7/31/24, 3:50 PM

		E REPORT			FORM C/OH COVER SHEET PG 1
The C/OH Instruction G	uide explains how	e complete this form.	1 Filer II	D (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR FIRST			MI	OFFICE USE ONLY
TVANE	NICKNAME	Malle	F	SUFFIX	7/30/2409:20pm
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS (PO BOX;	APT / SUITE #:	cm: P	STATE: ZIP CODE	JH4
Change of Address		CV TO THE STATE OF		) C (D )	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	Date Sewinderword or Date Postmerwood  S. Marild 7(30)
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MTZ1	13 AUN	. 17	MI	Date Processed
	NICKNAME	W51	let	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (	NO PO BOX PLEASE); APT	SUITE #:	ocustille;	TY TOUT
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER		EXTENSION	
9 REPORT TYPE	January 15	30th day before		Runoff  Exceeded Modified Reporting Limit	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Atlach CroH+FR)
10 PERIOD COVERED	Month (	Day Year / 26 / 24	THR	OUGH CI CI	Day Year
11 ELECTION	Month Day	Year Primar		ELECTION TYPE onoff Other Description pecial	e
12 OFFICE	OFFICE HELD (if eny)	JA	13	City ( Oli	ncil Place 2
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE   OFFI	EHOLDER, THESE EXPENDITUR	RES MAY HAVE B	SEEN MADE WITHOUT THE CAL	MADE BY POLITICAL COMMITTEES TO SUPPORT NORDATES OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			-
	SPECIFIC	COMMITTEE CAMPAIGN T			
		COMMITTEE CAMPAIGN	TREASURER A	DURESS	
		GO TO	PAGE	2	

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MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the requested information is not applicable, DO NOT include this page in the	e report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME OF PONT	3 Filer ID (Ethics Commission Filers)
4 Date  5 Full name of contributor  5/8/24  6 Contributor address: City: State; Zip Code  CT. Michaels Ma	\$ 100,00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	actions)
Date  Full name of contributor  Out-of-state PAC (ID#:)  5/8/24  Contributor address;  City;  State; Zip Code	Amount of contribution (\$)  # 500.00
Principal occupation / Job title (See Instructions)  Employer (See Instru	ctions)
Date  Full name of contributor  S/8/24  Contributor address;  City: State; Zip Code  Toloww.f. e. 16 14 5	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Employer (See Instru	ctions)
Date  Full name of contributor  Out-of-state PAC (ID#:  5/19/21  Contributor addresses  City: State: Zip Code  LUWIGJINE	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instruc	ctions)
•	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additional	
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MONETARY POLITICAL CONTRIBUTIONS  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 MALLET Penn?	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor out-of-state PAC (ID#:  5/1/2/24 C1470 \ Care taz  6 Contributor address; City; State; Zip Code  Lake Dalkes T	7 Amount of contribution (\$)				
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	uctions)				
Date  Full name of contributor  S12024  Full name of contributor  Out-of-state PAC (ID#:	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions) Employer (See Instru	ictions)				
Date US/23/2  Full name of contributor  Out-of-state PAC (ID#:	Amount of contribution (\$)  8) 250.00				
Principal occupation / Job title (See Instructions) Employer (See Instru	actions)				
Date  Full name of contributor  Out-of-state PAC (ID#:  Out-of-state PAC (ID#:  Out-of-state PAC (ID#:  Out-of-state PAC (ID#:  Shelia Tiay U.Z  Contributor address: City; State; Zip Code  Highland Village X  Principal occupation / Job title (See Instructions)  Employer (See Instru	Amount of contribution (\$)				
Principal occupation / Job title (See Instructions)  Employer (See Instru					
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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## SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 19 FILER NAME 20 Filer ID (Ethlos Commission Filers) RINN 21 SCHEDULE SUBTOTALS SUBTOTAL **AMOUNT** NAME OF SCHEDULE 1. SCHEDULEA1: 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 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 11. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. \$ TO FILER www.ethics.state.tx.us Forms provided by Texas Ethics Commission

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  EXPENDITURE TOTALS  3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  4. TOTAL POLITICAL EXPENDITURES  \$  CONTRIBUTION BALANCE  5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  OF REPORTING PERIOD  LOAN TOTALS  1. SWEAR, or affirm, under penalty of perjury, that the accompanying report is true and correct required to be reported by me under Title 15, Election Code.  Please complete either option below:  OUTSTANDING  INSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE STANDARD OF REPORTING PERIOD  NOTARY OF THE REPORTING PERIOD  Signature of Candidate or Off Penalty of perjury, that the accompanying report is true and correct required to be reported by me under Title 15, Election Code.  Please complete either option below:  OUTSTANDING TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD  NOTARY STAMP/SEAL  SWOM to and subscribed before me by Printed name of officer administering oath Title outstands of the penalty of the pen		OFFICEHOLDER INANCE REPORT		FORM C/O COVER SHEET PG
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R SIGNATURE  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct required to be reported by me under Title 15, Election Code.  Signature of Candidate or Off Signature of Candidate or Off Notary ID # My Commiss January to this the John Andrews Title 15 and the second of the second			MAINTAINED AS OF THE LAS	** 0,00
Please complete either option below:  Please complete either option below:  Notary ID # My Commiss January  NOTARY STAMP/SEAL  Sworm to and subscribed before me by				* THE \$ 0.00
NOTARY STAMP/SEAL  worn to and subscribed before me by		Please complete	either option below	QUOC CAO
swom to and subscribed before me by Punny Mallot this the 30th day  to 24 to certify which, witness my hand and seal of office.  And CAS  ignature of officer administering oath Printed name of officer administering oath Title  OR  2) Unsworn Declaration  by name is	ffidavit			Notary ID #133540872 My Commission Expires January 19, 2026
ignature of officer administering oath  Printed name of officer administering oath  Title  OR  2) Unsworn Declaration  If y name is	OTARY STAMP/SEAL			7.44
ignature of officer administering oath  Printed name of officer administering oath  OR  2) Unsworn Declaration  If y name is	-1		this the _	301 day or July
Ignature of officer administering oath  Printed name of officer administering oath  OR  2) Unsworn Declaration  Ify name is	, to certify which	^		BANKER
y name is, and my date of birth is, y address is	ture of officer administering or	th Printed name of officer adm	ninistering oath	Title of officer administering oa
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ecuted in County, State of, on theday of, 20	ddress is			
Signature of Candidate/Officeholds	uted in	18.05.000.00	the day of	, 20
Signature of California and California			Signature of Candida	ate/Officeholder (Declarant)

## CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	DE	SIGNATION OF FINAL REPORT	FORM CIOH - FK			
		The Instruction Guide explains how to complete thi	is form.			
		Complete only if "Report Type" on page 1 is marked '	"Final Report" ••			
1		Naller Penny	2 Filer ID (Ethics Commission Filers)			
3		ATURE				
	design	ot expect any further political contributions or political expenditures in connection we nating a report as a final report terminates my campaign treasurer appointment. I a align contributions or make any campaign expenditures without a campaign treasure Sign	iso understand that I may not accept any			
4		R WHO IS NOT AN OFFICEHOLDER  mplete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Che	ck only one:				
	Γ	I do not have unexpended contributions or unexpended interest or income earne	ed from political contributions.			
	Γ	I have unexpended contributions or unexpended interest or income earned from may not convert unexpended political contributions or unexpended interest or personal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political filing this final report. Further, I understand that I must dispose of unexpended interest or income earned on political contributions in accordance with the requirements.	income earned on political contributions to ded contributions and that I may not retain contributions longer than six years after political contributions and unexpended			
	B.	ASSETS				
	Che	ck only one:				
		I do not retain assets purchased with political contributions or interest or other in	come from political contributions.			
	Γ	I do retain assets purchased with political contributions or interest or other income that I may not convert assets purchased with political contributions or interest or personal use. I also understand that I must dispose of assets purchased with portain the properties of Election Code, § 254.204.	other income from political contributions to			
			Signature of Candidate			
5		CEHOLDER  mplete this section only if you are an officeholder ••				
	19:36		4 36 20			
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as					
		an officeholder, I retain political contributions, interest or other income from political				
		political contributions or interest or other income from political contributions.	Parameter State of the State of			
			Signature of Officeholder			
0.00		CONTRACTOR AND				

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	RIBUTIONS sested information is not applicable, DO NOT include	le this page	in the report.	SCHEDULE A2		
т	he Instruction Guide explains how to complete this for	1 Total pages Schedule A2:				
2 FILER NAM	E let	3 Filer ID (Ethics Co	ommission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI	\$ 540	1.99			
5 Date 6 Full name of contributor out-of-state PAC (ID#:  Le/24  Dentun Country Dents  7 Contributor address; City; State; Zip Code  Dentun Ty			8 Amount of Contribution \$  Check if travel outsi	l 9 In-kind contribution description   SOC 1 &		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICI	AL)(See Instructions)		
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	IDICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)			
16 If contributor	r Is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	Zip Code	Amount of Contribution \$ Check if travel outside	In-kind contribution description I I I I I I I I I I I I I I I I I I I		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	er (FOR NON-JUDICIA	AL)(See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JU	DICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
	ATTACH ADDITIONAL COPIES OF T					

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Revised 8/17/2020

POLITICAL EXPENDITURES MADE SCHEDULE F1 FROM POLITICAL CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loen Repayment/Reimbursoment Office Overhead/Rental Expense Polling Expense Event Expense Food/Beverage Expense GITV/wards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Legal Services Satarles/Wages/Contract Labor The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Miller lenny 5/15/24 7 Payee address; bhline Volitube reizules. com (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE EXPENDITURE Adversing Checkif travel outside of Texes. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Office sought Precision GRAPHIX CIRCUP State: Zip Code 7758 Raviand Category (See Categories isted at the top of this schedule) Bungosticker PURPOSE OF EXPENDITURE Chack if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH Payee name \$ 1000.00 Digitis | Marketines Grey? Amount (\$) Payee address; Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder fiving expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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POLITICAL PERSONAL	EXPENDITURES MAD FUNDS	PE FROM	SCHEDULE G	
If the requested in	formation is not applicable, DO NOT	include this page in the re	eport.	
	EXPENDITURE CAT	EGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholden/Politic Credt Cerd Payment	cal Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract.Labor tins how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District Other (enter a category not listed above)	
1 Total pages Schedule G:	2 FILER NAME PENIN		3 Filer ID (Ethics Commission Filers)	
5   10   24	5 Payee name Starz Wee	dia		
6 Amount (\$) Reimbursement from political contributions intended	7 Payee address;	city;	State; Zip Code ano, 74 75074	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this  Adveri 15: ~		Jew Papa Ad	
100400, 277 000000 227 227 0000000	(c) Check if travel outside of Texas. Complete S	chedule T. Chack if Austin	a, TX, officeholder living expense	
Complete ONLY If direct expenditure to benefit C/OH  Date 5   G   p.4	Payee name	Office sought	Office held	
Amount (\$) Reimbursement from political contributions intended	Payee address;	777981	State; Zip Code	
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5/21/24	Payee name PRECISIUM (-	IRAPNIX GIR	149	
Amount (\$) 2, 265, 00 Reimbursoment from political contributions intended	Payce address;	LEGRICIAL T	State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this a	schedule) Description	V: - lei 5	
omplete <u>QNLY</u> if direct xpenditure to benefit C/OH	Check if traveloutside of Texas. Complete So Candidate / Officeholder name	Check if Austin Office sought	TX, officeholder living expense Office held	
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NEED	ED	
orms provided by Texas Eth	ics Commission www.ethic	cs.state.tx.us	Revised 8/17/202	

## POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

		EXPENDIT	URE CATE	SORIES	FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment		Event Expense Loan Repayment/Reimbursemen Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.		erhead/Rental Expense xpense Expense Mages/Contract Labor	Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of District Other (enter a catego	oment & Related Expense		
1 Total pages Schedule G:	ule G: 2 FILER NAME					3 Filer ID (Ethic	s Commission Filers)	
4 Date 512424	5 Payee nar	CIVILADICA	Fred	die	. Watki	NS LLC	,	
6 Amount (\$)  Reimbursement from political contributions intended	7 Payee add				suille Ty	State;	Zip Code	
8 PURPOSE OF	(a) Category	(See Categories listed	at the top of this sc	hedule)	(b) Description	e ()		
EXPENDITURE	(c) (	Check if travel outside of Te	axas, Complete Sch	edule T.	Check if Austin	tin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder			Office sought		Office held	
Date	Payee nan	ne		ı				
Amount (\$)  Reimbursement from political contributions intended	Payee add	Iress;			City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	(See Categories listed	at the top of this sci	hedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.			edule T.	Check if Austin	, TX, officeholder living	expense	
Complete ONLY if direct expenditure to benefit C/C		Candidate / Officeholder name Office		Office sought		Office held		
Date	Payee nan	ne						
Amount (\$)  Reimbursement from political contributions intended	Payee add	ress;			City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Description			Description				
MANUSCRIPTO CONTROLLO CONTROLO	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	Candida	ate / Officeholder	name		Office sought		Office held	
	ATTA	CH ADDITIONAL	COPIES OF	THIS SC	CHEDULE AS NEED	ED		

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