CANDIDATE / OFFICEHOLDER FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH instruction Guide explains how to complete this form. 3 CANDIDATE/ MS / MRS / MR MI OFFICE USE ONLY **OFFICEHOLDER** Mr. Winston NAME NICKNAME LAST SUFFIX Edmondson 4 CANDIDATE/ APT / SUITE #; ADDRESS / PO BOX; CITY: STATE; ZIP CODE **OFFICEHOLDER** MAILING **ADDRESS** Change of Address PHONE NUMBER 5 CANDIDATE/ AREA CODE **EXTENSION OFFICEHOLDER** PHONE MS / MRS / MR FIRST CAMPAIGN MI TREASURER Christian Mr. Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Edmondson STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 7 CAMPAIGN CITY: STATE: ZIP CODE TREASURER **ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Day Day Year Month Year COVERED 26 / 24 5 24 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Description Month Day Year Special 24 ■ General OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Lewisville Mayor THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL **Additional Pages** COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Winston Edmondson				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)			\$			
		DLITICAL CONTRIBUTI HAN PLEDGES, LOANS, C	ONS OR GUARANTEES OF LOAN	S)	\$		
EXPENDITURE TOTALS	3. TOTAL UN	ITEMIZED POLITICAL EX	PENDITURE.		\$		
	4. TOTAL POLITICAL EXPENDITURES			\$ 1	,926.86		
CONTRIBUTION BALANCE		LITICAL CONTRIBUTIONS	MAINTAINED AS OF THE L	AST DAY	\$		
OUTSTANDING LOAN TOTALS		NCIPAL AMOUNT OF ALL OF THE REPORTING PE	OUTSTANDING LOANS AS RIOD	OF THE	\$		
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 d	or Officehold	der	
		Please complete	either option belo	w:			
(1) Affidavit							
(I) Alliadell							
NOTARY STAMP/SEAL	L						
Sworn to and subscribed	before me by		this the	——	day of		
20, to certify which, witness my hand and seal of office.							
Signature of officer administer	ring oath	Printed name of officer ad	ministering oath		Title of office	er administering oath	
10 35 15 15 10 10	200 - 200	OR		-			
(2) Unsworn Declaration	on						
(-)							
My name is Winston E	Edmondson		, and my date of birth	is		P	
My address is			Lewisville	X T		USA	
	(street)		(city)	(state) (zip code)	(country)	
Executed in Denton	County, State		the 26 day of April		2024		
		, , ,	(mor		(year)	-	
					-, -		
			Signature of Cano	idate/Onic	moids (Dag	larant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	19 FILER NAME Winston Edmondson					
21		SUBTOTAL				
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 CON	TRIBUTIONS \$			
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$			
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS \$			
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$			
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	os \$	1,926.86		
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A E	BUSINESS OF C/OH \$			
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS \$			
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Relimburement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel On District
Travel Out of District
Other (anter a category not listed above)

Candidate/Officeholder/Politi Credit Card Payment	ical Committee Legal Services Salar The Instruction Guide explains how	ries/Wages/Contract Labor to complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule G:	2 FILER NAME Winston Edmondson		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
04/10/2024	Sign Central				
6 Amount (\$) 606.20 Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Signage - Dbl Sided w/ Wire Stakes, 4x Sided, 4x6 Single Sided				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/19/2024	Sign Central				
Amount (\$) 1,136.63 Reimbursement from political contributions intended	Payee address;	City:	State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense Description Signage - Dbl Sided w/ Wire Stakes, Dbl Sided w/ Dbl wire Stakes				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T	TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
04/24/2024	Sign Central				
Amount (\$) 184.03 Reimbursement from political contributions intended	Payee address;	City:	State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Signage - 4x4 Coroplast, Single Sided 2 Color, 5x5 Corro Sign			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, 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 NEEDE	D		