

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Preston</i>	FIRST <i>Gary</i>	MI <i>B</i>	OFFICE USE ONLY		
	NICKNAME	LAST	SUFFIX	Date Received <i>Lamar County Elections</i>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE; ZIP CODE		
<i>4800 FM 1184</i> <i>Paris Tx 75460</i>						
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>491-4831</i>	EXTENSION	Received Date Hand-delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Cargile</i>	FIRST <i>Kathy</i>	MI	Receipt #		
	NICKNAME	LAST	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY; STATE; ZIP CODE <i>2599 County Road 25630</i> <i>Petty Tx 75470</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(903)</i>	PHONE NUMBER <i>563-1831</i>	EXTENSION	Date Imaged		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month <i>10</i>	Day <i>13</i>	Year <i>25</i>	Month <i>12</i>	Day <i>31</i>	Year <i>25</i>
11 ELECTION	ELECTION DATE Month Day Year <i>3 / 3 / 26</i>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>Precinct 2 Justice of the Peace</i>				
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.					
<input type="checkbox"/> Additional Pages		COMMITTEE TYPE      COMMITTEE NAME <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS				

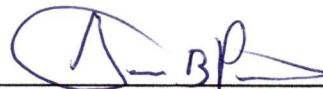
GO TO PAGE 2

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH  
COVER SHEET PG 2

16 JC/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)	\$ 3800
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3800
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2671.36
	4. TOTAL POLITICAL EXPENDITURES	\$ 2671.36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS		

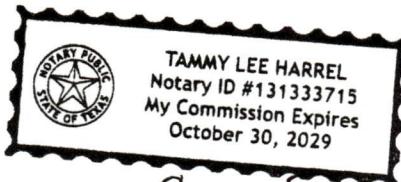
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Gary Preston this the 13<sup>th</sup> day of January,

2026, to certify which, witness my hand and seal of office.

Tammy Harrel

Tammy Harrel

Admin. Asst. / Notary

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\_\_\_\_\_.  
(month) \_\_\_\_\_ (year) \_\_\_\_\_

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

<b>19</b> FILER NAME	<b>20</b> Filer ID (Ethics Commission Filers)	
Gary Preston		
<b>21</b> SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1. <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 3800	
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0	
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0	
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$ 0	
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,171.36	
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0	
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0	
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 500	
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0	
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0	
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0	

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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 A(J)1:
2 FILER NAME <i>Gary Preston</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>11-17-25</i>	5 Full name of contributor <i>Judy Atsbaugh</i>	6 Contributor address; City; State; Zip Code <i>Fm 1184 Pori TX 75460</i>
7 Amount of contribution (\$) <i>500.00</i>		
8 Contributor's principal occupation <i>retired</i>		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date <i>11-19-25</i>	Full name of contributor <i>Bobby Smallwood Construction</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>555 Lancer Ave Pori TX 75460</i>	Contributor's principal occupation <i>Contractor</i>	Contributor's job title <i>Owner</i>
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		
Date <i>11-20-25</i>	Full name of contributor <i>Erin Drenen</i>	Amount of contribution (\$) <i>1,000.00</i>
Contributor address; City; State; Zip Code <i>4065 Sunset Pori TX 75462</i>	Contributor's principal occupation <i>Business Owner</i>	Contributor's job title
Contributor's employer/law firm	Law firm of contributor's spouse (if any)	
If contributor is a child, law firm of parent(s) (if any)		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

## SCHEDULE A(J)1

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

<p><b>The Instruction Guide explains how to complete this form.</b></p>			<b>1</b> Total pages Schedule A(J)1:																
<b>2</b> FILER NAME <i>Gary Preston</i>			<b>3</b> Filer ID (Ethics Commission Filers)																
<b>4</b> Date <i>12-8-25</i>	<b>5</b> Full name of contributor <i>steven Akay</i> <input type="checkbox"/> out-of-state PAC ID#:		<b>7</b> Amount of contribution (\$) <i>800. 00</i>																
	<b>6</b> Contributor address; <i>Paris</i>	City; <i>Paris</i>	State; Zip Code <i>Tx 75462</i>																
<b>8</b> Contributor's principal occupation <i>Business owner</i>		<b>9</b> Contributor's job title																	
<b>10</b> Contributor's employer/law firm		<b>11</b> Law firm of contributor's spouse (if any)																	
<b>12</b> If contributor is a child, law firm of parent(s) (if any)																			
 <table border="1"> <tr> <td>Date <i>12-16-25</i></td> <td>Full name of contributor <i>David and Lisa House</i> <input type="checkbox"/> out-of-state PAC ID#:</td> <td>Amount of contribution (\$) <i>500. 00</i></td> </tr> <tr> <td></td> <td>Contributor address; <i>625 Sherwood Dr</i> City; <i>Paris</i> State; Zip Code <i>Tx 75462</i></td> <td></td> </tr> <tr> <td colspan="2">           Contributor's principal occupation <i>Jeweler</i> </td> <td>Contributor's job title         </td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm         </td> <td>Law firm of contributor's spouse (if any)         </td> </tr> <tr> <td colspan="4">           If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>				Date <i>12-16-25</i>	Full name of contributor <i>David and Lisa House</i> <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>500. 00</i>		Contributor address; <i>625 Sherwood Dr</i> City; <i>Paris</i> State; Zip Code <i>Tx 75462</i>		Contributor's principal occupation <i>Jeweler</i>		Contributor's job title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)			
Date <i>12-16-25</i>	Full name of contributor <i>David and Lisa House</i> <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>500. 00</i>																	
	Contributor address; <i>625 Sherwood Dr</i> City; <i>Paris</i> State; Zip Code <i>Tx 75462</i>																		
Contributor's principal occupation <i>Jeweler</i>		Contributor's job title																	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)																	
If contributor is a child, law firm of parent(s) (if any)																			
 <table border="1"> <tr> <td>Date <i>12-16-25</i></td> <td>Full name of contributor <i>David House Jewelry</i> <input type="checkbox"/> out-of-state PAC ID#:</td> <td>Amount of contribution (\$) <i>500. 00</i></td> </tr> <tr> <td></td> <td>Contributor address; <i>4203 Lancer Ave</i> City; <i>Paris</i> State; Zip Code <i>Tx 75462</i></td> <td></td> </tr> <tr> <td colspan="2">           Contributor's principal occupation <i>Business owner</i> </td> <td>Contributor's job title         </td> </tr> <tr> <td colspan="2">           Contributor's employer/law firm         </td> <td>Law firm of contributor's spouse (if any)         </td> </tr> <tr> <td colspan="4">           If contributor is a child, law firm of parent(s) (if any)         </td> </tr> </table>				Date <i>12-16-25</i>	Full name of contributor <i>David House Jewelry</i> <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>500. 00</i>		Contributor address; <i>4203 Lancer Ave</i> City; <i>Paris</i> State; Zip Code <i>Tx 75462</i>		Contributor's principal occupation <i>Business owner</i>		Contributor's job title	Contributor's employer/law firm		Law firm of contributor's spouse (if any)	If contributor is a child, law firm of parent(s) (if any)			
Date <i>12-16-25</i>	Full name of contributor <i>David House Jewelry</i> <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) <i>500. 00</i>																	
	Contributor address; <i>4203 Lancer Ave</i> City; <i>Paris</i> State; Zip Code <i>Tx 75462</i>																		
Contributor's principal occupation <i>Business owner</i>		Contributor's job title																	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)																	
If contributor is a child, law firm of parent(s) (if any)																			

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# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Gary Preston</i>	3 Filer ID (Ethics Commission Filers)	
4 Date <i>12-1-25</i>	5 Payee name <i>On the cheap custom prints</i>		
6 Amount (\$) <i>789.70</i>	7 Payee address; <i>Website</i>	City; State; Zip Code	
8  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule)  <i>Advertising</i>	(b) Description  <i>Campaign signs</i>	
	(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 <i>12-4-25</i>	Payee name <i>Hobby Lobby</i>		
Amount (\$) <i>41.28</i>	Payee address; <i>3510 Lamar Ave. Ste 210</i>	City; State; Zip Code <i>Paris TX 75460</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <i>Advertising</i>	Description  <i>Christmas parade decor</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date <i>12-8</i>	Payee name <i>CVS</i>		
Amount (\$) <i>44.32</i>	Payee address; <i>3710 Lamar Ave.</i>	City; State; Zip Code <i>Paris TX 75460</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  <i>Advertising</i>	Description  <i>Christmas Parade candy</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>			

# 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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 12-8-25	5 Payee name On the Cheap Custom Printing		
6 Amount (\$) 588.06	7 Payee address; Website	City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Campaign 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 12-8-25	Payee name Kwik Check Exxon		
Amount (\$) 54.00	Payee address; 2905 S Church St P.O.	City; State; Zip Code Paris TX 75460	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel in District	Description Fuel for Parade entry	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 12-12-25	Payee name Harker Freight		
Amount (\$) 33.48	Payee address; 2860 NE Loop 286	City; State; Zip Code Paris TX 75460	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Zip Ties for campaign signs	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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  
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 F1:	2 FILER NAME <i>Gary Preston</i>	3 Filer ID (Ethics Commission Filers)		
4 Date <i>12-15-25</i>	5 Payee name <i>Big Country Farm Center</i>			
6 Amount (\$) <i>227.00</i>	7 Payee address; <i>1800 17th St. NE</i>	City; <i>Paris</i>	State; <i>TX</i>	Zip Code <i>75460</i>
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>T posts for campaign signs</i>		
	(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 <i>12-16-25</i>	Payee name <i>On the cheap custom printing</i>			
Amount (\$) <i>327.52</i>	Payee address; <i>Website</i>	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Campaign signs</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date <i>12-31-25</i>	Payee name <i>Roxton Progress, Inc. Newspaper</i>			
Amount (\$) <i>66.00</i>	Payee address; <i>P.O. Box 343</i>	City; <i>Roxton</i>	State; <i>Tx</i>	Zip Code <i>75477</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Newspaper Ad</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# **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.**

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