (ID#:  RT Fitnuss  II-14-23 Contributor address; City; State;  A 50 E Avstin Rank 79-	Amount of Contribution \$\text{In-kind contribution description Audition description Audition for the month of the mo			
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, piease see instruction guide for additional reporting requirements.

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Or Food/Beverage Expense Pr y Gift/Awards/Memorials Expense Pr	oan Repayment/Reimbursement ffice Overhead/Rental Expense oiling Expense rinting Expense alarles/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Orodic Gella Taymoni	The Instruction Guide explains h	ow to complete this form.	
1 Total pages Schedule F1:	2 FILER NAME BYOUKE HILL		3 Filer ID (Ethics Commission Filers)
4 Date 30.23	5 Payee name De() avu Cra	eations	
6 Amount (\$) \$ 190.00	7 Payee address;	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	110,000
PURPOSE OF EXPENDITURE	event expense	1090	items
	(c) Check if travel outside of Texas, Complete Schede	ule T. Check if Aust	in, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11・12・23	Payee name Wal Mal		
Amount (\$) \$288.89	Payee address:  3855 (AMOV)	Pahj	State; Zip Code N 75460
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sched	ule) Description	nerwarz, Food for event
	Check if travel outside of Texas. Complete Schedu	le T. Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	. \	
1114.23	perex chen	<i>nault</i>	
Amount (\$) 6200.	Payee address;	City;	State; Zip Code
-	Category (See Categories listed at the top of this schedu	ule) Description	. , , , , , , ,
PURPOSE OF EXPENDITURE	event expense	Ba	nd at event
	Check if travel outside of Texas. Complete Schedul	te T. Check if Austi	n, 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			

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	Fees Office Over Food/Beverage Expense Polling Exp Glit/Awards/Memorials Expense Printing Ex		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total pages Schedule F1:	2 FILER PANEWLE HII		3 Filer ID (Ethics Commission Filers)
4 Date 12-16-23	5 Payes name DESIGNER BranNICS		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$2,095.89	12404 State Huy 1	55 746	w7y75703
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	al Ciria
PURPOSE Of EXPENDITURE	advertising expense	politica	al signs
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1229.23	AMZN		
4mount (\$) 89	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	0) 41/4-
PURPOSE OF EXPENDITURE	advertisg expense	Youd	Stakes
	Check if travel outside of Texas, Complete Schedule T.	Check If Austi	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	·		
Date	Payee name		
1.1124	PICKLE Printing		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 38.97	2330 lamour Ave	Paris 70	75400
	Category (See Categories listed at the top of this schedule)	Description	ando Mari
PURPOSE OF EXPENDITURE	advertising expense	<u> </u>	es cards agas
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 NEE	DED

SCHEDULE F1

Advertising Expense Accounting/Benking Consulting Expense Contributions/Donations Mede B Candidate/Officeholder/Politics Credit Card Payment	Event Expense Loan Rep Fees Office Cv Food/Beverage Expense Politing E  y Gift/Awards/Memorials Expense Printing E	Expense Wages/Contract Labor	Solicitation/Fundraising Expanse Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME BYULLE HIL		3 Filer ID (Ethics Commission Filers)
4 Date 11.14.23	5 Payee name Hall		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$375°0	1009 W Kartman	Pańs 14	75460
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	event expense	Buildi	ng event
	(c) 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
Date	Payee name		
11.18.23	Designer Graph	11 CS	
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 1931.72	12404 State Hug 15	is Tylor	TX 75703
	Category (See Categories listed at the top of this schedule)	Description	1 - aliveral
PURPOSE OF EXPENDITURE	advertsing expense	Banne	r/political Sishs
	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
Date	Payes name	1	
11-28-23	HOST the MUS	5t 	
Amount (\$)	Payee address;	City;	State; Zip Code
\$90.00	et. 2730 Oak In	Penu Te	75462
	Category (See Categories listed at the top of this schedule)	Description	1 - 01 40-06
PURPOSE OF EXPENDITURE	event expense	+a blect	ths at event
	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			

#### SCHEDULE F1

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Event Expense Accounting/Banking Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name Asophics City; State; Zip Code Huy 155 Tyler H 75703 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) political Sishs advertising expense PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Lamar Co. Republican Party 12-1-23 Zip Code Payee address; Amount (\$) DO Category (See Categories listed at the top of this schedule) Description filing fees PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date -acebook 12.6.23 Zip Code City; State: Amount (\$) Payee address; Description Category (See Categories listed at the top of this schedule) advertising PURPOSE **EXPENDITURE** Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH