

RECEIVED
10/10/23 CW

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME CHARLES BEARD		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)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 1682.33
	4. TOTAL POLITICAL EXPENDITURES	\$ 1682.33
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0.0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.0

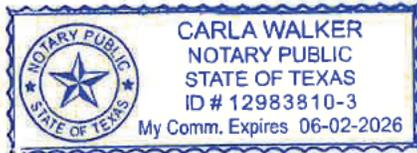
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Charles Beard

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Charles Beard this the 10th day of October

20 23 to certify which, witness my hand and seal of office.

Carla Walker
Signature of officer administering oath

Carla Walker
Printed name of officer administering oath

Notary
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)

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SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME CHARLES BEARD		20 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		\$ 1682.33
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		\$

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	2 Total pages filed: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Brad	MI
	NICKNAME	LAST Benson	SUFFIX
OFFICE USE ONLY			
Date Received 			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY;		ZIP CODE
	1213 Mallard Way		
	Granbury, TX 76048		
	Date Hand-delivered or Date Postmarked		
Receipt #		Amount	
Date Processed			
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / <u>MR</u>	FIRST JORDAN	MI T
	NICKNAME	LAST HECKLEY	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	1208 RED BIRD LN. GRANBURY, TX 76048		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	907	750-4375	
8 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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)		
9 PERIOD COVERED	Month	Day	Year
	07/29/2023	THROUGH	10/06/2023
10 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11/07/2023	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> Other
		<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) Granbury City Council, Place 4

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**

2 of 14

13 C / OH NAME Benson, Brad

14 Filer ID

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15 NOTICE FROM POLITICAL COMMITTEE(S)

This box is for notice of political contributions accepted or political expenditures made by political committees in support of 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.

Additional Pages

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

16 CONTRIBUTION TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 10,460.00

EXPENDITURE TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$ 0.00

4. TOTAL POLITICAL EXPENDITURES \$ 6,896.85

CONTRIBUTION BALANCE

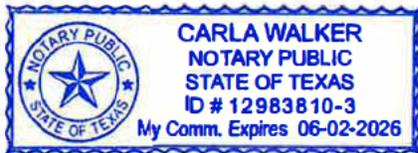
5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 3,416.85

OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

17 AFFIDAVIT

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.



Brad Benson
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brad Benson, this the 20th day of October, 2023, to certify which, witness my hand and seal of office.

Carla Walker
Signature of officer administering

Carla Walker
Printed name of officer administering

Notary
Title of officer administering oath

SUBTOTALS - C/OH

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FORM C/OH

COVER SHEET PG 3

3 of 14

18 FILER NAME Benson, Brad	19 Filer ID
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20 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 10,460.00
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input type="checkbox"/> SCHEDULE E: LOANS	\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 6,896.85
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS



SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 1/5 Rpt: 4/14</p>
<p>2 FILER NAME Benson, Brad</p>		<p>3 Filer ID</p>
<p>4 Date 10/05/2023</p>	<p>5 Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Allmon, Kayla</p> <hr/> <p>6 Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76048</p>	<p>7 Amount of Contribution (\$) \$10.00</p>
<p>8 Principal occupation / Job title (See Instructions) Manager</p>		<p>9 Employer (See Instructions) Cinergy Entertainment Group</p>
<p>Date 10/06/2023</p>	<p>Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Bailey, Justin</p> <hr/> <p>Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75230</p>	<p>Amount of Contribution (\$) \$20.00</p>
<p>Principal occupation / Job title (See Instructions) Commercial Banking</p>		<p>Employer (See Instructions)</p>
<p>Date 10/05/2023</p>	<p>Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Bauer, Fred</p> <hr/> <p>Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76048</p>	<p>Amount of Contribution (\$) \$10.00</p>
<p>Principal occupation / Job title (See Instructions) Retired Law Enforcement</p>		<p>Employer (See Instructions)</p>
<p>Date 08/02/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of state PAC (ID#: _____) Benson, Bradley (Mr.)</p> <hr/> <p>Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76048</p>	<p>Amount of Contribution (\$) \$5,000.00</p>
<p>Principal occupation / Job title (See Instructions) Business Owner</p>		<p>Employer (See Instructions) Self</p>
<p>Date 09/10/2023</p>	<p>Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Benson, Fletcher (Mr.)</p> <hr/> <p>Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76049</p>	<p>Amount of Contribution (\$) \$2,000.00</p>
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions) Bell Helicopter Textron</p>

