

# 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: <span style="font-size: 2em; color: blue;">17</span>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <u>MRS. ELIZABETH</u> <u>L</u>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Received <b>RECEIVED</b></div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">JAN 18 2022</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">HARRISON COUNTY ELECTIONS OFFICE</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Hand-delivered or Date Postmarked</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Receipt #      Amount \$</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">Date Processed</div> <div style="border: 1px solid black; padding: 5px;">Date Imaged</div>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	NICKNAME LAST SUFFIX <u>LIZ</u> <u>JAMES</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>304 CEDAR CIRCLE MARSHALL TX 75672</u>		
6 CAMPAIGN TREASURER NAME	AREA CODE PHONE NUMBER EXTENSION <u>(903)</u> <u>935-8403</u> <u>1035</u>		
7 CAMPAIGN TREASURER ADDRESS	MS / MRS / MR FIRST MI <u>MRS.</u> <u>LIBBY</u>	Date Hand-delivered or Date Postmarked	
8 CAMPAIGN TREASURER PHONE	NICKNAME LAST SUFFIX <u>WYATT</u>	Receipt #      Amount \$	
9 REPORT TYPE	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>3492 COOKS RD</u> <u>MARSHALL</u> <u>TX</u> <u>75670</u>	Date Processed	
10 PERIOD COVERED	AREA CODE PHONE NUMBER EXTENSION <u>(903)</u> <u>930-6832</u>	Date Imaged	
11 ELECTION	ELECTION DATE Month Day Year <u>3 / 1 / 22</u>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <u>COUNTY CLERK</u>	13 OFFICE SOUGHT (if known) <u>COUNTY CLERK</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 <input type="checkbox"/>	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

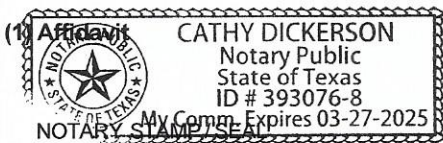
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <i>ELIZABETH L JAMES</i>		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)	\$ <i>350.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>7450.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>424.76</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>7276.12</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>173.88</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>0</i>

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.

*Elizabeth L. James*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by *Elizabeth L James* this the *18* day of *January*, 20*20*, to certify which, witness my hand and seal of office.

*Cathy Dickerson*                      *Cathy Dickerson*                      *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

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.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7450. <sup>00</sup>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 4400. <sup>00</sup>
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7276. <sup>12</sup>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4400. <sup>00</sup>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# 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: <b>4</b>
2 FILER NAME <b>ELIZABETH L. JAMES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>6/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAMELA PAYNE</b>	7 Amount of contribution (\$) <b>\$250.00</b>
6 Contributor address; City; State; Zip Code <b>510 DRISKOLL RD HARLETON TX 75651</b>		
8 Principal occupation / Job title (See Instructions) <b>RETIRED</b>		9 Employer (See Instructions)
Date <b>7/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>F. WAYNE MCWHORTER</b>	Amount of contribution (\$) <b>\$500.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 1147 MARSHALL TX 75672</b>		
Principal occupation / Job title (See Instructions) <b>ACCOUNTANT</b>		Employer (See Instructions) <b>RETIRED</b>
Date <b>7/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PAUL TURNER</b>	Amount of contribution (\$) <b>\$1000.00</b>
Contributor address; City; State; Zip Code <b>4309 REBEL LANE MARSHALL TX 75672</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>7/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>STEVE &amp; LEIGH HOWELL</b>	Amount of contribution (\$) <b>\$750.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 1228 MARSHALL TX 75671</b>		
Principal occupation / Job title (See Instructions) <b>OIL &amp; GAS</b>		Employer (See Instructions) <b>HOWELL OIL &amp; GAS</b>

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>4</b>
2 FILER NAME <b>ELIZABETH L. JAMES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>7/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>ROBERT &amp; DEBRA BRYAN</b>	7 Amount of contribution (\$) <b>\$1600.00</b>
	6 Contributor address; City; State; Zip Code <b>476 MARCELINE DR WASKOM TX 75692</b>	
8 Principal occupation / Job title (See Instructions) <b>SELF EMPLOYED</b>		9 Employer (See Instructions) <b>BRYAN LAND SERVICES</b>
Date <b>8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BRENT GOUDARZI</b>	Amount of contribution (\$) <b>\$500.00</b>
	Contributor address; City; State; Zip Code <b>P.O. Box 910 GILMER TX 75644</b>	
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		Employer (See Instructions)
Date <b>8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MARTHA COMBS</b>	Amount of contribution (\$) <b>\$500.00</b>
	Contributor address; City; State; Zip Code <b>2552 E ALAMEDA AVE UNIT 28 DENVER CO 80209</b>	
Principal occupation / Job title (See Instructions) <b>RETIRED</b>		Employer (See Instructions)
Date <b>8/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JILL STACY PEARSON</b>	Amount of contribution (\$) <b>\$1000.00</b>
	Contributor address; City; State; Zip Code <b>6904 PARADISE LANE MIDLAND TX 79707</b>	
Principal occupation / Job title (See Instructions) <b>SELF EMPLOYED/HOMEMAKER</b>		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: <b>4</b>
2 FILER NAME <b>ELIZABETH L. JAMES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>10/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MICHAEL &amp; JAMIE SMITH</b>	7 Amount of contribution (\$) <b>\$500.00</b>
6 Contributor address; City; State; Zip Code <b>4739 HARRIS LAKE RD MARSHALL TX 75672</b>		
8 Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		9 Employer (See Instructions) <b>SIEBMAN, BURG, PHILLIPS &amp; SMITH, LLP</b>
Date <b>10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MS. T'S TASTE OF HEAVEN</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 192 E TX 75642</b>		
Principal occupation / Job title (See Instructions) <b>CHEF</b>		Employer (See Instructions) <b>SELF EMPLOYED</b>
Date <b>10/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MEADOW BROOK FUNERAL HOME</b>	Amount of contribution (\$) <b>\$200.00</b>
Contributor address; City; State; Zip Code <b>1804 S. WASHINGTON MARSHALL TX 75670</b>		
Principal occupation / Job title (See Instructions) <b>FUNERALS</b>		Employer (See Instructions)
Date <b>11/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>AMANDA ALLMAN MINATREA</b>	Amount of contribution (\$) <b>\$100.00</b>
Contributor address; City; State; Zip Code <b>1501 S Washington AVE MARSHALL TX 75670</b>		
Principal occupation / Job title (See Instructions) <b>ATTORNEY</b>		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: <b>4</b>
2 FILER NAME <b>ELIZABETH L. JAMES</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/21</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>MIKE &amp; HELEN WARWICK</b>	7 Amount of contribution (\$)  <b>\$250.00</b>
	6 Contributor address; City; State; Zip Code <b>5 PINE BURR CIRCLE MARSHALL TX 75672</b>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <b>12/21</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>LARRY &amp; LAL TERRELL</b>	Amount of contribution (\$)  <b>\$100.00</b>
	Contributor address; City; State; Zip Code <b>1450 KINGS RD MARSHALL TX 75672</b>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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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: <b>2</b>
2 FILER NAME <b>ELIZABETH L. JAMES</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>9/30/21</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>ELIZABETH L. JAMES</b>	9 Loan Amount (\$) <b>2000.00</b>
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <b>304 CEDAR CIRCLE MARSHALL TX 75672</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>COUNTY CLERK</b>		13 Employer (See Instructions) <b>HARRISON COUNTY</b>
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 <b>11/8/21</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>ELIZABETH L. JAMES</b>	Loan Amount (\$) <b>400.00</b>
Is lender a financial Institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <b>304 CEDAR CIRCLE MARSHALL TX 75670</b>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <b>COUNTY CLERK</b>		Employer (See Instructions) <b>HARRISON COUNTY</b>
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.



**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: <b>2</b>
2 FILER NAME <b>ELIZABETH L. JAMES</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>12/1/21</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>ELIZABETH L. JAMES</b>	9 Loan Amount (\$) <b>\$ 2000.00</b>
6 Is lender a financial Institution?  Y <input type="radio"/> N <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code  <b>304 CEDAR CIRCLE MARSHALL TX 75672</b>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <b>COUNTY CLERK</b>		13 Employer (See Instructions) <b>HARRISON COUNTY</b>
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 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	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution?  Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input 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)

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing 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: <b>6</b>	2 FILER NAME <b>ELIZABETH L. JAMES</b>	3 Filer ID (Ethics Commission Filers)
4 Date: <b>9-22-21</b>	5 Payee name <b>INDOOR &amp; OUTDOOR SIGN &amp; GRAPHICAL</b>	
6 Amount (\$) <b>405.94</b>	7 Payee address; City; State; Zip Code <b>2901 EAST END BLVD N. MASHALL TX 75670</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>ADVERTIZING</b>	(b) Description <b>SIGNS &amp; BANNER</b>
	(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
Date <b>9-28-21</b>	Payee name <b>THE PRINT SHOP</b>	
Amount (\$) <b>156.96</b>	Payee address; City; State; Zip Code <b>214 SOUTH BOLIVAR MARSHALL TX 75670</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTIZING</b>	Description <b>PRINTING EXPENSE BUSINESS CARDS/PUSH CARDS</b>
	<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
Date <b>9-16-21</b>	Payee name <b>KK's</b>	
Amount (\$) <b>405.00</b>	Payee address; City; State; Zip Code <b>204 E. BOWIE MARSHALL TX 75670</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>ADVERTIZING</b>	Description <b>SHIRTS</b>
	<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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	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.

<b>1</b> Total pages Schedule F1: <b>6</b>	<b>2</b> FILER NAME <b>ELIZABETH L. JAMES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <b>6-29-21</b>	<b>5</b> Payee name <b>SMART ADVERTIZING</b>	
<b>6</b> Amount (\$): <b>311.22</b>	<b>7</b> Payee address; City; State; Zip Code <b>1401 S. WASHINGTON MARSHALL TX 75670</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	<b>(b)</b> Description <b>SIGNS</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>ELIZABETH L JAMES</b>	Office sought <b>COUNTY CLERK</b>
		Office held <b>COUNTY CLERK</b>
Date <b>7-29-21</b>	Payee name <b>WASKOM HIGH SCHOOL</b>	
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>P.O. BOX 748 WASKOM TX 75692</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>BALL GAMES</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held
Date <b>8-26-21</b>	Payee name <b>THE PRINT SHOP</b>	
Amount (\$) <b>126.11</b>	Payee address; City; State; Zip Code <b>214 SOUTH BOLIVAR MARSHALL TX 75670</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTIZING EXPENSE</b>	Description <b>BUSINESS CARDS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
		Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | 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.

<b>1</b> Total pages Schedule F1: <b>6</b>	<b>2</b> FILER NAME <b>ELIZABETH L. JAMES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <b>9/22/21</b>	<b>5</b> Payee name <b>HALLSVILLE BOBCAT BELLES DRILL TEAM</b>	
<b>6</b> Amount (\$) <b>\$250.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>PO BOX 8 HALLSVILLE TX 75650</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTIZING EXPENSE</b>	<b>(b)</b> Description <b>BALL GAMES</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>9/24/21</b>	Payee name <b>MAVERICK AWARDS &amp; GIFTS</b>	
Amount (\$) <b>584.55</b>	Payee address; City; State; Zip Code <b>P.O. Box 1681 MARSHALL TX 75671</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTIZING EXPENSE</b>	Description <b>SHIRTS, KOOZIES, COASTERS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date <b>9/28/21</b>	Payee name <b>MAVERICK AWARDS &amp; GIFTS</b>	
Amount (\$) <b>303.10</b>	Payee address; City; State; Zip Code <b>PO BOX 1681 MARSHALL TX 75671</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTIZING EXPENSE</b>	Description <b>SHIRTS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>6</b>	<b>2</b> FILER NAME <b>ELIZABETH L. JAMES</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <b>9/29/21</b>	<b>5</b> Payee name <b>FIRE ANT FESTIVAL / KMHT 103.9 Fm</b>	
<b>6</b> Amount (\$) <b>200.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>2323 JEFFERSON MARSHALL TX 75670</b>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>ADVERTIZING EXPENSE</b>	<b>(b)</b> Description <b>RADIO</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>9/29/21</b>	Payee name <b>ELKS # 683</b>	
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>411 EAST AUSTIN MARSHALL TX 75670</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>EVENT EXPENSE</b>	Description <b>SPONSORSHIP</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>10/8/21</b>	Payee name <b>DESIGNER GRAPHIC'S</b>	
Amount (\$) <b>450.32</b>	Payee address; City; State; Zip Code <b>12404 HWY 155 SOUTH TYLER TX 75703</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTIZING EXPENSE</b>	Description <b>SIGNS</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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.

<b>1</b> Total pages Schedule F1: <i>6</i>	<b>2</b> FILER NAME <i>ELIZABETH L. JAMES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: <i>10/4/21</i>	<b>5</b> Payee name <i>THE PRINT SHOP</i>	
<b>6</b> Amount (\$) <i>129.90</i>	<b>7</b> Payee address; City; State; Zip Code <i>214 SOUTH BOINAR MARSHALL TX 75670</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTIZING EXPENSE</i>	<b>(b)</b> Description <i>RACK CARDS</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>10/12/21</i>	Payee name <i>MAVERICK AWARDS &amp; GIFTS</i>	
Amount (\$) <i>379.95</i>	Payee address; City; State; Zip Code <i>PO BOX 1681 MARSHALL TX 75671</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTIZING EXPENSE</i>	Description <i>TEE SHIRTS</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <i>9/21</i>	Payee name <i>KMHT / HALLS VILLE WESTERN DAYS</i>	
Amount (\$) <i>300.00</i>	Payee address; City; State; Zip Code <i>2323 JEFFERSON MARSHALL TX 75670</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>ADVERTIZING EXPENSE</i>	Description <i>EVENT</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 7	<b>2</b> FILER NAME ELIZABETH L. JAMES	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date: 12/23/21	<b>5</b> Payee name DESIGNER GRAPHICS	
<b>6</b> Amount (\$): 998.07	<b>7</b> Payee address; City; State; Zip Code 12404 HWY 155 SOUTH TYLER TX 75703	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	<b>(b)</b> Description SIGNS
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11/15/21	Payee name 92.3 FM THE DEPOT / SHOP WITH A COP	
Amount (\$) 600.00	Payee address; City; State; Zip Code WASHINGTON MARSHALL TX 75670	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTIZING EXPENSE	Description RADIO
	<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
Date 9/21	Payee name HARRISON A-H	
Amount (\$) \$ 725.00	Payee address; City; State; Zip Code 102 W HOUSTON MARSHALL TX 75670	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRIBUTIONS/DONATIONS MADE BY OFFICE HOLDER	Description CONTRIBUTION
	<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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | 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.

<b>1</b> Total pages Schedule F1: <i>7</i>	<b>2</b> FILER NAME <i>ELIZABETH L. JAMES</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12-1-21</i>	<b>5</b> Payee name <i>THE REPUBLICAN PARTY OF HARRISON COUNTY</i>	
<b>6</b> Amount (\$) <i>\$ 750.00</i>	<b>7</b> Payee address; <i>THE REPUBLICAN PARTY OF HARRISON</i> City; State; Zip Code <i>Hallsville TX 75650</i>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>OTHER</i>	<b>(b)</b> Description <i>FILE FOR OFFICE</i>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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
<b>PURPOSE OF EXPENDITURE</b>	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

Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	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**



# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | 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.

<b>1</b> Total pages Schedule G: <i>1</i>	<b>2</b> FILER NAME <i>ELIZABETH L JAMES</i>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>9-30-21</i>	<b>5</b> Payee name <i>ELIZABETH L. JAMES</i>		
<b>6</b> Amount (\$) <i>2000.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>304 CEDAR CIRCLE MARSHALL TX 75672</i>		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	<b>(b)</b> Description <i>SIGNS</i>	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELIZABETH L. JAMES</i>	Office sought <i>COUNTY CLERK</i>	Office held <i>COUNTY CLERK</i>
	Date <i>11-8-21</i>	Payee name <i>ELIZABETH L. JAMES</i>	
Amount (\$) <i>400.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>304 CEDAR CIRCLE MARSHALL TX 75672</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTISING EXPENSE</i>	Description <i>SIGNS</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELIZABETH L. JAMES</i>	Office sought <i>COUNTY CLERK</i>	Office held <i>COUNTY CLERK</i>
	Date <i>12-1-21</i>	Payee name <i>ELIZABETH L. JAMES</i>	
Amount (\$) <i>2000.00</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <i>304 CEDAR CIRCLE MARSHALL TX 75672</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>ADVERTIZING EXPENSE</i>	Description <i>SIGNS</i>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>ELIZABETH L JAMES</i>	Office sought <i>COUNTY CLERK</i>	Office held <i>COUNTY CLERK</i>

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# 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:																		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: small;">MS / MRS / MR</td> <td style="width:40%;">Mrs</td> <td style="width:20%; font-size: small;">FIRST</td> <td style="width:25%;">Elizabeth</td> <td style="width:10%; font-size: small;">MI</td> <td style="width:10%;">L</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td>Liz</td> <td style="font-size: small;">LAST</td> <td>James</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Mrs	FIRST	Elizabeth	MI	L	NICKNAME	Liz	LAST	James	SUFFIX		<div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                  Date Received  <div style="font-size: 2em; font-weight: bold; opacity: 0.5;">RECEIVED</div>                  MAY 21 2021 <i>LR</i>                  HARRISON COUNTY                  ELECTIONS OFFICE             </div>							
MS / MRS / MR	Mrs	FIRST	Elizabeth	MI	L																
NICKNAME	Liz	LAST	James	SUFFIX																	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">ADDRESS / PO BOX;</td> <td style="font-size: small;">APT / SUITE #;</td> <td style="font-size: small;">CITY;</td> <td style="font-size: small;">STATE;</td> <td style="font-size: small;">ZIP CODE</td> </tr> <tr> <td>304 Cedar Circle</td> <td>Marshall</td> <td></td> <td>Tx</td> <td>75672</td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	304 Cedar Circle	Marshall		Tx	75672	Date Hand-delivered or Date Postmarked									
ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE																	
304 Cedar Circle	Marshall		Tx	75672																	
<b>5 CANDIDATE/ OFFICEHOLDER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td>( 903 )</td> <td>930-7526</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	( 903 )	930-7526		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; font-size: small;">Receipt #</td> <td style="width:50%; font-size: small;">Amount \$</td> </tr> <tr> <td colspan="2" style="font-size: small;">Date Processed</td> </tr> <tr> <td colspan="2" style="font-size: small;">Date Imaged</td> </tr> </table>		Receipt #	Amount \$	Date Processed		Date Imaged							
AREA CODE	PHONE NUMBER	EXTENSION																			
( 903 )	930-7526																				
Receipt #	Amount \$																				
Date Processed																					
Date Imaged																					
<b>6 CAMPAIGN TREASURER NAME</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">MS / MRS / MR</td> <td>Mrs</td> <td style="font-size: small;">FIRST</td> <td>Elizabeth</td> <td style="font-size: small;">MI</td> <td>L</td> </tr> <tr> <td style="font-size: small;">NICKNAME</td> <td>Liz</td> <td style="font-size: small;">LAST</td> <td>James</td> <td style="font-size: small;">SUFFIX</td> <td></td> </tr> </table>	MS / MRS / MR	Mrs	FIRST	Elizabeth	MI	L	NICKNAME	Liz	LAST	James	SUFFIX		STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE Same as above							
MS / MRS / MR	Mrs	FIRST	Elizabeth	MI	L																
NICKNAME	Liz	LAST	James	SUFFIX																	
<b>7 CAMPAIGN TREASURER ADDRESS</b>	(Residence or Business)																				
<b>8 CAMPAIGN TREASURER PHONE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">AREA CODE</td> <td style="font-size: small;">PHONE NUMBER</td> <td style="font-size: small;">EXTENSION</td> </tr> <tr> <td>(    )</td> <td></td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	(    )														
AREA CODE	PHONE NUMBER	EXTENSION																			
(    )																					
<b>9 REPORT TYPE</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)																		
<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)																		
<b>10 PERIOD COVERED</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> </tr> <tr> <td>5</td> <td>21</td> <td>21</td> <td>THROUGH</td> <td>6</td> <td>30 / 21</td> </tr> </table>			Month	Day	Year	Month	Day	Year	5	21	21	THROUGH	6	30 / 21						
Month	Day	Year	Month	Day	Year																
5	21	21	THROUGH	6	30 / 21																
<b>11 ELECTION</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="3" style="font-size: small;">ELECTION DATE</td> <td colspan="3" style="font-size: small;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: small;">Month</td> <td style="font-size: small;">Day</td> <td style="font-size: small;">Year</td> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td>3</td> <td></td> <td>22</td> <td><input type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table>	ELECTION DATE			ELECTION TYPE			Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	3		22	<input type="checkbox"/> General	<input type="checkbox"/> Special			
ELECTION DATE			ELECTION TYPE																		
Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description																
3		22	<input type="checkbox"/> General	<input type="checkbox"/> Special																	
<b>12 OFFICE</b>	OFFICE HELD (if any) <b>County Clerk</b>	<b>13 OFFICE SOUGHT (if known)</b> <b>County Clerk</b>																			
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; font-size: small;">COMMITTEE TYPE</td> <td style="font-size: small;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: small;">GENERAL</td> <td style="font-size: small;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: small;">SPECIFIC</td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: small;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>	COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS												
COMMITTEE TYPE	COMMITTEE NAME																				
GENERAL	COMMITTEE ADDRESS																				
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																				
	COMMITTEE CAMPAIGN TREASURER ADDRESS																				
<b>GO TO PAGE 2</b>																					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

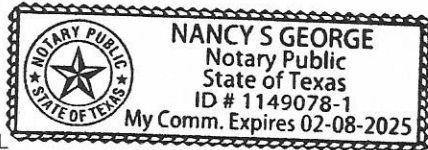
15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 250.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

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.

*Elizabeth James*  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by ELIZABETH JAMES this the 21 day of MAY, 2021, to certify which witness my hand and seal of office.

*Nancy George* Signature of officer administering oath  
NANCY GEORGE Printed name of officer administering oath  
 \_\_\_\_\_ Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Elizabeth James, and my date of birth is 09-29-1959.  
 My address is 304 Cedar Circle, Marshal, Tx, 75672, United States.  
 (street) (city) (state) (zip code) (country)  
 Executed in Harrison County, State of Texas, on the 21st day of May, 2021.  
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

# 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                      FIRST                      MI <i>Mrs.</i> <i>ELIZABETH</i> <i>L</i> NICKNAME                      LAST                      SUFFIX <i>James</i>	<b>OFFICE USE ONLY</b> Date Received <div style="text-align: center; border: 1px solid black; padding: 5px; color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">JAN 15 2020</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 0.8em;">HARRISON COUNTY ELECTIONS OFFICE</div> Date Hand-delivered or Date Postmarked Receipt #                      Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <i>304 Cedar Circle Marshall TX 75672</i>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <i>(903)</i> <i>930-7526</i>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI <i>Libby</i> NICKNAME                      LAST                      SUFFIX <i>Wyatt</i>		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <i>3492 Cooks Rd Marshall TX 75670</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION <i>(903)</i> <i>9306832</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month                      Day                      Year                      THROUGH                      Month                      Day                      Year /                      /                                                                /                      /		
11 ELECTION	ELECTION DATE Month                      Day                      Year /                      /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2


14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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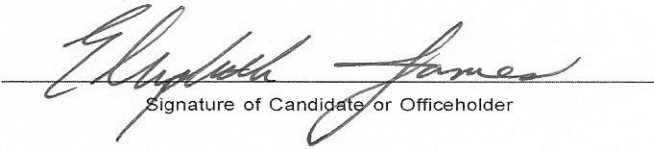
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
	COMMITTEE CAMPAIGN TREASURER NAME		
COMMITTEE CAMPAIGN TREASURER ADDRESS			

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

18 AFFIDAVIT

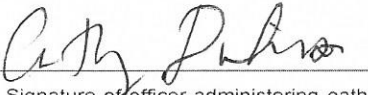
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.





Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Elizabeth James, this the 15<sup>th</sup> day of January, 2020, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Cathy Dickerson

Printed name of officer administering oath

Notary Public

Title of officer administering oath

# 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:  <div style="text-align: center; font-size: 24px; font-weight: bold;">2</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24px; font-weight: bold;">Elizabeth</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 24px; font-weight: bold;">Liz Whipkey</div>	<b>OFFICE USE ONLY</b> Date Received <div style="font-size: 24px; font-weight: bold; color: red;">RECEIVED</div> <div style="font-size: 24px; font-weight: bold; color: red;">FEB 27 2018</div> <div style="font-size: 18px; font-weight: bold; color: red;">HARRISON COUNTY ELECTIONS OFFICE</div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24px; font-weight: bold;">10543 Fm 449 HALLSVILLE TX 75650</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 24px; font-weight: bold;">(903) 930-7526</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 24px; font-weight: bold;">Libby Wyatt</div> NICKNAME LAST SUFFIX		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="font-size: 24px; font-weight: bold;">3492 Cooks Rd Marshall Tx 75670</div>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="font-size: 24px; font-weight: bold;">(903) 930-6832</div>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    THROUGH    Month Day Year <div style="text-align: center; font-size: 24px; font-weight: bold;">/ /    / / /</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="font-size: 24px; font-weight: bold;">3 / 6 / 18</div>	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="font-size: 24px; font-weight: bold; color: blue;">COUNTY CLERK</div>	
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 0

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

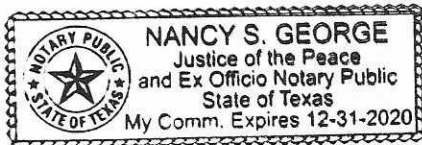
OUTSTANDING  
LOAN TOTALS

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

\$ 0

18 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said ELIZABETH L. WHIPKEY, this the 26 day of FEBRUARY, 2018, to certify which, witness my hand and seal of office.

Nancy S. George  
Signature of officer administering oath

NANCY S. GEORGE  
Printed name of officer administering oath

NOTARY  
Title of officer administering oath

# 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: <b>2</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
	<b>LIZ</b>	<b>ELIZABETH WHIPKEY</b>	<b>L</b>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;
	STATE;	ZIP CODE	
	<b>10543 FM 449</b>	<b>HALLSVILLE TX</b>	<b>75650</b>
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(903)</b>	<b>930-7526</b>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
		<b>LIBBY WYATT</b>	
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;
	CITY;		STATE;
	<b>3492 COOKS Rd</b>		<b>MARSHALL TX 75670</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<b>(903)</b>	<b>930-6832</b>	
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<b>1</b>	<b>15</b>	<b>18</b>
	THROUGH		Month Day Year
			<b>2 / 5 / 18</b>
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special
	<b>3</b>	<b>6 / 18</b>	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)

**OFFICE USE ONLY**

Date Received  
**RECEIVED**

**FEB 05 2018**

**HARRISON COUNTY ELECTIONS OFFICE**

*Michael Almy*

Date Hand-delivered or Date Postmarked

Receipt #	Amount \$
Date Processed	
Date Imaged	

**GO TO PAGE 2**



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 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

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

200.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

OUTSTANDING  
LOAN TOTALS

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

\$

18 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Elizabeth L Whipkey, this the 5<sup>th</sup> day of February, 20 17, to certify which, witness my hand and seal of office.



Carol Kennedy  
Signature of officer administering oath

Carol Kennedy  
Printed name of officer administering oath

Title of officer administering oath

# 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	FIRST <b>ELIZABETH</b>	MI <b>L</b>	<b>OFFICE USE ONLY</b>  <b>JAN 18 2018</b> <b>HARRISON COUNTY ELECTIONS OFFICE</b> 			
	NICKNAME	LAST	SUFFIX				
<b>LIZ</b>		<b>Whipkey</b>					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE; ZIP CODE				
	<b>10543 Fm 449 HALLSVILLE TX 75650</b>						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<b>(903)</b>	<b>930-7526</b>					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI				
	NICKNAME	LAST	SUFFIX				
<b>LIBBY</b>		<b>Wyatt</b>					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;			CITY;	STATE;	ZIP CODE	
	<b>3492 Cooks Rd Marshall TX 75670</b>						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	<b>(903)</b>	<b>930-6832</b>					
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)						
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	/	/	/		/	/	/
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	
<b>3 / 6 / 18</b>			<input type="checkbox"/> General	<input type="checkbox"/> Special			
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
				<b>COUNTY CLERK</b>			

GO TO PAGE 2

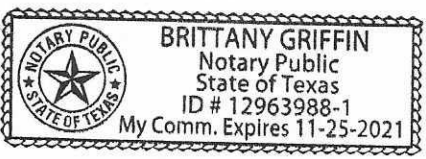
# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

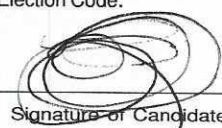
<b>14</b> C/OH NAME		<b>15</b> Filer ID (Ethics Commission Filers)
<b>16</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	<input type="checkbox"/> GENERAL	COMMITTEE NAME
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
<b>17</b> CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 4200.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 4089.67
	4. TOTAL POLITICAL EXPENDITURES	\$ 4089.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 4200.00 <sup>110.33</sup>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

**18 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.

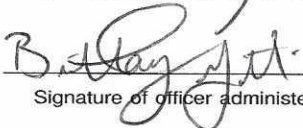


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Elizabeth Whipkey, this the 18<sup>th</sup> day of January, 2018, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# 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.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
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 MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

ELIZABETH L Whipkey

3 Filer ID (Ethics Commission Filers)

4 Date

7/26/17

5 Full name of contributor

Martha Combs

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

3309 E 7th Ave Denver Co 80206

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

7/25/17

Full name of contributor

Fuzzy Harmon

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

974 Fuzzy Harmon Rd Marshall Tx 75670

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/28/17

Full name of contributor

Don & Cindy Stokes

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

2500.00

Contributor address;

City; State; Zip Code

109 East Houston Marshall Tx 75670-443

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

Date

9/5/17

Full name of contributor

Josh Maness

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

480 W Texas Ave Waskom Tx 75692

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

ELIZABETH Whipkey

3 Filer ID (Ethics Commission Filers)

4 Date

9/28/17

5 Full name of contributor

Paul Turner

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

200.00

6 Contributor address;

City; State; Zip Code

4005 Alamo Blvd Suite A Marshall TX 75670

8 Principal occupation / Job title (See Instructions)

Attorney

9 Employer (See Instructions)

Self

Date

10/20/17

Full name of contributor

Brent Goudari

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

Po Drawer 910 Gilmer Tx 75644

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11/12/17

Full name of contributor

Mr & Mrs Joe H Cade Jr

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

17630 County Rd 32 Lindale Tx 75771-7341

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME ELIZABETH Whipkey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 9/5/2017	<b>5</b> Payee name The Print Shop	
<b>6</b> Amount (\$) 117.67	<b>7</b> Payee address; City; State; Zip Code 214 S. Bolivar Marshall Tx 75670	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Push Cards	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/8/17	Payee name The Print Shop	
Amount (\$) 123.83	Payee address; City; State; Zip Code 214 S Bolivar Marshall Tx 75670	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Rack Cards	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 9/8/17	Payee name The Print Shop	
Amount (\$) 452.52	Payee address; City; State; Zip Code 214 S. Bolivar Marshall Tx 75670	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Door Hangers	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 9/8/17		5 Payee name The Print Shop			
6 Amount (\$) 488.59		7 Payee address; City; State; Zip Code 214 S. Bolivar Marshall TX 75670			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Brochures		(b) Description <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	
Date 10/3/17		Payee name Smart Advertising			
Amount (\$) 253.31		Payee address; City; State; Zip Code 1401 S Washington Marshall TX 75670			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Magnetic Signs		Description <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	
Date 10/5/17		Payee name The Print Shop			
Amount (\$) 354.64		Payee address; City; State; Zip Code 214 S Bolivar Marshall TX 75670			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Push Cards		Description <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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME ELIZABETH Whipkey	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name Monogram Madness	
<b>6</b> Amount (\$) 202.43	<b>7</b> Payee address; City; State; Zip Code 5482 Fm 134 Waskom Tx 75692	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) T-Shirts	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/29/17	Payee name Kenco's
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Amount (\$) 194.85	Payee address; City; State; Zip Code 1609 Sedberry Marshall TX 75670
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) T-Shirts	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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 10/17/17	Payee name Kenco's
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Amount (\$) 220.83	Payee address; City; State; Zip Code 1609 Sedberry Marshall Tx 75670
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) T-Shirts	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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

**POLITICAL EXPENDITURES MADE  
FROM POLITICAL CONTRIBUTIONS**

**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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME <i>Elizabeth Whipkey</i>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>12/8/17</i>	<b>5</b> Payee name <i>Designer Graphics</i>		
<b>6</b> Amount (\$) <i>1681.00</i>	<b>7</b> Payee address; City; State; Zip Code <i>12404 Hwy 155 S Tyler Tx 75703</i>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Political Signs</i>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> 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		
<b>PURPOSE OF EXPENDITURE</b>	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
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	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
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	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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