

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:35%; font-size: small;">FIRST</td> <td style="width:15%; font-size: small;">MI</td> </tr> <tr> <td>MR</td> <td>GERRY</td> <td>D</td> </tr> <tr> <td style="border-top: 1px dotted black; font-size: small;">NICKNAME</td> <td style="border-top: 1px dotted black; font-size: small;">LAST</td> <td style="border-top: 1px dotted black; font-size: small;">SUFFIX</td> </tr> <tr> <td></td> <td>HINES</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI	MR	GERRY	D	NICKNAME	LAST	SUFFIX		HINES		<div style="border: 2px solid black; padding: 10px;"> <p>OFFICE USE ONLY</p> <p>Date Received</p> <p style="font-size: 2em; font-weight: bold;">ELECTIONS</p> <p style="font-size: 1.2em;">FEB 02 2024</p> <p style="font-size: 2em; font-weight: bold;">RECEIVED</p> <p>Date Hand-delivered or Date Postmarked</p> <table style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> </div>	Receipt #	Amount \$	Date Processed		Date Imaged		
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11 ELECTION	<table style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td colspan="3" style="text-align: center;">ELECTION DATE</td> <td colspan="3" style="text-align: center;">ELECTION TYPE</td> </tr> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">/ 5</td> <td style="text-align: center;">/ 24</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td>_____</td> </tr> </table>			ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	3	/ 5	/ 24	<input type="checkbox"/> General	<input type="checkbox"/> Special	_____
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12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) PCT . 2 CONSTABLE																			
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<p style="font-size: x-small;">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 OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.</p> <table style="width:100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width:20%; border-right: 1px solid black;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border-right: 1px solid black;"></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS										
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GO TO PAGE 2

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)	\$ 1,000.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,000.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,169.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 278.37
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE

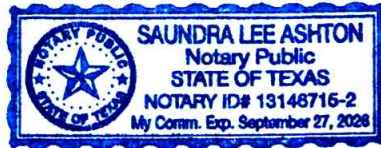
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by SAUNDRA ASHTON this the 2nd day of FEBRUARY, 2024, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____ (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,000.00
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	\$ 721.13
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	\$ 2,512.46
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	\$

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
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 (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date 01/18/2024	5 Payee name BUILD A SIGN			
6 Amount (\$) 1,324.67 <small>Reimbursement from political contributions intended</small>	7 Payee address; 11525A STONE HOLLOW DR #100	City; AUSTIN	State; TX	Zip Code 78758
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description SIGNS	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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 (\$) <small>Reimbursement from political contributions intended</small>	Payee address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME			3 Filer ID (Ethics Commission Filers)		
4 Date 01/22/2024		5 Payee name ATWOODS					
6 Amount (\$) 21.17		7 Payee address; 2445 N MAIN			City; PARIS	State; TX	Zip Code 75460
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING			(b) Description SUPPLIES FOR SIGNS			
	(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 02/04/2024		Payee name ATWOODS					
Amount (\$) 42.35		Payee address; 2445 N MAIN			City; PARIS	State; TX	Zip Code 75460
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING			Description SUPPLIES FOR SIGNS			
	Check if travel outside of Texas. Complete Schedule T.			Check if Austin, TX, officeholder living expense			
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Date		Payee name					
Amount (\$)		Payee address;			City;	State;	Zip Code
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