MONETARY POLITICAL CONTRIBUTIONS

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 10/26/23 CWJ

SCHEDULE A1

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 2/5 Rpt: 5/14</p>
<p>2 FILER NAME Benson, Brad</p>		<p>3 Filer ID</p>
<p>4 Date 09/30/2023</p>	<p>5 Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Benson, Jeffrey (Mr.)</p> <p>6 Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76049</p>	<p>7 Amount of Contribution (\$) \$500.00</p>
<p>8 Principal occupation / Job title (See Instructions) President</p>		<p>9 Employer (See Instructions) Cinergy Entertainment Group</p>
<p>Date 08/11/2023</p>	<p>Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Benson, Jerilyn (Mrs.)</p> <p>Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75225</p>	<p>Amount of Contribution (\$) \$1,000.00</p>
<p>Principal occupation / Job title (See Instructions) Film Services</p>		<p>Employer (See Instructions) Cinergy Entertainment Group</p>
<p>Date 10/06/2023</p>	<p>Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Butler, Dennis</p> <p>Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75230</p>	<p>Amount of Contribution (\$) \$20.00</p>
<p>Principal occupation / Job title (See Instructions) Shareholder</p>		<p>Employer (See Instructions) Cinergy Entertainment Group</p>
<p>Date 09/15/2023</p>	<p>Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Druzanovic, Harris</p> <p>Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76048</p>	<p>Amount of Contribution (\$) \$10.00</p>
<p>Principal occupation / Job title (See Instructions) Firefighter</p>		<p>Employer (See Instructions) City of Arlington</p>
<p>Date 10/05/2023</p>	<p>Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Franklin, Jason</p> <p>Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76049</p>	<p>Amount of Contribution (\$) \$10.00</p>
<p>Principal occupation / Job title (See Instructions) Contractor</p>		<p>Employer (See Instructions)</p>

MONETARY POLITICAL CONTRIBUTIONS

RECEIVED
 10/20/23 CW
SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/5 Rpt: 6/14
2 FILER NAME Benson, Brad		3 Filer ID
4 Date 09/15/2023	5 Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Grober, Darrell	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76048	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) Pirates Den Barber Shop
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Guffey, Bryce	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76048	
Principal occupation / Job title (See Instructions) Law Enforcement		Employer (See Instructions)
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Hoefs, Richard	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76048	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Hohon, Matthew	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76048	
Principal occupation / Job title (See Instructions) Fire Chief		Employer (See Instructions)
Date 10/05/2023	Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Hunstable, Nathan	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code [REDACTED] Argyle, TX 76226	
Principal occupation / Job title (See Instructions) CTO		Employer (See Instructions) Cinergy Entertainment Group

MONETARY POLITICAL CONTRIBUTIONS



SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/5 Rpt: 7/14
2 FILER NAME Benson, Brad		3 Filer ID
4 Date 10/05/2023	5 Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Kreag, Aaron	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76048	
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self
Date 10/04/2023	Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Malunowe, Matthew	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code [REDACTED] Fort Worth, TX 76164	
Principal occupation / Job title (See Instructions) Owner/Manager		Employer (See Instructions) Fort Worth Dry Cleaning and Laundry
Date 09/15/2023	Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Oliver, Amanda	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76048	
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions)
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Parson, Mickey	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76048	
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Parson Properties
Date 10/01/2023	Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Richardson, Patrick	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code [REDACTED] Benbrook, TX 76126	
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) Atlas Air Cargo

MONETARY POLITICAL CONTRIBUTIONS

RECEIVED SCHEDULE A1
10/23/2023

<p>The Instruction Guide explains how to complete this form.</p>		<p>1 Total pages Schedule A1: Sch: 5/5 Rpt: 8/14</p>
<p>2 FILER NAME Benson, Brad</p>		<p>3 Filer ID</p>
<p>4 Date 10/05/2023</p>	<p>5 Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Shaw, Eric</p> <p>6 Contributor address; City; State; Zip Code [REDACTED] Plano, TX 75024</p>	<p>7 Amount of Contribution (\$) \$10.00</p>
<p>8 Principal occupation / Job title (See Instructions) Insurance Agent</p>		<p>9 Employer (See Instructions) Liberty Mutual Insurance</p>
<p>Date 09/29/2023</p>	<p>Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Sheppard, Cory</p> <p>Contributor address; City; State; Zip Code [REDACTED] Granbury, TX 76048</p>	<p>Amount of Contribution (\$) \$10.00</p>
<p>Principal occupation / Job title (See Instructions)</p>		<p>Employer (See Instructions)</p>
<p>Date 08/22/2023</p>	<p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taubman, Rosalie</p> <p>Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75205</p>	<p>Amount of Contribution (\$) \$1,000.00</p>
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions)</p>
<p>Date 10/04/2023</p>	<p>Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Torres, Angela</p> <p>Contributor address; City; State; Zip Code [REDACTED] Colleyville, TX</p>	<p>Amount of Contribution (\$) \$10.00</p>
<p>Principal occupation / Job title (See Instructions) Homemaker</p>		<p>Employer (See Instructions)</p>
<p>Date 08/04/2023</p>	<p>Full name of contributor <input type="checkbox"/> out of state PAC (ID#: _____) Winters, Nathaniel (Mr.)</p> <p>Contributor address; City; State; Zip Code [REDACTED] Hurst, TX 76053</p>	<p>Amount of Contribution (\$) \$40.00</p>
<p>Principal occupation / Job title (See Instructions) Retired</p>		<p>Employer (See Instructions)</p>

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

RECEIVED SCHEDULE F1
 10/20/23 CW

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: Sch: 1/6 Rpt: 9/14		2 FILER NAME Benson, Brad		3 Filer ID	
4 Date 07/29/2023		5 Payee name Bradford Exchange Checks			
6 Amount (\$) \$13.11		7 Payee address; City; State; Zip Code TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Accounting/Banking		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Checks	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 09/04/2023		Payee name DotEasy			
Amount (\$) \$38.61		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website Software	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	
Date 08/30/2023		Payee name DotEasy			
Amount (\$) \$69.15		Payee address; City; State; Zip Code TX			
PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Website and Email Hosting	
Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name		Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

RECEIVED SCHEDULE F1
10/20/23 WJ

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: Sch: 2/6 Rpt: 10/14	2 FILER NAME Benson, Brad	3 Filer ID
4 Date 08/15/2023	5 Payee name Hood County Republican Club	
6 Amount (\$) \$30.00	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fees/Dues
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 10/04/2023	Payee name Murphy USA	
Amount (\$) \$44.65	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fuel for yard sign set-up
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 09/15/2023	Payee name Tractor Supply	
Amount (\$) \$74.70	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Posts for signs
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

RECEIVED SCHEDULE F1
10/20/23 WJD

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: Sch: 3/6 Rpt: 11/14	2 FILER NAME Benson, Brad	3 Filer ID
4 Date 08/06/2023	5 Payee name Trevu Creative	
6 Amount (\$) \$457.90	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Professional photography services
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 07/29/2023	Payee name VRSTL Creative	
Amount (\$) \$2,500.00	Payee address; City; State; Zip Code AL	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Graphic design, advertising consulting
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	
Date 08/22/2023	Payee name VistaPrint	
Amount (\$) \$239.70	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Advertising materials
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name Office sought Office held	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

RECEIVED SCHEDULE F1
10/20/23 (W)

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: Sch: 4/6 Rpt: 12/14	2 FILER NAME Benson, Brad	3 Filer ID
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4 Date 09/04/2023	5 Payee name VistaPrint
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6 Amount (\$) \$1,630.87	7 Payee address; City; State; Zip Code TX
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs with stands, Push Cards, Buttons
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 09/06/2023	Payee name VistaPrint
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Amount (\$) \$110.18	Payee address; City; State; Zip Code TX
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postcards
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/03/2023	Payee name VistaPrint
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Amount (\$) \$131.57	Payee address; City; State; Zip Code TX
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postcards
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Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

RECEIVED
 10/20/23 MW
SCHEDULE F1

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: Sch: 5/6 Rpt: 13/14	2 FILER NAME Benson, Brad	3 Filer ID
4 Date 09/22/2023	5 Payee name VistaPrint	
6 Amount (\$) \$123.83	7 Payee address; City; State; Zip Code TX	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Postcards
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 09/07/2023	Payee name VistaPrint	
Amount (\$) \$700.07	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Yard signs and banners
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	
Date 09/15/2023	Payee name VistaPrint	
Amount (\$) \$232.51	Payee address; City; State; Zip Code TX	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Banner Signs
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate/Officeholder name _____ Office sought _____ Office held _____	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

RECEIVED
 10/20/23 CW
SCHEDULE F1

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: Sch: 6/6 Rpt: 14/14		2 FILER NAME Benson, Brad		3 Filer ID
4 Date 10/06/2023		5 Payee name Wilkerson, Steven		
6 Amount (\$) \$500.00		7 Payee address; City; State; Zip Code TX		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contract Labor	
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate/Officeholder name		Office sought		Office held

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: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
<input type="checkbox"/> Change of Address	2087 SPIETH ST. GRANBURY TX		76048
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(850)	503-1958	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY; STATE; ZIP CODE
(Residence or Business)	2087 SPIETH ST. GRANBURY TX		76048
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(850)	503-1958	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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	Day	Year
	JULY	24	2023
	THROUGH	SEP	28
			2023
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
	11	07	2023
	<input checked="" type="checkbox"/> General		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> Special
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		CITY COUNCIL PLACE 4	
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.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
	<input type="checkbox"/> Additional Pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	

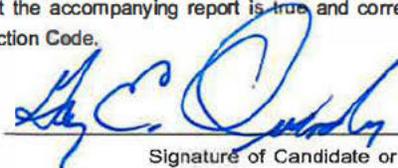
GO TO PAGE 2

RECEIVED
 10/14/23
 FORM C/OH
 COVER SHEET PG 2

**CANDIDATE / OFFICEHOLDER
 CAMPAIGN FINANCE REPORT**

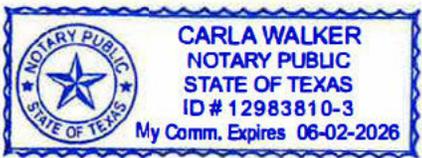
15 C/OH NAME GARY E. "SKIP" OVERDIER		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1300. ⁰⁰
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3335.82
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 727.55
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2763.37

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 Gary "Skip" Overdier this the 4th day of October, 2023, to certify which, witness my hand and seal of office.

Carla Walker Carla Walker 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)

RECEIVED
10/4/23 CW

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME **GARY E. "SKIP" OVERDIER** 20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1300. ⁰⁰
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2763. ³⁷
5. <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3072. ⁴⁵
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 263. ³⁷
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

RECEIVED
10/14/23 CW
SCHEDULE A1

MONETARY POLITICAL CONTRIBUTIONS

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
2 FILER NAME GARY E. "SKIP" OVERDIER		3 Filer ID (Ethics Commission Filers)
4 Date 8/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) STEVEN VALE	7 Amount of contribution (\$) 500.⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED] GRANBURY TX 76048		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) JULIA PANNELL	Amount of contribution (\$) 100.⁰⁰
Contributor address; City; State; Zip Code [REDACTED] GRANBURY TX 76048		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) PHILLIP RORY MATTHEWS	Amount of contribution (\$) 500.⁰⁰
Contributor address; City; State; Zip Code [REDACTED] GRANBURY TX 76048		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) L. SHAREE WESTLUND	Amount of contribution (\$) 100.⁰⁰
Contributor address; City; State; Zip Code [REDACTED] GRANBURY, TX 76049		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out of state PAC, please see instruction guide for additional reporting requirements.		

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11/14/23 CW

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
2 FILER NAME GARY E. "SKIP" OVERDIER		3 Filer ID (Ethics Commission Filers)
4 Date 9/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SHARON L. BRIDGES	7 Amount of contribution (\$) 100.⁰⁰
6 Contributor address; City; State; Zip Code [REDACTED] GRANGURY TX 76048		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

RECEIVED
10/14/23 EW

LOANS

SCHEDULE E

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 E: 3
2 FILER NAME GARY E. "SKIP" OVERDIER		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 8/14/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) GARY E. "SKIP" OVERDIER	9 Loan Amount (\$) 1000.⁰⁰
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 2087 SPIETH ST. GRANBURY, TX 76048	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 8/14/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) GARY E. "SKIP" OVERDIER	Loan Amount (\$) 1000.⁰⁰
Is lender a financial institution? Y N	Lender address; City; State; Zip Code 2087 SPIETH ST., GRANBURY TX 76048	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

RECEIVED
10/12/23 CW

LOANS

SCHEDULE E

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 E: 3
2 FILER NAME GARY E. "SKIP" OVERDIER		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 500.⁰⁰
5 Date of loan 8/24/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) GARY E. "SKIP" OVERDIER	9 Loan Amount (\$)
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 2087 SPIETH ST. GRANBURY TX 76048	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 08/03/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) GARY E. "SKIP" OVERDIER	Loan Amount (\$) 74.02
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 2087 SPIETH ST. GRANBURY TX 76048	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

RECEIVED
 10/4/23 ON
SCHEDULE E

LOANS

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 E: 3
2 FILER NAME GARY E. "SKIP" OVERDIER		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 08/03/2023	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY E. "SKIP" OVERDIER	9 Loan Amount (\$) 41.22
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	8 Lender address; City; State; Zip Code 2087 SPIETH ST. GRANBURY TX 76048	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 08/09/2023	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) GARY E. "SKIP" OVERDIER	Loan Amount (\$) 148.13
Is lender a financial Institution? Y <input checked="" type="radio"/> N <input type="radio"/>	Lender address; City; State; Zip Code 2087 SPIETH ST. GRANBURY, TX 76048	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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	2 FILER NAME GARY E. "SKIP" OVERDIER	3 Filer ID (Ethics Commission Filers) [REDACTED]
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4 Date 8/15/2023	5 Payee name JUDSON MEEKS
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6 Amount (\$) 1000.⁰⁰	7 Payee address; City; State; Zip Code MINERAL WELLS TX 76067
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXPENSE	(b) Description CAMPAIGN SERVICES
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/21/2023	Payee name DIRT CHEAP SIGNS
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Amount (\$) 1709.27	Payee address; City; State; Zip Code 6706 LOHMAN FORD RD. LAGO VISTA TX 78645
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description 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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/18/2023	Payee name FAST SIGNS
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Amount (\$) 148.12	Payee address; City; State; Zip Code 2116 E. U.S. HWY. 377 GRANBURY TX 76049
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description RACK CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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 10/4/23 MW
 SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>2</u>	2 FILER NAME <u>GARY E. "SKIP" OVERDIER</u>	3 Filer ID (Ethics Commission Filers) <u>B</u>
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4 Date <u>9/26/2023</u>	5 Payee name <u>DIRT CHEAP SIGNS</u>
-----------------------------------	--

6 Amount (\$) <u>215.06</u>	7 Payee address; <u>6706 LOHMAN FORD RD, LAGO VISTA TX</u>	City;	State;	Zip Code <u>78645</u>
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	(b) Description <u>CAMPAIGN SIGNS</u>
	(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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

RECEIVED
10/4/23 CW
SCHEDULE F4

EXPENDITURES MADE BY CREDIT CARD

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME GARY E. "SKIP" OVERDIER	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 8/03/2023	6 Payee name DR. DON'S BUTTONS	
7 Amount (\$) 74.02	8 Payee address; City; State; Zip Code 3906 W. MORROW DR. GLENDALE AZ 85308	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description CAMPAIGN BUTTONS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/03/2023	Payee name DR DON'S BUTTONS	
Amount (\$) 41.22	Payee address; City; State; Zip Code 3906 W. MORROW DR. GLENDALE AZ 85308	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description CAMPAIGN BUTTONS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, 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 NEEDED

RECEIVED
 10/12/23 CW
SCHEDULE F4

EXPENDITURES MADE BY CREDIT CARD

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

EXPENDITURE CATEGORIES FOR BOX 10(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/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)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2	2 FILER NAME GARY E. "SKIP" OVERDIER	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 8/09/2023	6 Payee name FAST SIGNS	
7 Amount (\$) 148.13	8 Payee address; City; State; Zip Code 2116 E. U.S. HWY 377 GRANBURY TX 76049	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description RACK CARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non Political	
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	
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

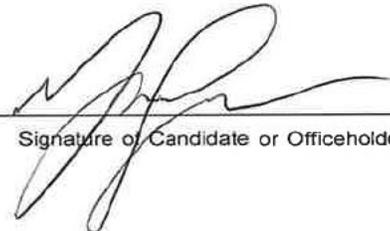
RECEIVED
10/10/23

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)	\$ 900.00 2,100
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 900.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 2,265.10
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,960.70
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 134.88
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,500.00

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 Gregory Corrigan this the 10th day of October, 20 23, to certify which, witness my hand and seal of office.

Gerrie Michelle Matlock Gerrie Michelle Matlock 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)

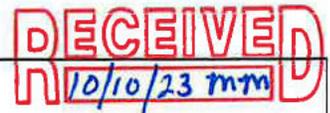
Signature of Candidate/Officeholder (Declarant)

RECEIVED
10/10/23 mm

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		\$ 900.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$ 1500
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1960.70
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		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$



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
2 FILER NAME Gregory Corrigan		3 Filer ID (Ethics Commission Filers)
4 Date 9/16/23	5 Full name of contributor out-of-state PAC (ID#: _____) Steven Vale	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code [Redacted] Grandbury Tx 76048		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/11/23	Full name of contributor out-of-state PAC (ID#: _____) Phillip Rory Matthews	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [Redacted] Tx 76048		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/12/23	Full name of contributor out-of-state PAC (ID#: _____) Julia Pannell	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [Redacted] Grandbury Tx 76048		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/12/23	Full name of contributor out-of-state PAC (ID#: _____) Shanee Westlund	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code [Redacted] Grandbury Tx 76049		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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10/10/23 mm

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
2 FILER NAME Gregory Corrigan		3 Filer ID (Ethics Commission Filers)
4 Date 9/12/23	5 Full name of contributor Stephanie Corrigan out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code [Redacted] TX 76036	7 Amount of contribution (\$) 100,00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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10/10/23 mjh

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME Gregory Corrigan		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 8/28/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory Corrigan	9 Loan Amount (\$) 1500.00
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code [REDACTED]	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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>Gregory Corrigan</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>8/29/23</i>	5 Payee name <i>Fast Signs</i>	
6 Amount (\$) <i>1,040.59</i>	7 Payee address; City; State; Zip Code <i>2116 E US Hwy 377 Granbury Tx 76049</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <i>Rack Cards Stickers for signs</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <i>8/30/23</i>	Payee name <i>Vistago Print LLC</i>	
Amount (\$) <i>686.74</i>	Payee address; City; State; Zip Code <i>6706 Lehman Ford Rd Lago Vista Tx 78645</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Yard signs</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date <i>9/25/23</i>	Payee name <i>Fast Signs</i>	
Amount (\$) <i>233.37</i>	Payee address; City; State; Zip Code <i>2116 E. US Hwy 377 Granbury Tx 76049</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Rack Cards</i>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Altkanters</u> MI: <u>C</u> NICKNAME: <u>Altk</u> LAST: <u>Wolf</u> SUFFIX:	OFFICE USE ONLY Date Received <div style="border: 2px solid red; padding: 5px; display: inline-block; color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> 10/10/2023 mm 3:32p.m. Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: <u>1102 Elizabeth Blvd.</u> APT / SUITE #: CITY: <u>Groesbeek TX</u> STATE: <u>TX</u> ZIP CODE: <u>76048</u> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: <u>(817)</u> PHONE NUMBER: <u>776-6102</u> EXTENSION: <u>—</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mrs.</u> FIRST: <u>Kendra</u> MI: <u>A</u> NICKNAME: <u>—</u> LAST: <u>Plouman</u> SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): <u>431 Cliff Dr.</u> APT / SUITE #: CITY: <u>Graham TX</u> STATE: <u>TX</u> ZIP CODE: <u>76450</u> (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE: <u>(435)</u> PHONE NUMBER: <u>817-8173</u> EXTENSION: <u>—</u>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" 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 Day Year THROUGH Month Day Year <u>July</u> / <u>14</u> / <u>23</u> THROUGH <u>9</u> / <u>28</u> / <u>2023</u>		
11 ELECTION	ELECTION DATE Month Day Year <u>11</u> / <u>7</u> / <u>2023</u>	ELECTION TYPE Primary Runoff Other Description <input checked="" type="radio"/> <u>General</u> <input type="radio"/> Special _____	
12 OFFICE	OFFICE HELD (if any) <u>N/A</u>	13 OFFICE SOUGHT (if known) <u>City Council Place Six</u>	
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.		
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

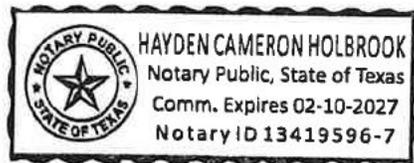
RECEIVED
FORM C/OH
10/10/2023
COVER SHEET PG 2
mm 3:32 p.m

15 C/OH NAME <u>Alex Wolf</u>		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)	\$ <u>Ø</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5,768.46</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>Ø</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>9,001.36</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>7,767.10</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>11,000</u>

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.

Alex Wolf
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by Alexander Wolf this the 10th day of October, 2023, to certify which, witness my hand and seal of office.

Hayden Holbrook Hayden Holbrook Notary Public
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 - C/OH

RECEIVED
 10/10/2023
 m.m. 3:32 p.m.
 FORM C/OH
 COVER SHEET PG 3

19 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">Alex Wolf</div>	20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4825
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 943.46
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ /
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 11000
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 9001.36
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ /
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ /
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ /
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ /
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ /
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ /
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ /

RECEIVED
10/10/2023
M.M. 3:32 P.M.

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: 1 OF 5
2 FILER NAME Alex Wolf		3 Filer ID (Ethics Commission Filers)
4 Date 9/29/23	5 Full name of contributor Andy Ezell out-of-state PAC (ID#: _____) 6 Contributor address; [REDACTED] City: <u>Beaumont</u> State: <u>TX</u> Zip Code <u>76126</u>	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/28/23	Full name of contributor Sherril Sparks out-of-state PAC (ID#: _____) Contributor address; [REDACTED] City: <u>Dallas</u> State: <u>TX</u> Zip Code <u>75209</u>	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/29/23	Full name of contributor Lauri Foreman out-of-state PAC (ID#: _____) Contributor address; [REDACTED] City: <u>Groesbeek</u> State: <u>TX</u> Zip Code <u>76049</u>	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/31/23	Full name of contributor David Wolfenbarger out-of-state PAC (ID#: _____) Contributor address; [REDACTED] City: <u>Groesbeek</u> State: <u>TX</u> Zip Code <u>76049</u>	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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SCHEDULE A1

MONETARY POLITICAL CONTRIBUTIONS

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: 2/5
2 FILER NAME Alyo Wolf		3 Filer ID (Ethics Commission Filers)
4 Date 9/28/23	5 Full name of contributor Amber Nilguz out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code [Redacted] Granbury TX 76049	7 Amount of contribution (\$) 100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/28/23	Full name of contributor Shannon Plowman out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Granbury TX 76450	Amount of contribution (\$) 300
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/23	Full name of contributor Mickey Parson out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Granbury TX 76204	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/23	Full name of contributor Joanie Keys out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [Redacted] Granbury TX 76049	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3/5
2 FILER NAME Alex Wolf		3 Filer ID (Ethics Commission Filers)
4 Date 9/10/23	5 Full name of contributor Robert Lincoln out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 100
6 Contributor address; City; State; Zip Code [Redacted] Granbury TX 76048		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/10/23	Full name of contributor Rehberan Lincoln out-of-state PAC (ID# _____)	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code [Redacted] Granbury TX 76048		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/19/23	Full name of contributor Joe Cathy out-of-state PAC (ID# _____)	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code [Redacted] Galley TX 76044		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/23	Full name of contributor Ben Signundik out-of-state PAC (ID# _____)	Amount of contribution (\$) 100
Contributor address; City; State; Zip Code [Redacted] Granbury TX 76089		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4/5
2 FILER NAME Alex Wolf		3 Filer ID (Ethics Commission Filers)
4 Date 9/14/23	5 Full name of contributor Dorothy Heathington out-of-state PAC (ID# _____) 6 Contributor address; [REDACTED] Granbury TX 76049 City; State; Zip Code	7 Amount of contribution (\$) 500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/13/23	Full name of contributor Darla Ezell out-of-state PAC (ID# _____) Contributor address; [REDACTED] Seabrook TX 76126 City; State; Zip Code	Amount of contribution (\$) 250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/11/23	Full name of contributor Connie Forbes out-of-state PAC (ID# _____) Contributor address; [REDACTED] Springtown TX 76082 City; State; Zip Code	Amount of contribution (\$) 100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/28/23	Full name of contributor Travis Plowman out-of-state PAC (ID# _____) Contributor address; [REDACTED] Graham TX 76050 City; State; Zip Code	Amount of contribution (\$) 500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5/5
2 FILER NAME Alex Wolf		3 Filer ID (Ethics Commission Filers)
4 Date 8/29/23	5 Full name of contributor out-of-state PAC (ID# _____) Tami Ratterre	7 Amount of contribution (\$) 100
	6 Contributor address; City; State; Zip Code [Redacted] Burleson TX 76028	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 8/3/23	Full name of contributor out-of-state PAC (ID# _____) Shannon Wolf	Amount of contribution (\$) 1,500
	Contributor address; City; State; Zip Code [Redacted] Granbury TX 76048	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/2/23	Full name of contributor out-of-state PAC (ID# _____) Deborah Ramsel	Amount of contribution (\$) 50
	Contributor address; City; State; Zip Code [Redacted] Phossie TX 7962	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 8/14/23	Full name of contributor out-of-state PAC (ID# _____) Matthew Dumm	Amount of contribution (\$) 25
	Contributor address; City; State; Zip Code [Redacted] Cedar Hill TX 75104	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1/1	
2 FILER NAME Alex J. [Signature]		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 943.46	
5 Date 9/28/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Tom Mercer	8 Amount of Contribution \$ 943.46	9 In-kind contribution description Meat + Great Event
7 Contributor address; City; State; Zip Code [Redacted] Compton TX 76048		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) President of ITM Development LLC		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Check if travel outside of Texas. Complete Schedule T.			
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

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LOANS

SCHEDULE E

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 E: 1/1
2 FILER NAME <i>Alex Wolf</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>July 14</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alex Wolf</i>	9 Loan Amount (\$) <i>11,000</i>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <i>1102 Elizabeth Grubbs St. TX 76044</i>	10 Interest rate <input checked="" type="checkbox"/>
		11 Maturity date <input checked="" type="checkbox"/>
12 Principal occupation / Job title (See Instructions) <i>Owner of Zev.</i>		13 Employer (See Instructions) <i>Self</i>
14 Description of Collateral none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 Alex Wolf	3 Filer ID (Ethics Commission Filers)
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4 Date 9/25/23	5 Payee name Print Place
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6 Amount (\$) 587.18	7 Payee address; 1180 Avenue H East City: Arlington State: TX Zip Code: 76011
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Push Cards
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/25/23	Payee name Texas Trade Graphics
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Amount (\$) 2514.25	Payee address; 2935 Irving Suite 201 City: Dallas State: TX Zip Code: 75247
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs & Stickers
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 8/18/23	Payee name BDM
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Amount (\$) 2995.00	Payee address; 8713 Airport Freeway 310 City: North Richland Hills State: TX Zip Code: 76180
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description _____
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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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>Ann Holt</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>9/22/23</i>	5 Payee name <i>Executive Press</i>
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6 Amount (\$) <i>404.93</i>	7 Payee address; <i>1400 Presidential Dr. #400</i>	City; <i>Richardson</i>	State; <i>TX</i>	Zip Code <i>75081</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Tshirts</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
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Date <i>7/18/23</i>	Payee name <i>VRSTL Creative</i>
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Amount (\$) <i>2500</i>	Payee address; <i>707 Raleigh Ct.</i>	City; <i>Birmingham</i>	State; <i>AL</i>	Zip Code <i>35209</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Graphic Design</i>	Description <i>Graphic Design</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
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Date	Payee name
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Amount (\$)	Payee address;	City;	State;	Zip Code
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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	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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