

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 2 Total pages filed: 1 Filer ID (Ethics Commission Filers) The C/OH Instruction Guide explains how to complete this form. MS / MRS_/ MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME **ELECTIONS** ZIP CODE 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #: **OFFICEHOLDER** JAN 1 1 2024 MAILING **ADDRESS** Change of Address EXTENSION AREA CODE PHONE NUMBER 5 CANDIDATE/ **OFFICEHOLDER** (903)PHONE Amount \$ Receipt # MS / MRS / MR 6 CAMPAIGN TREASURER Date Processed NAME SUFFIX NICKNAME Date Imaged ZIP CODE STATE; STREET ADDRESS (NO PO BOX PLEASE); 7 CAMPAIGN **TREASURER ADDRESS** (Residence or Business) PHONE NUMBER **EXTENSION** AREA CODE CAMPAIGN **TREASURER** (903) PHONE 15th day after campaign 9 REPORT TYPE 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED 31/2023 2023 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Other Description Primary Runoff 13 OFFICE SOUGHT (if known) OFFICE HELD (if any) 12 OFFICE Jommissioner THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEGGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

HAND

SUBTOTALS - C/OH

JAN 1 1 2024

FORM C/OH COVER SHEET PG 3

DELIVERED COVER SHEET PG 3		
19 FILERNAME 20 Filer ID (Ethics) Randy L. Boren	Filer ID (Ethics Commission Filers)	
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	\$2,495.14	
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	\$	

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME Doren Randy TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION \$ PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR **TOTALS** CONTRIBUTIONS MADE ELECTRONICALLY) 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. **TOTALS** \$ 2, 495.14 **TOTAL POLITICAL EXPENDITURES** CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE **OUTSTANDING** LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. nature of Candidate or Officeholder Please complete either option below: STEPHANIE GRAHAM My Notary ID # 130117728 Expires March 17, 2027 (1) Affidavit NOTARY STAMP/SEAL this the ____ day of _______ Sworn to and subscribed before me by _ to certify which, witness my hand and seal of office Title of officer administering oath Printed name of officer administering oath Signature of officer administering oath OR (2) Unsworn Declaration __, and my date of birth is _ My name is My address is (country) (city) (zip code) (street) Executed in ______ County, State of ______, on the ___ (year) (month) Signature of Candidate/Officeholder (Declarant)

HAND

JAN 11 2024 **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

Event Expense Fees
Food/Beverage Expense
Giff/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)

Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 1 Total pages Schedule G: 4 Date orrest Signs & Graphics 10-16-23 7 Payee address; State: Zip Code City; 6 Amount (\$) 1979 TX 75460 915 North Main Paris political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** Danner Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name County Commissioner, Pet. 1 Complete ONLY if direct Randy L. Boren expenditure to benefit C/OH Payee name Date Signs on the cheap. Com 12-7-23 Zip Code State; City: Payee address; Austin Stone Hollow Dr. 18758 11550 Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description Signs & Metal Stakes PURPOSE dvertising EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Lamar County Republican Party 11-21-23 Amount (\$) 750,00 Zip Code State; 75460 Paris Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) Fee PURPOSE Filing tees EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED